

Incontro GPMI  
Torino 30 novembre 2005

Leucemia linfatica cronica

fenotipi inusuali

Zap70

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# Leucemia linfatica cronica

- Patologia B linfoproliferativa più diffusa in occidente
- Colpisce soggetti adulti (media intorno ai 65aa, 10% < 40aa)
- Forma più comune di leucemia familiare

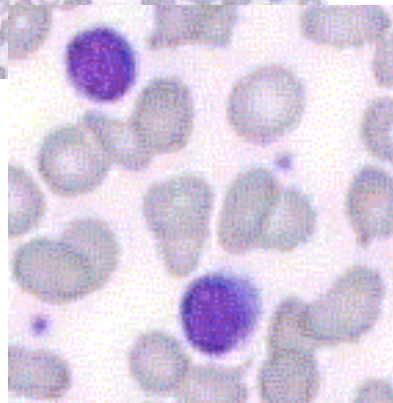
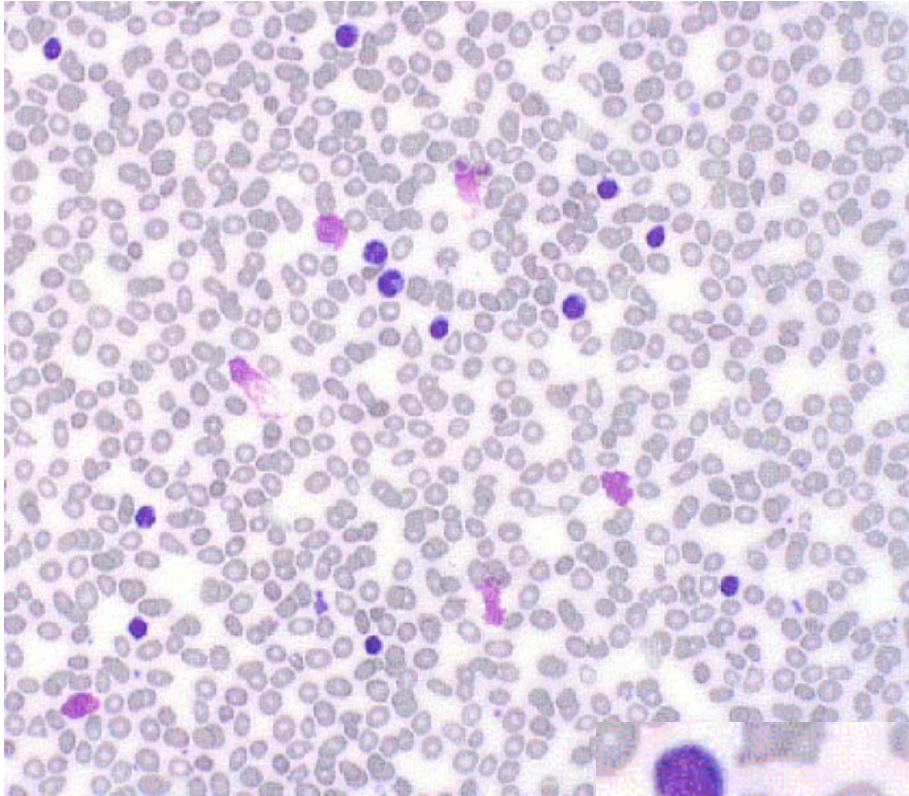
# sintomatologia

- Frequentemente asintomatica
- Adenopatie generalizzate (splenomegalia e epatomegalia)
- Fasi più avanzate astenia, pallore manifest.emorragiche, palpitazioni
- Anemia e piastrinopenia
- infezioni ricorrenti

