Adry C. Fernández, MD

Associate Professor
School of Medicine
University of Puerto Rico
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EARLY DETECTION OF BONE MARROW DISEASES GENERAL CONCEPTS

HISTORY
PHYSICAL EXAMINATION
LABORATORIES
SPECIAL LABS

CBC- Hemoglobin, WBW, platelets

Anemia – dizziness, SOB, pica, general weakness

Infections - fever

Bleeding disorders - previous surgeries, family history

Coagulation Parameters – bleeding diathesis, history of previous surgeries, labor and/or dental extractions

EARLY DETECTION OF BONE MARROW DISEASES PHYSICAL EXAMINATION

Skin appearance – pale, erythema, yellowish, with petechias, ecchymosis, or cyanosis, alopecia

Lymph nodes – enlarged, hard, movable or not, tender or not, skin nodes

Mucosa – gingival hypertrophy



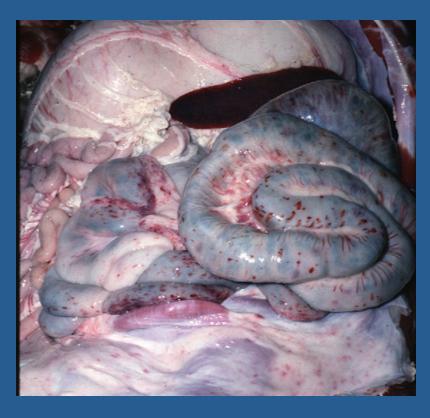


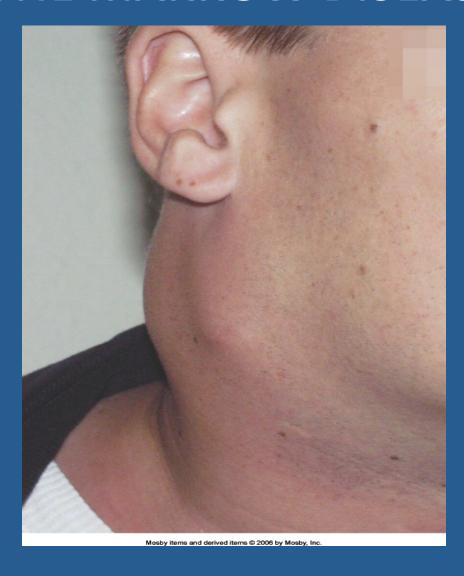


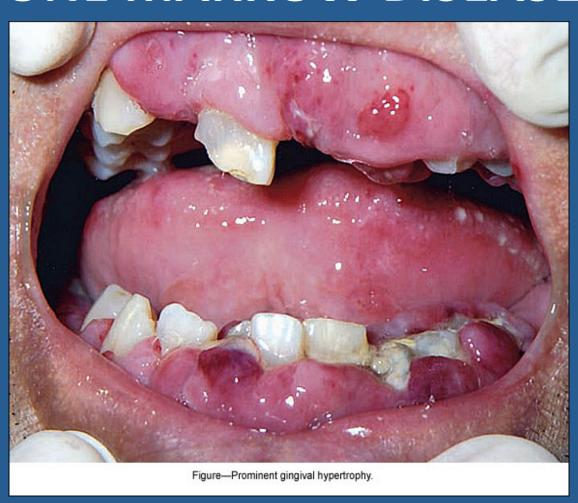
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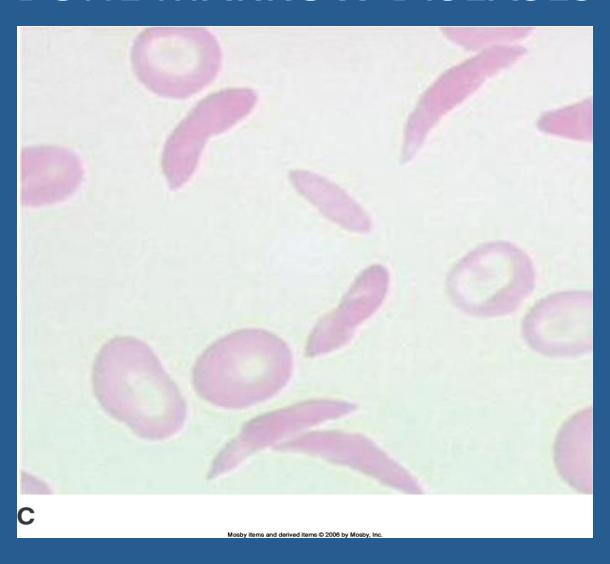


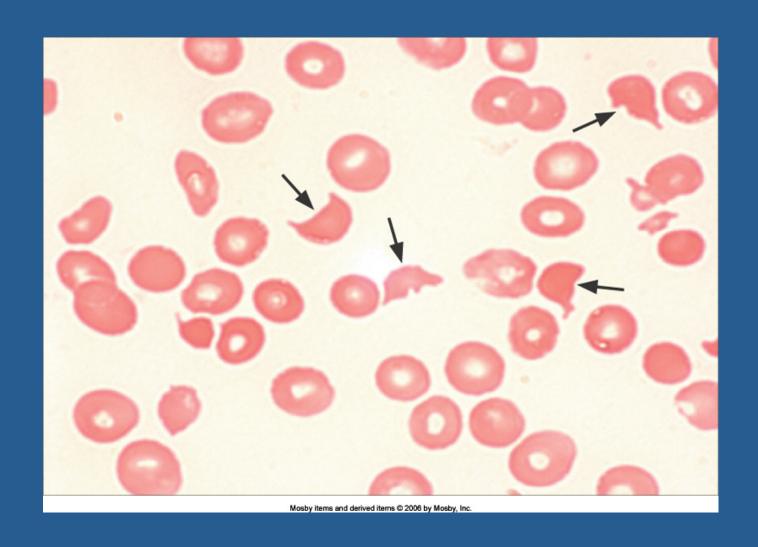
EARLY DETECTION OF BONE MARROW DISEASES LABORATORIES

CBC – hemoglobin, WBC, platelet count

HEMOGLOBIN

Peripheral Smear – anisocytosis, poikilocytosis (sickle cell disease, hemolysis, schistocytosis)





