中文題目：慢性淋巴性白血病與非典型慢性骨髓性白血病共病: 第一起病例報告及文獻回顧

英文題目：Coexistence of chronic lymphocytic leukemia and atypical chronic myeloid leukemia: the first case report and review of the literature

作　　者：蔣京谷[1]，李觀宇[1,2]，林世強[1,2]，余垣斌[1,2]

服務單位：[1]亞東紀念醫院內科部，[2]亞東紀念醫院腫瘤科暨血液科

Since chronic lymphocytic leukemia (CLL) is an indolent disease, second malignancy might occur during the disease course either because of coexistence or relation to prior treatment. Although it is very uncommon, both acute myeloid leukemia and myeloproliferative neoplasms have been reported in patients with CLL. Atypical chronic myeloid leukemia (aCML) is a rare hematologic malignancy. Despite of having CML-like phenotype, it is characterized by dysplastic granulopoiesis and lacking Philadelphia chromosome and BCR-ABL rearrangement. Here we reported the first case of coexistence of aCML and CLL in an elder male patient. A 80-year-old Taiwanese man had a history of prostate cancer under hormonal therapy. He presented with gum bleeding, tarry stool passage, and shortness of breath to the emergency room. Hemogram showed marked leukocytosis with significant anemia and thrombocytopenia but no eosinobasophilia. Peripheral blood smear revealed various stages of myeloid precursor cells from blasts to meta-myelocytes and leukocyte alkaline phosphatase score was low. Bone marrow biopsy also presented with hypercellularity and granulocytic predominance. Surprisingly, scattered small lymphocyte nodular aggregate was also identified and the lymphoid cells were positive for CD20, CD5 and CD23 but negative for CD3. Computed tomography disclosed hepatosplenomegaly associated with cervical to iliac lymphadenopathy. Neck lymph node biopsy confirmed the diagnosis of low grade B-cell lymphoma with identical phenotype of lymphoid cells in bone marrow, which was compatible with the diagnosis of CLL/small lymphocytic lymphoma (SLL). Cytogenetic study showed a normal karyotype and the BCR-ABL transcript was undetectable with the sensitivity of 5-log reduction. According to the World Health Organization criteria, aCML was the preferred diagnosis for his myeloid disease. We concluded that, although rare, aCML could develop concomitantly with CLL/SLL and prudent physical and bone marrow examinations might prevent from missing a second hematological malignancy.

KEYWORDS: chronic lymphocytic (lymphoid) leukemia, atypical chronic myeloid leukemia, myeloproliferative neoplasm