# caratteristiche

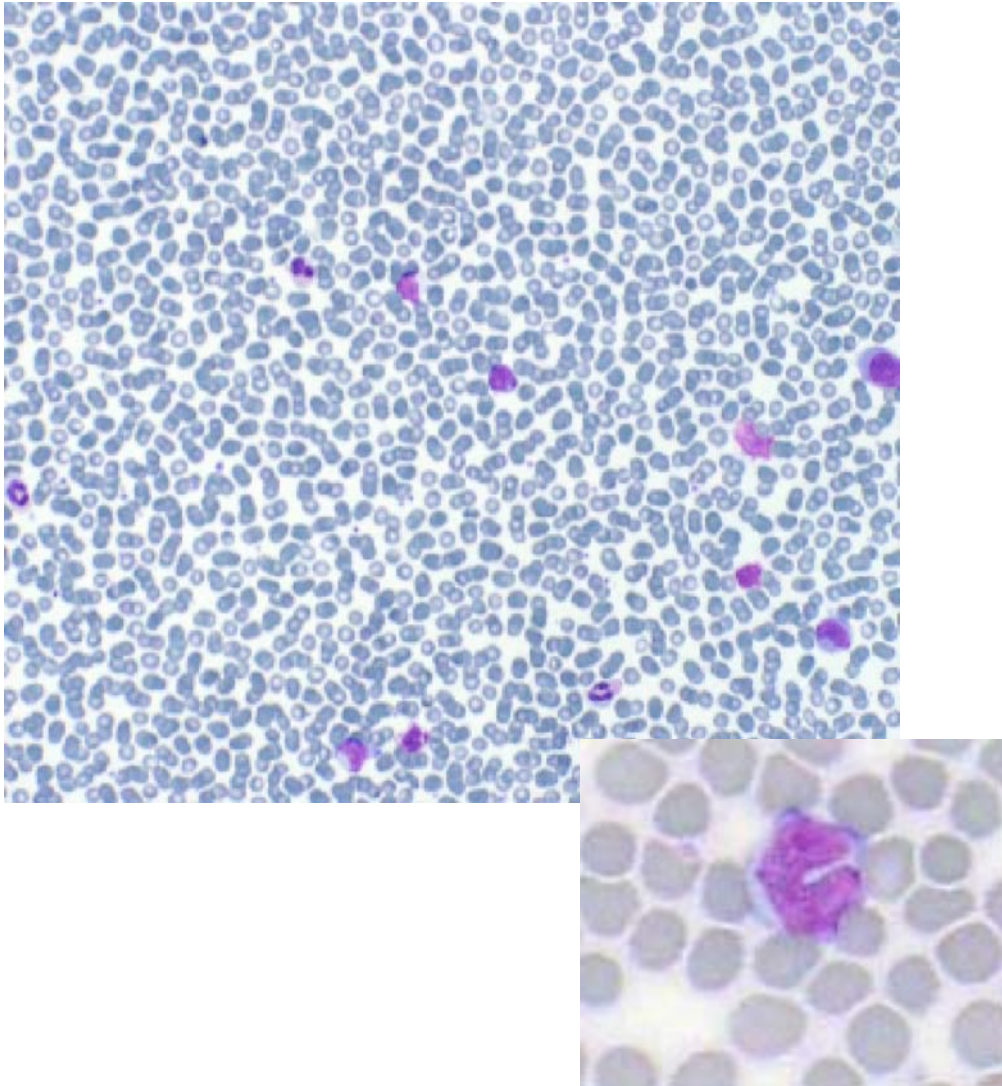
- Linfocitosi assoluta ( $>4.000-5.000$  WBC/ $\mu$ l)
- Popolazione monomorfa di piccoli linfociti  
<5-10% prolinfociti
- Ombre di Gumprecht

# B-CLL tipica



- **piccoli linfociti**
- **citoplasma sottile omogeneo debolm. basofilo**
- **assenza di granuli**
- **forma regolare o liev. indentata del nucleo**
- **elevato rapp. nucleo/citoplasma**
- **cromatina densa**
- **nucleoli assenti**
- **<10% prolinfociti**