WHITE BLOOD CELLS

LEUKOPENIA
LEUKOCYTOSIS - LEUKEMIAS

WBC

Leukopenia – viral, collagen disorder, congenital, bone marrow infiltration (usually with anemia and/or thrombocytopenia)

Leukocytosis – infections, inflammation, drugs (steroids), leukemoid reaction, neoplasms, myeloproliferative disorders, leukemias

EARLY DETECTION OF BONE MARROW DISEASES PLATELETS

Thrombocytosis –

reactive

post splenectomy

myeloproliferative disorder (ET, PV, MF, CML)

EARLY DETECTION OF BONE MARROW DISEASES PLATELETS

THROMBOCYTOPENIA

- * Decreased production
- * Increased destruction
- * Abnormal distribution or pooling

EARLY DETECTION OF BONE MARROW DISEASES PLATELETS

Thrombocytopenia –

Decreased production

- *hypocellular bone marrow (AA, drugs...)
- *bone marrow disorders (MDS, leukemias)
- *marrow replacement (myelofibrosis, metastasis from solid tumors)

EARLY DETECTION OF BONE MARROW DISEASES PLATELETS

Thrombocytopenia – Increased destruction

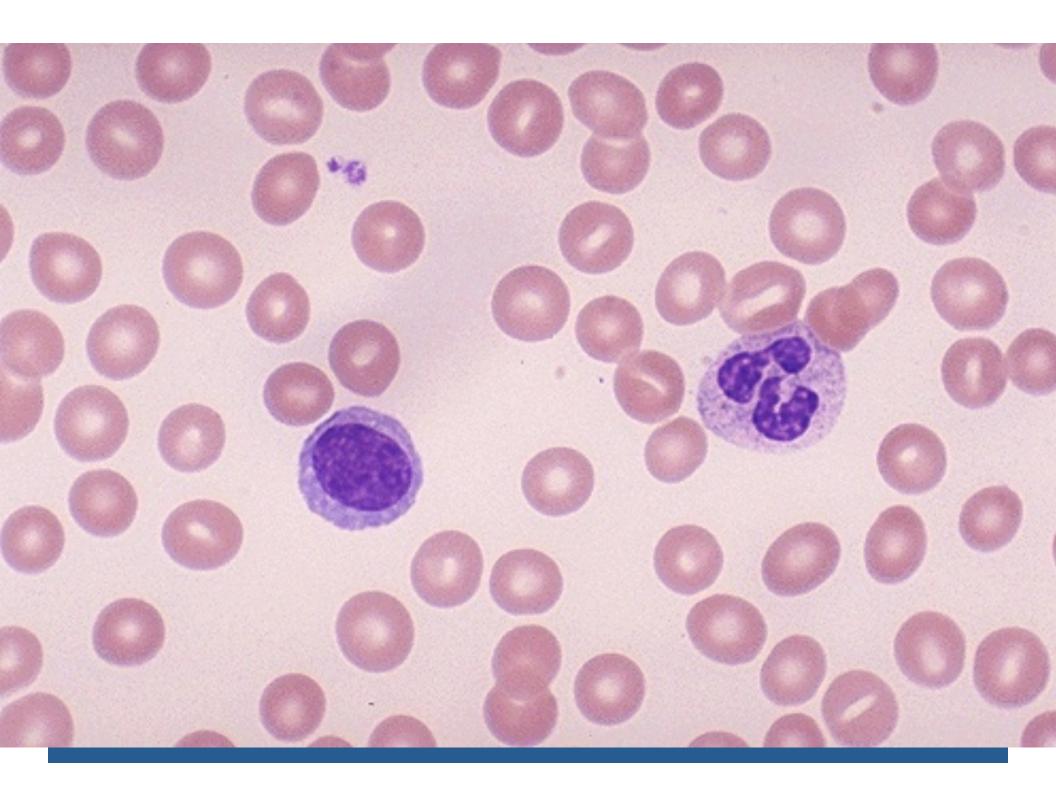
- **Immune mediated
 - *primary ITP
- *secondary infections, viruses, collagen diseases, heparin, lymphoproliferative disorders (CLL, lymphoma)
- **Non immune mediated TTP, DIC, vasculitis, preeclampsia, HELLP syndrome