# B-CLL forme “atipiche”

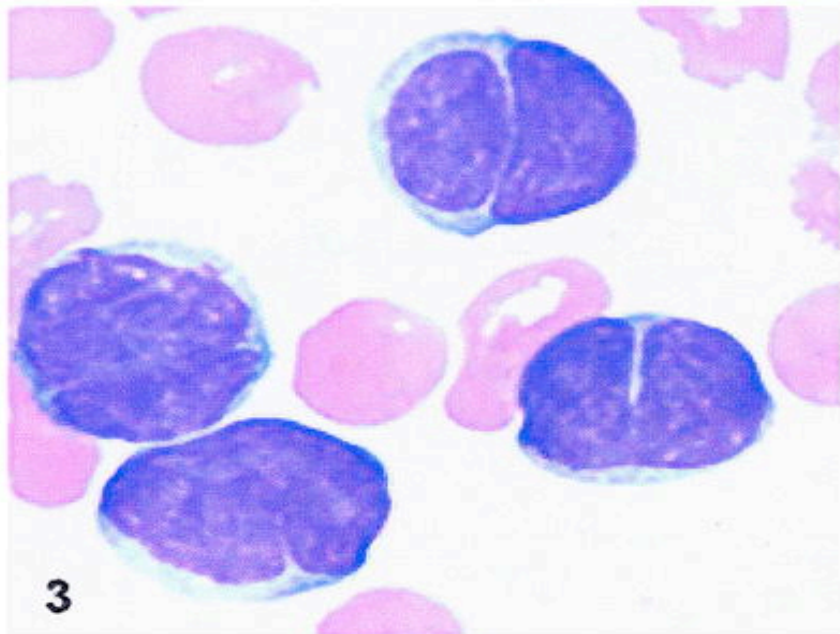
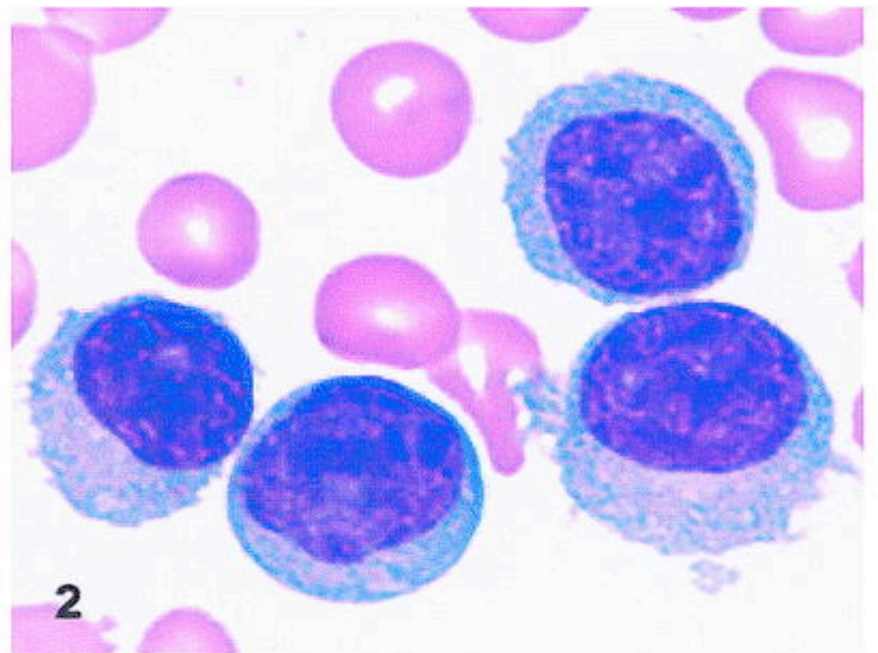
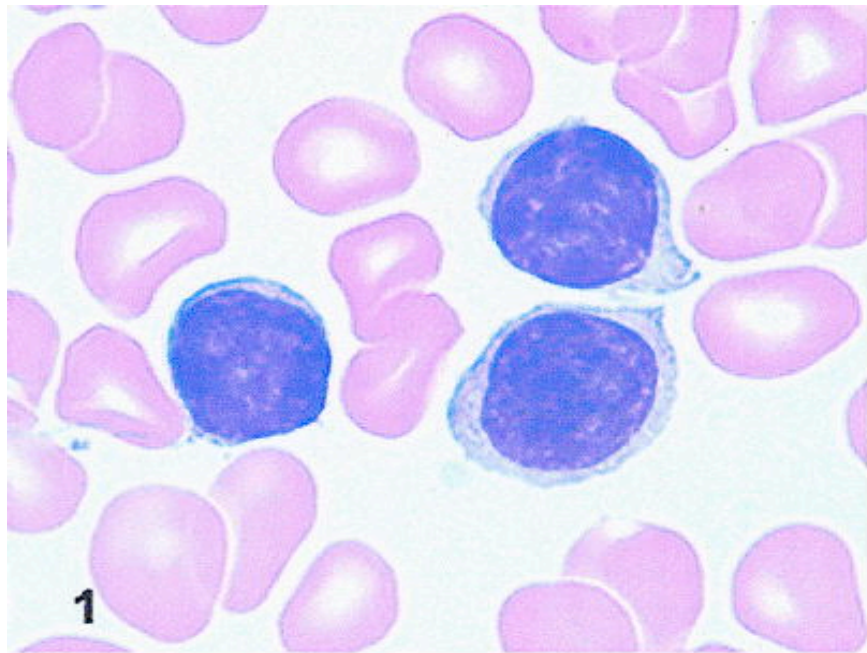


- **> eterogeneità delle forme**
- **linfociti un po' più grandi**
- **citoplasma più abbondante e più basofilo**
- **rapp. nucleo/citoplasma più basso**
- **Incisure e pieghe nucleari**
- **> 10% prolinfociti pleomorfi**

<b>tipo</b>	<b>Pro-linfociti (%)</b>	<b>Commistione di piccoli e grandi linf.</b>	<b>Linf. atipici con nucleo inciso ripiegato</b>
<b>CLL classica</b>	<b>&lt;10</b>	<b>No</b>	<b>&lt;10</b>
<b>CLL “mixed cell type”</b>	<b>&lt;10</b>	<b>Si</b>	<b>&lt;10</b>
<b>CLL/PLL</b>	<b>&gt;10 e &lt;55</b>	<b>No</b>	<b>-</b>
<b>a-CLL*</b>	<b>&lt;10</b>	<b>No</b>	<b>10 o più</b>

**J Clin Pathol 1989; 42:567-584 (FAB)**

**\*Am J Clin Pathol 2001;116:655-664**



1. tipica
2. atipica
3. atipica

# diagnosi

- Emocromo con formula
- Tipizzazione linfocitaria
- Citogenetica : alter. cr 11-17 (prognosi sfav)  
-13, tr.12
- Biologia molecolare (stato mutazionale Ig)