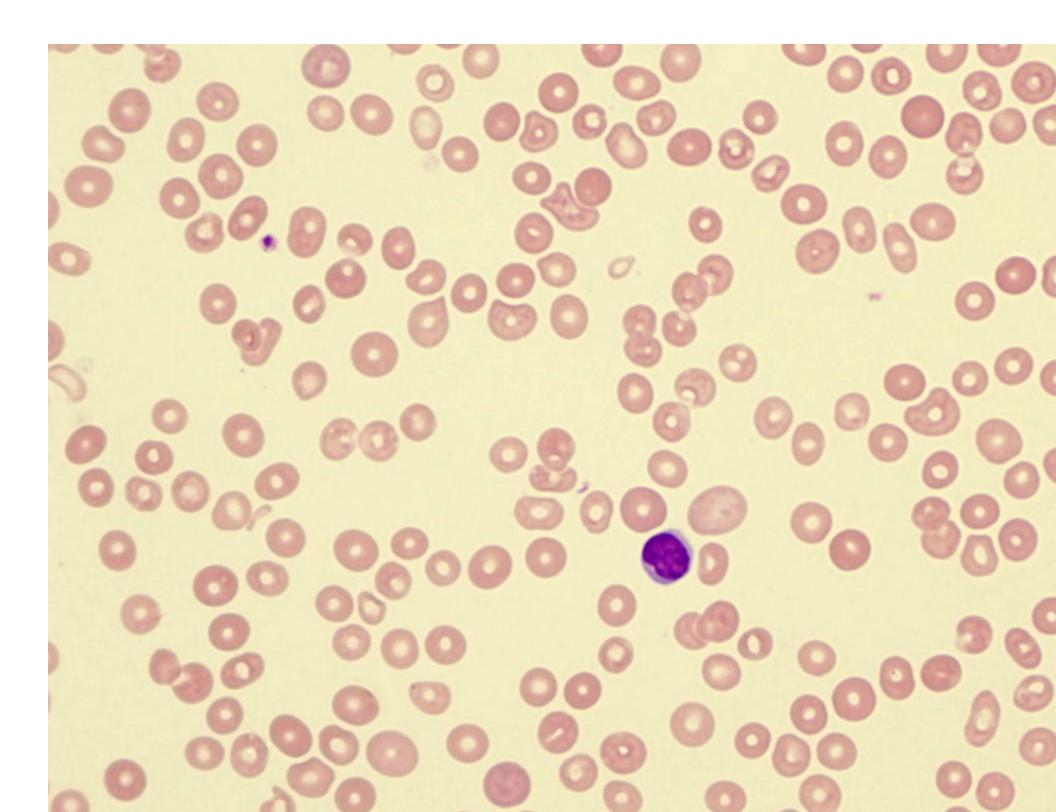
EARLY DETECTION OF BONE MARROW DISEASES PLATELETS

Abnormal distribution or pooling – Hypersplenism - sequestration

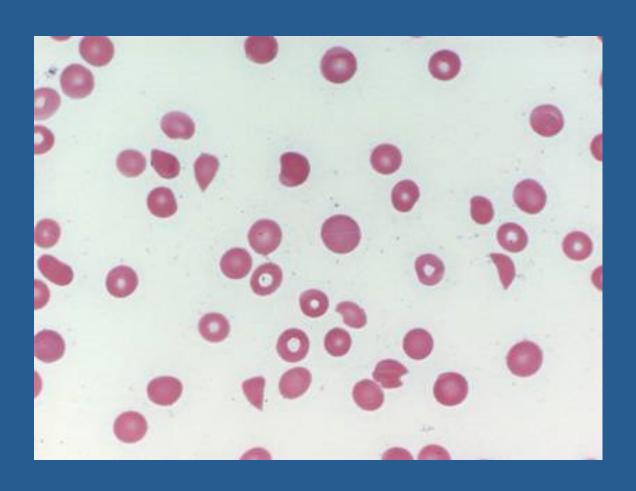
ANEMIA, LEUCOPENIA, THROMBOCYTOPENIA (PANCYTOPENIA)

- Aplastic Anemia
- Vit B12 deficiency
- Viral infections
- Myelodysplastic Syndromes
- Leukemias
- Lymphomas

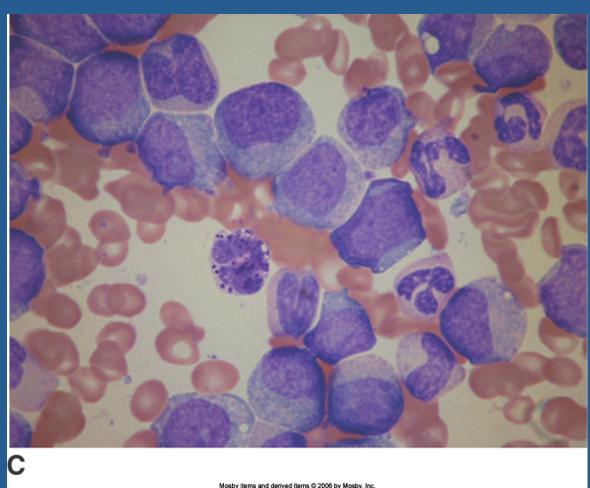




Thrombocytopenia



EARLY DETECTION OF BONE MARROW DISEASES leukocytosis



SPECIAL LABORATORIES

Platelet aggregation studies – evaluates platelets dysfunction Bone marrow aspiration and biopsy -

Cytogenetics (study of the chromosomes)

FISH - cytogenetic technique used to detect and localize the presence or absence of an specific DNA sequence on chromosomes

PCR – a technique that amplifies a single or a few copies of a piece of DNA

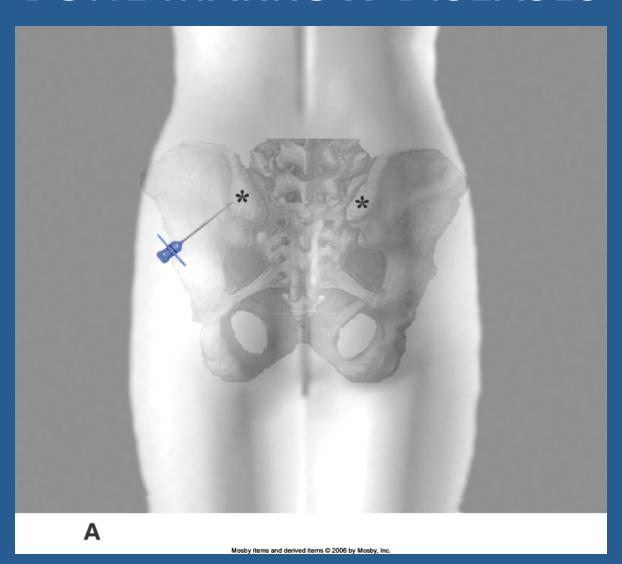
Flow cytometry - a technique used to count and exam microscopic particles suspended in a stream of fluid, in order to analyze the characteristics of a single cell passing through the "eye" of the instrument