# Fenotipo caratteristico

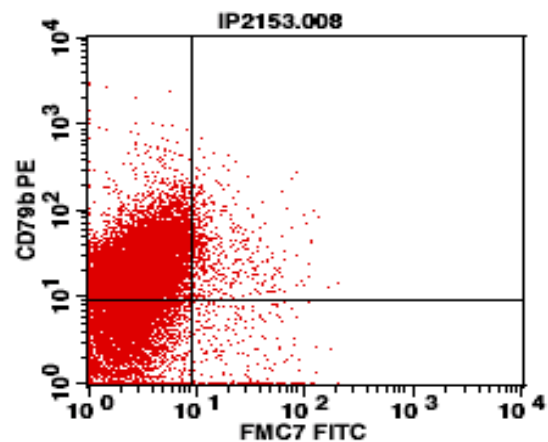
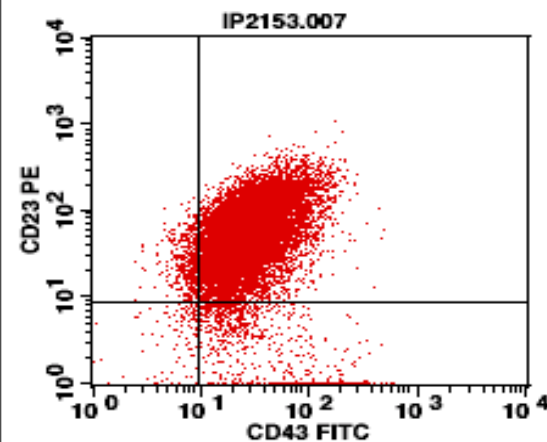
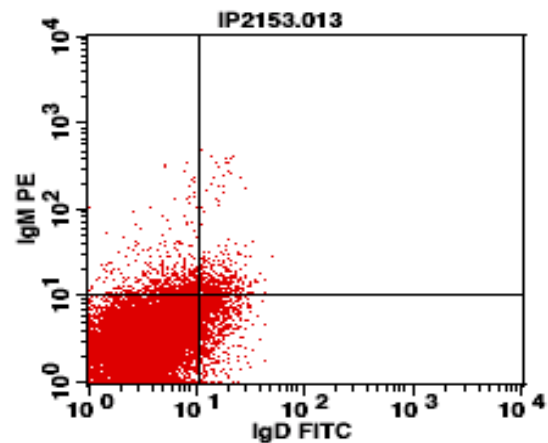
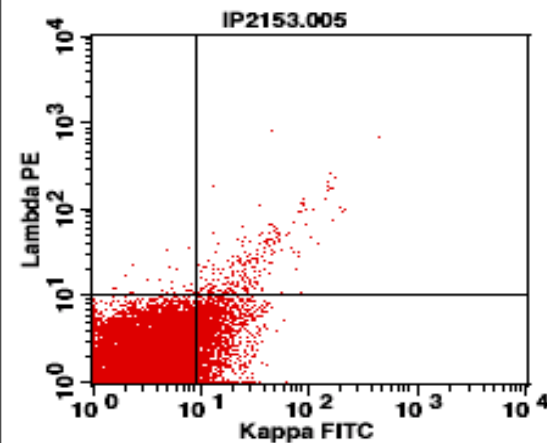
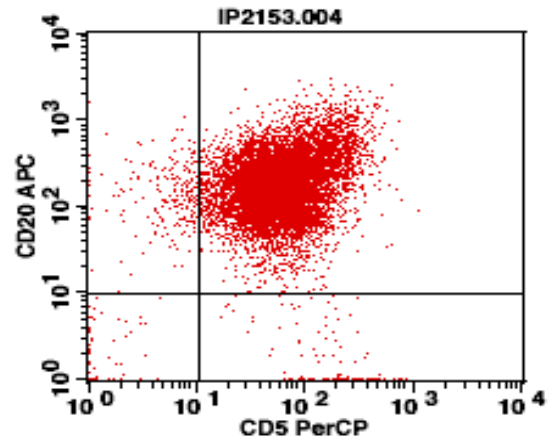
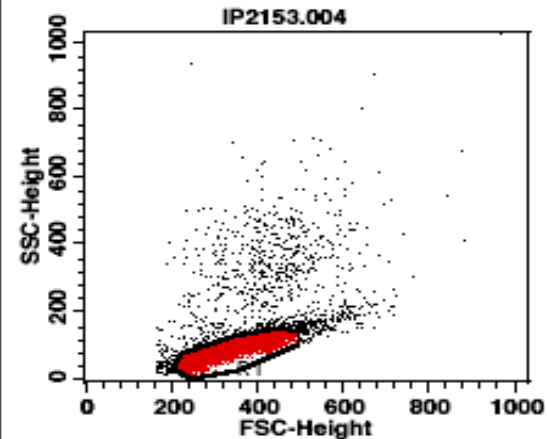
- CD5+
- CD20 dim
- sIg -/dim
- CD22 dim
- CD23+
- CD79b-/dim