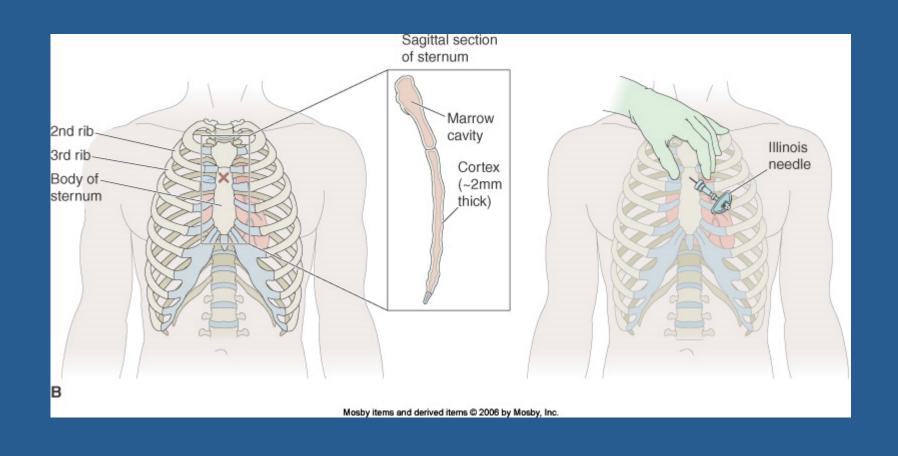
BONE MARROW

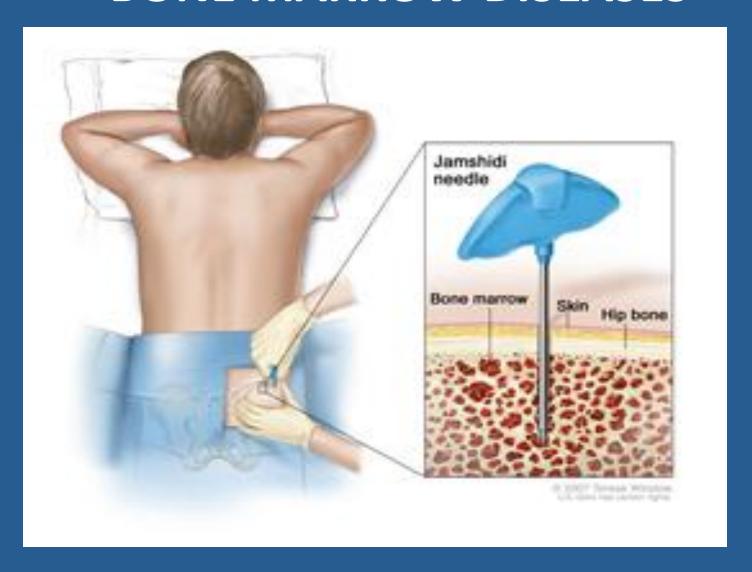
- Is a soft fatty tissue found inside of the body's bones
- It is responsible for producing new blood cells
- Contains the stem cells, pluripotent cells which can differentiate to become a particular cell, as needed

EARLY DETECTION OF BONE MARROW DISEASES BONE MARROW ASPIRATION AND BIOPSY

The bone marrow aspiration and biopsy is performed when it is necessary to evaluate the elements present in the marrow, if they should be there or not, evaluates the presence of foreign cells, the maturation of the cells in the marrow, the under or over production of marrow cells,

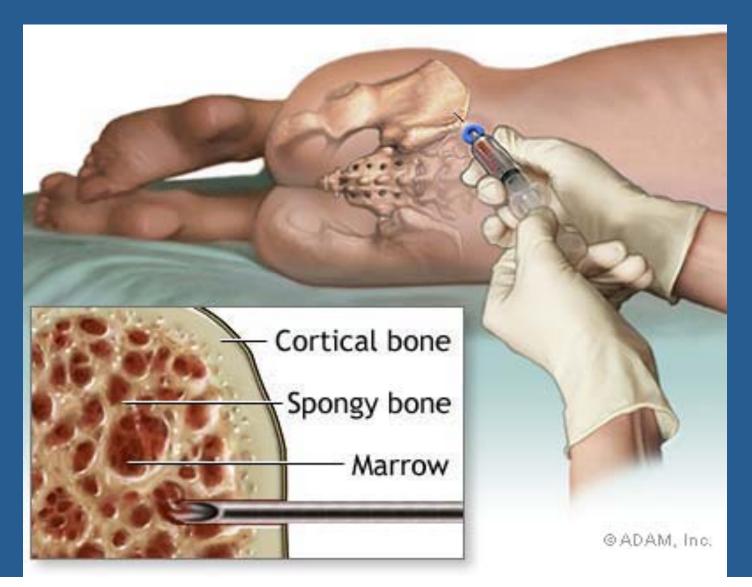




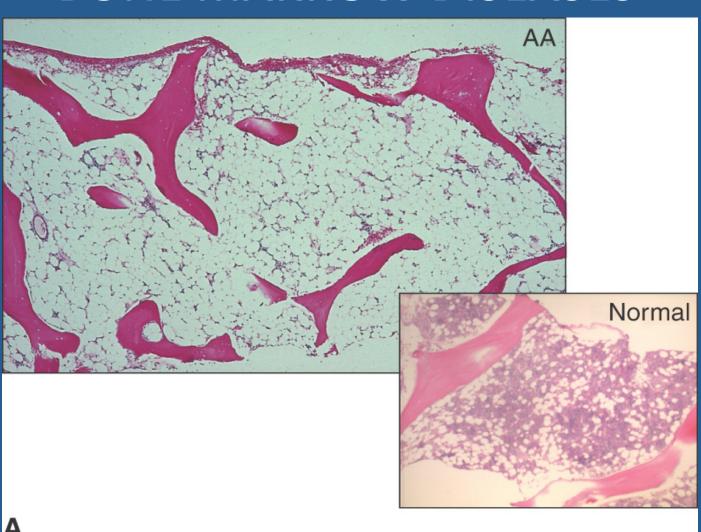






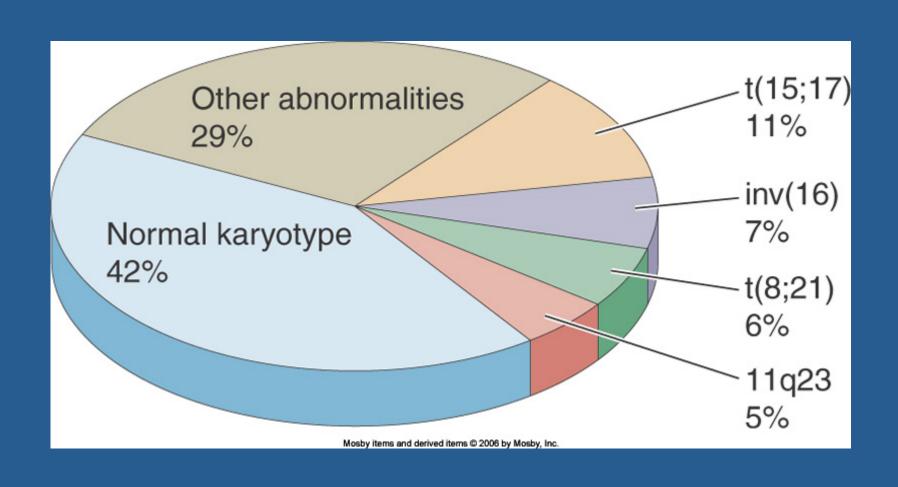






BONE MARROW – THINGS TO GO WRONG

- Overproduction of one cell.... production of other cells
- Production of abnormal cells
- Predominant one cell line because it fails to die at a normal rate
- Decrease production of cells or rapid loss because they are fragile
- Disease affecting the marrow, therefore affecting cell production and maturation



- Anemias
- Acute Leukemias
- Chronic Leukemias
- Myelodysplastic Syndromes
- Myeloproliferative Disorders
- Lymphomas
- Multiple Myeloma
- Metastatic Carcinomas

ANEMIAS

Aplastic

Normocytic, Normochromic

Macrocytic, Microcytic

Hemolytic: hereditary, adquired

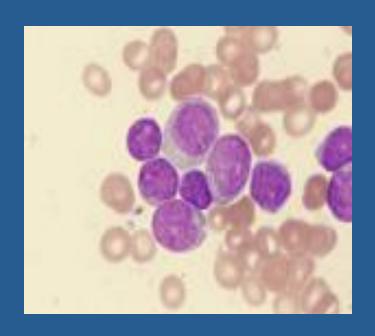
Refractory (Myelodysplastic Syndromes)

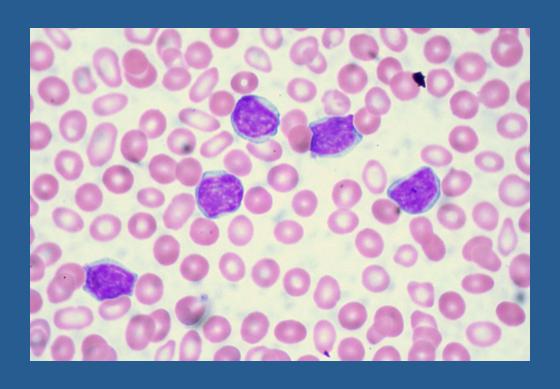
DISORDERS OF THE BONE MARROW

Leukemias –

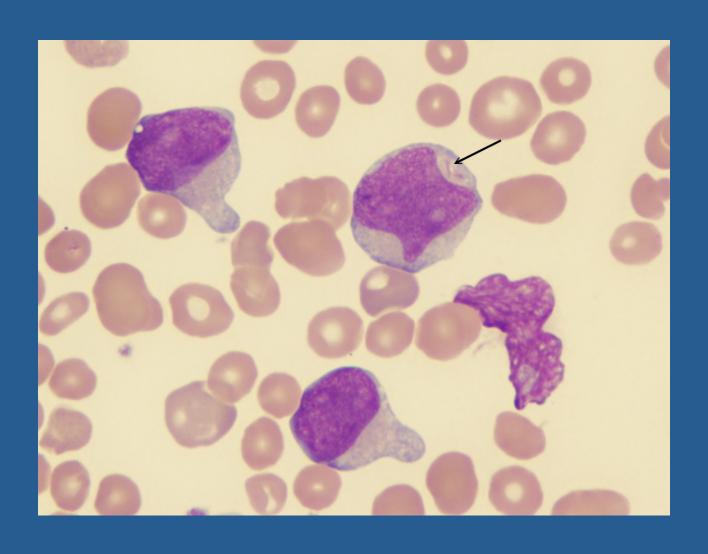
- *clonal proliferation of an hematopoietic precursor
- *characterizes by a rapid growth
- *failure to maturate
- *delayed cell death
- *accumulates in the marrow interfering with the production of normal blood cells