# B-CLL tipica

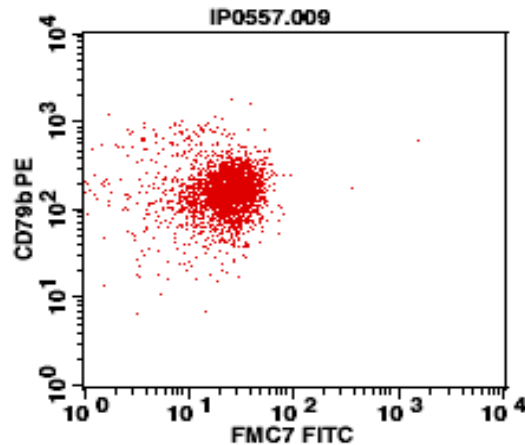
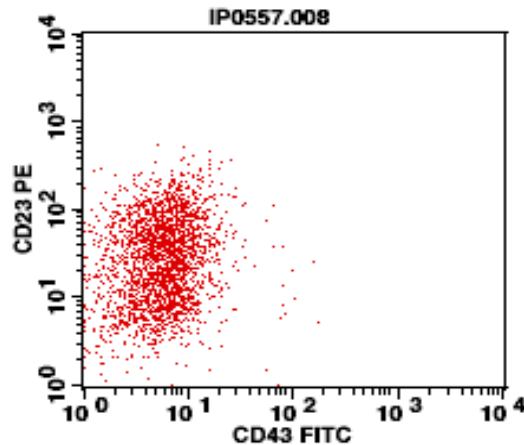
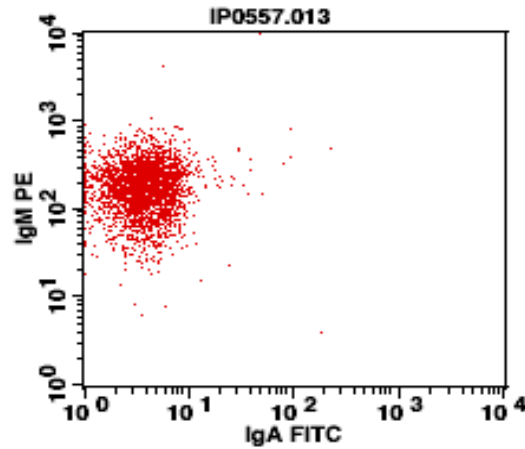
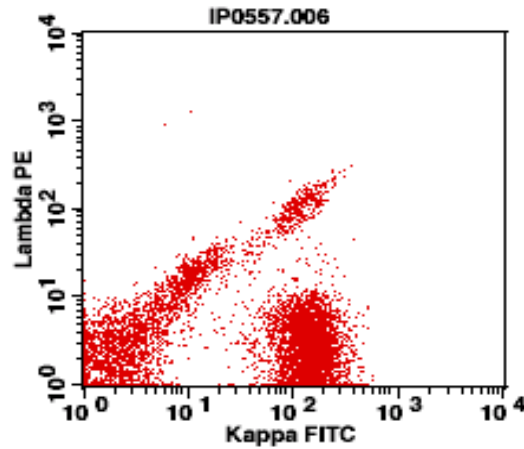
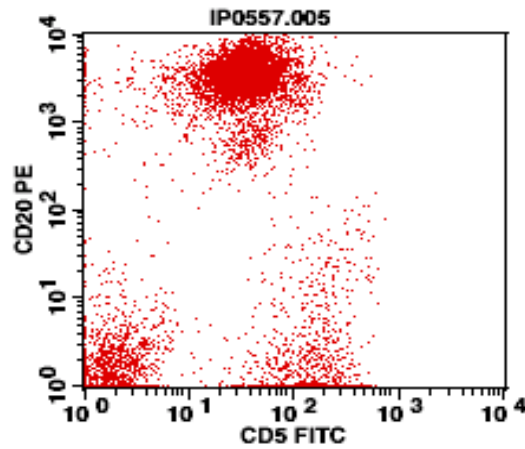
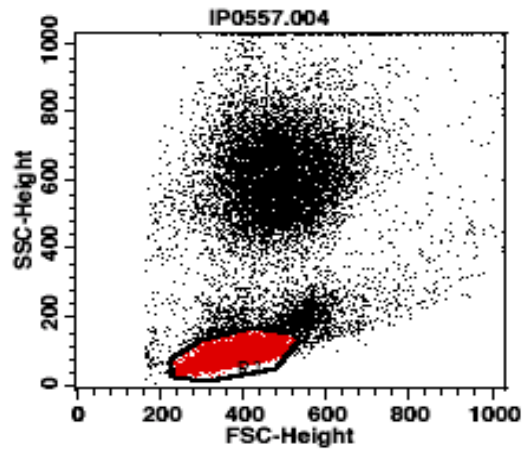
V.A. femmina