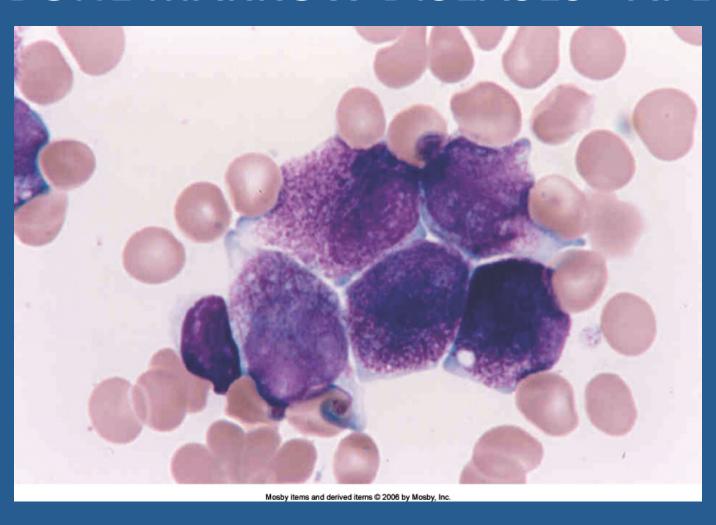
Acute Myelogenous Leukemia



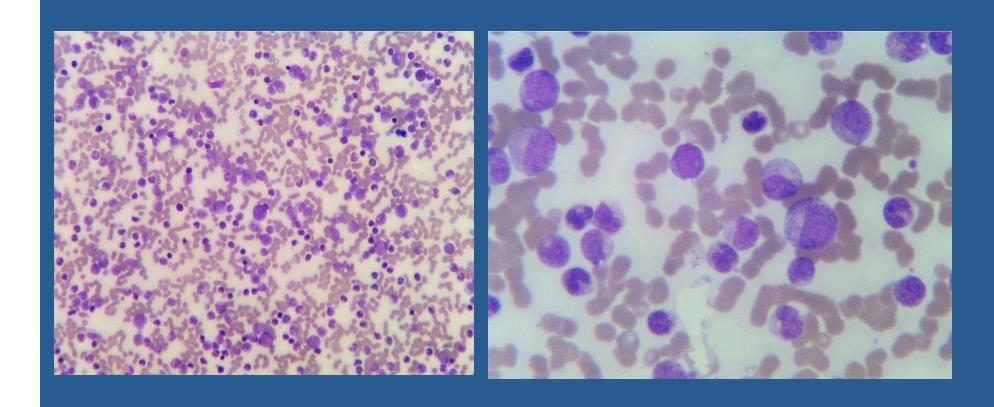


AML – Auer Rods

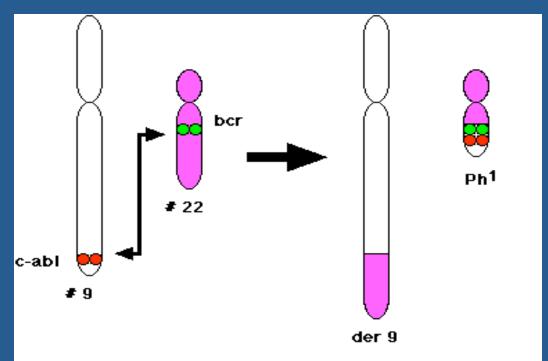




Chronic Myelogenous Leukemia

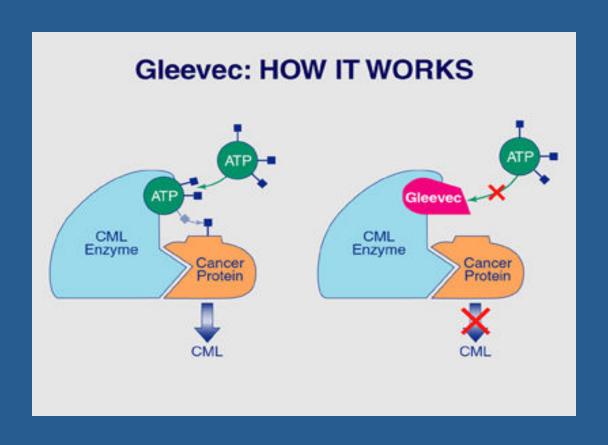


CML - t(9,22)



Reciprocal translocation between one # 9 and one #22 chromosome forms an extra-long chromosome 9 ("der 9") and the Philadelphia chromosome (Ph¹) containing the fused abl-bcr gene. This is a schematic view representing metaphase chromosomes.

Gleevec: Tyrosine Kinase Inhibitor



MYELODYSPLASTIC SYNDROMES – MDS

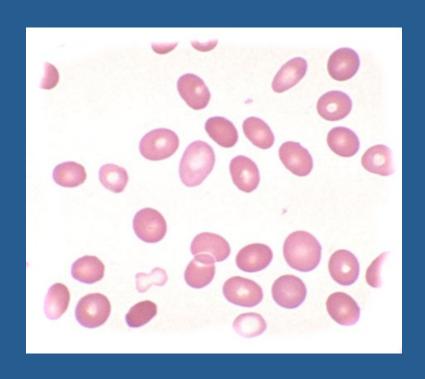
- *Originally called pre-leukemia
- *Stem cells disorders causing ineffective hematopoiesis (ineffective erythropoiesis, ineffective leukopoiesis, and ineffective thrombopoiesis)
- *Presence of cytopenias
- *Associated with numerous cytogenetic abnormalities (5q-, 7q-, +8)
- *Anemia, thrombocytopenia, leukopenia with/without blasts

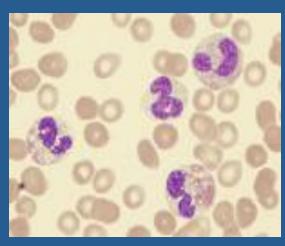
MYELODYSPLASTIC SYNDROMES – MDS

DIAGNOSIS – BM asp and Bx, cytogenetics, flow cytometry

TREATMENT – supportive (growth factors), azacitidine (Vidaza), lenalidomide (Revlimid), decitabine (Dacogen),

Myelodysplastic Syndromes - MDS





MYELOPROLIFERATIVE DISORDERS - MPD

- * Clonal disorder characterized by abnormal proliferation of the blood cells (red blood cells, white blood cells, and platelets)
- Include:
 - Polycythemia Vera
 - Essential Thrombocythemia
 - Myelofibrosis
 - Chronic Myelogenous Leukemia CML

MYELOPROLIFERATIVE DISORDERS – MPD

DIAGNOSIS –

Bone marrow aspiration and biopsy

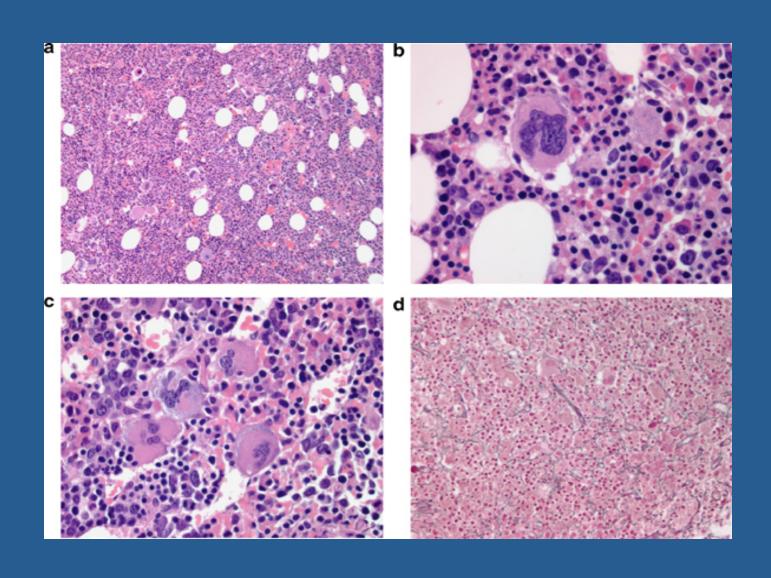
Cytogenetics

TREATMENT - NO CURE

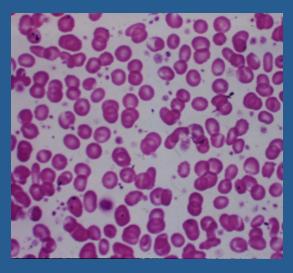
PV, ET, MF – lower counts or treat symptoms as necessary

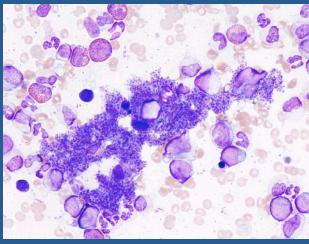
CML – Gleevec, Sprycel, Tasigna, BMT

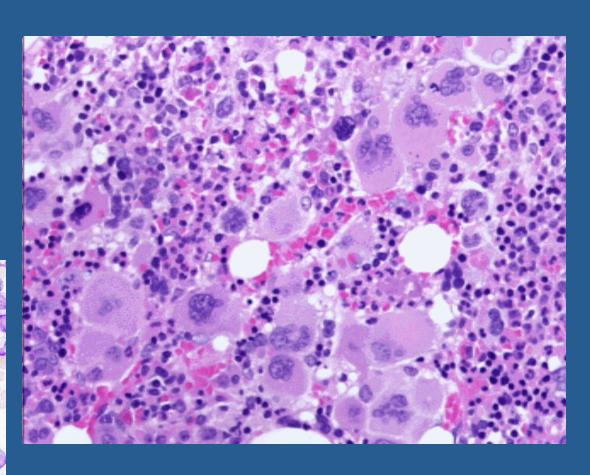
MPD- Polycythemia Vera



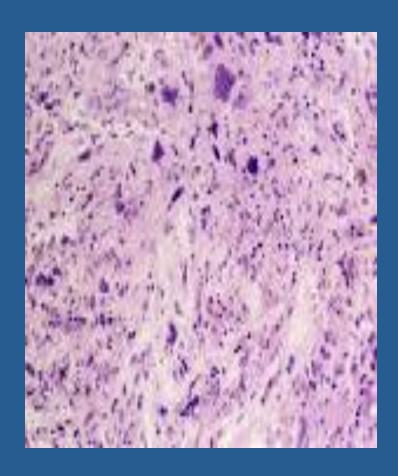
MPD – Essential Thrombocythemia

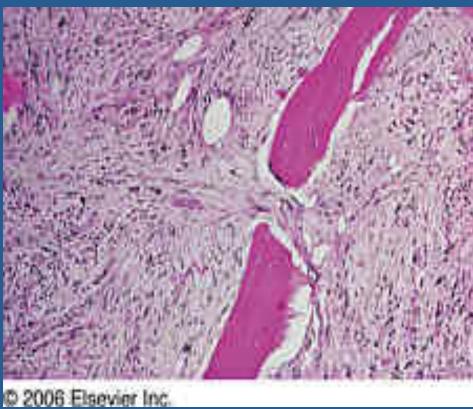






MPD - Myelofibrosis





EARLY DETECTION OF BONE MARROW DISEASES LYMPHADENOPATHY

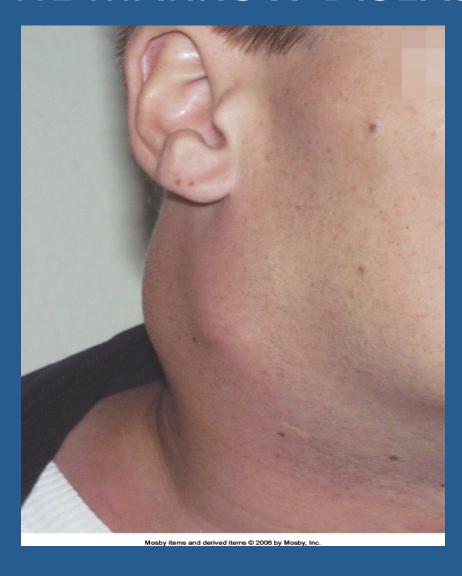
Characteristics of the enlarged node

- Size
- Tenderness
- Induration
- Redness
- Duration , pattern of growth

EARLY DETECTION OF BONE MARROW DISEASES LYMPHADENOPATHY

Etiologies:

- Viral HIV, EBV, hepatitis, measles
- Bacterial Strep, Staph, TB, leptospirosis
- Fungal or Parasitic Histoplasmosis, Toxoplasmosis, coccidioidomycosis
- Neoplasm lymphomas, leukemias, metastatis from solid tumors

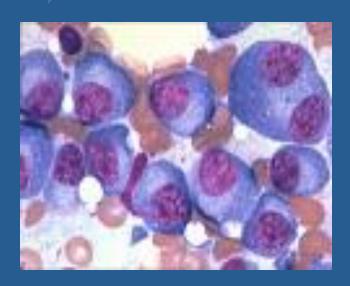


Multiple Myeloma

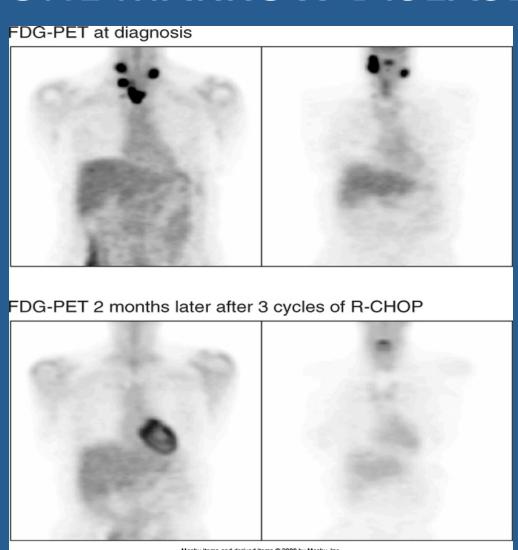
Cancer of the plasma cells

Raises the number of plasma cells in the

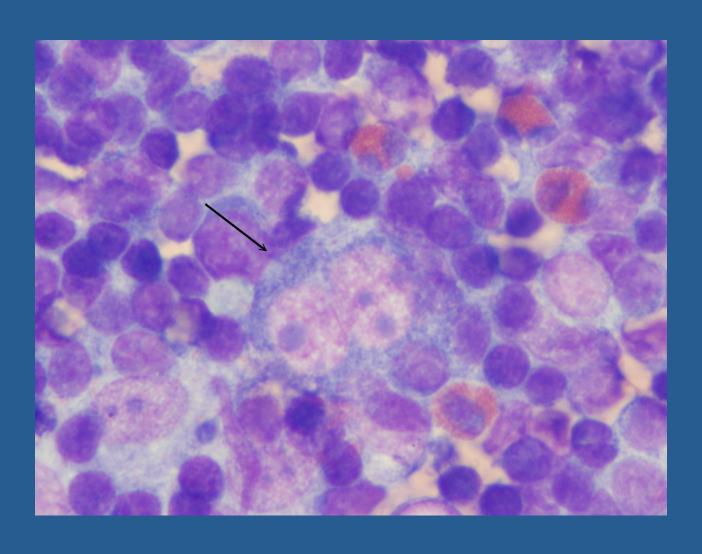
marrow blood



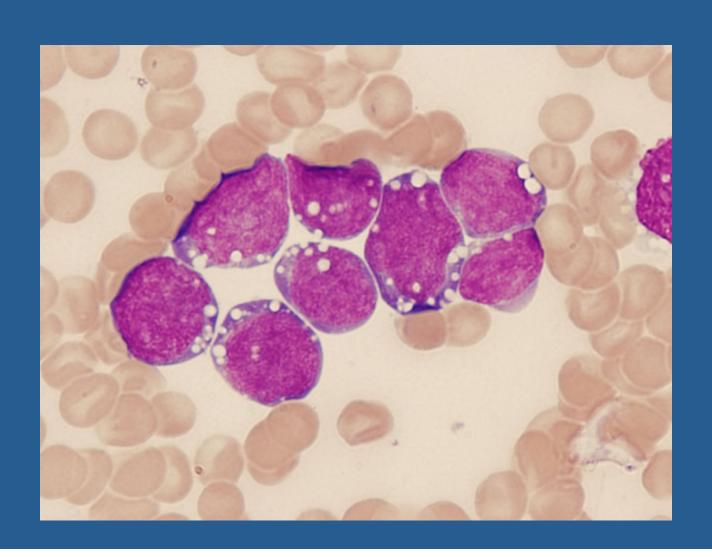
- Lymphoma is a cancer of the lymphatic system (nodes spread through the body)
- Two main types:
 - Hodgkin's Lymphoma
 - Non Hodgkin's Lymphoma (Malignant Lymphomas)
- Characterized by enlarged lymph nodes



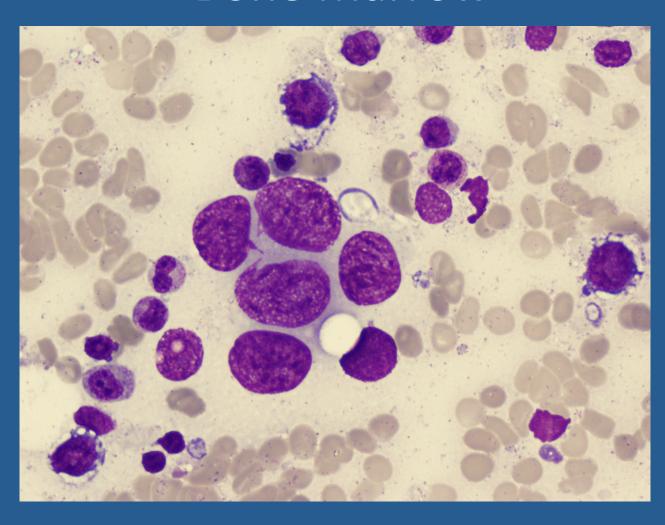
Hodgkin's Lymphoma



Burkitt's Lymphoma



Metastatic Carcinoma to the Bone Marrow



Bibliography

Sources sited:

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