75aa

WBC >75.000



# B-CLL atipica



T.L. maschio

67aa

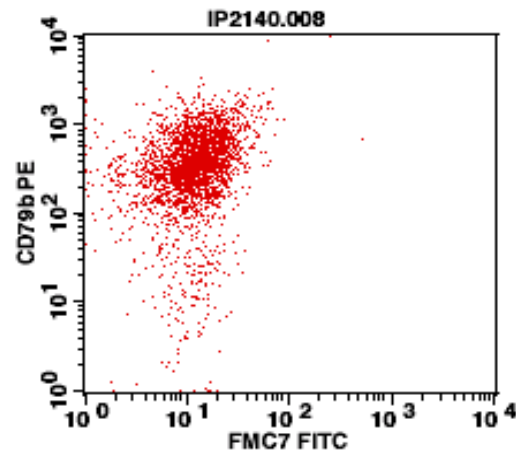
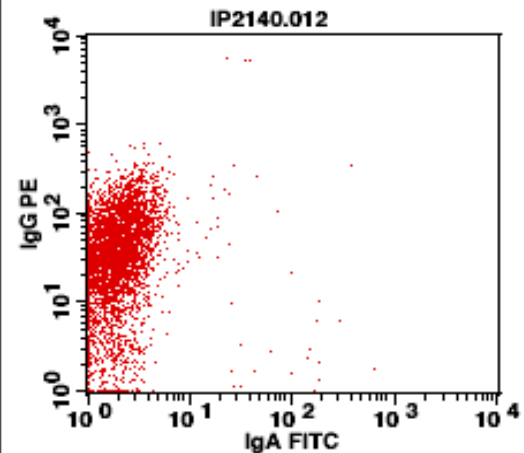
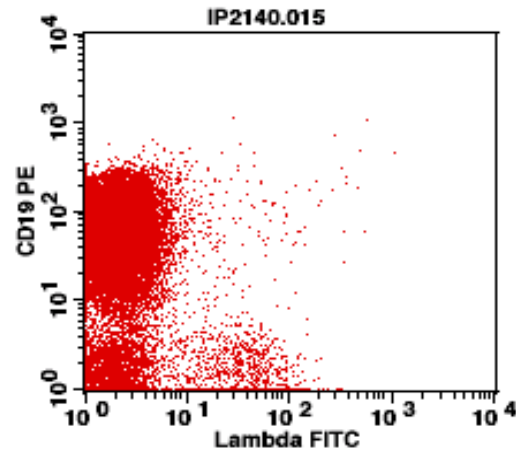
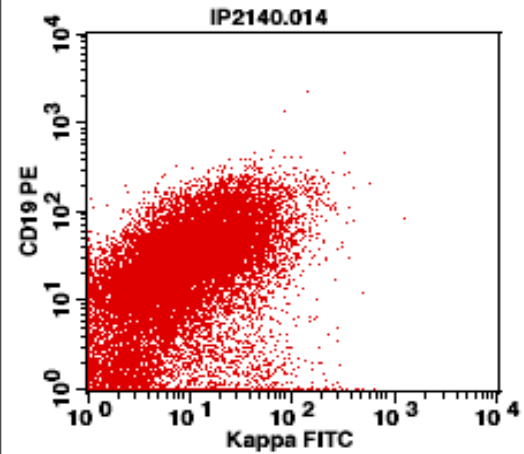
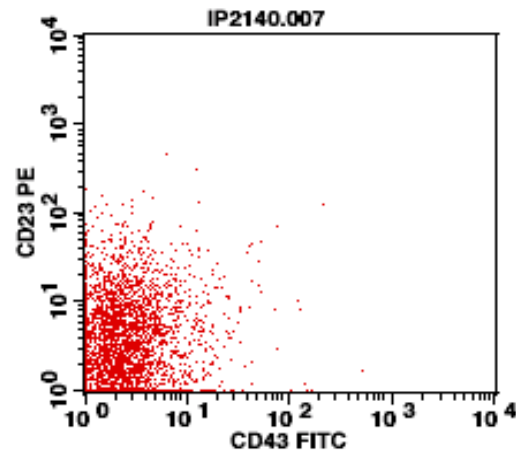
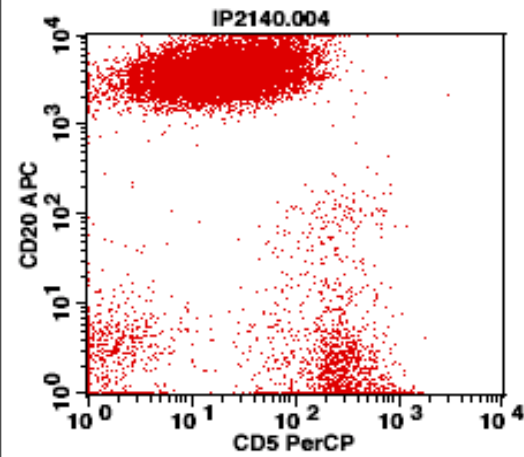
WBC >14.000

CLL atipica : criterio morfologico

?

CLL atipica : criterio fenotipico

# Caso atipico 1



**F.L. maschio**

**55 aa**

**WBC >14.000**

**5+/20+++**

**Kappa dim/IgG**

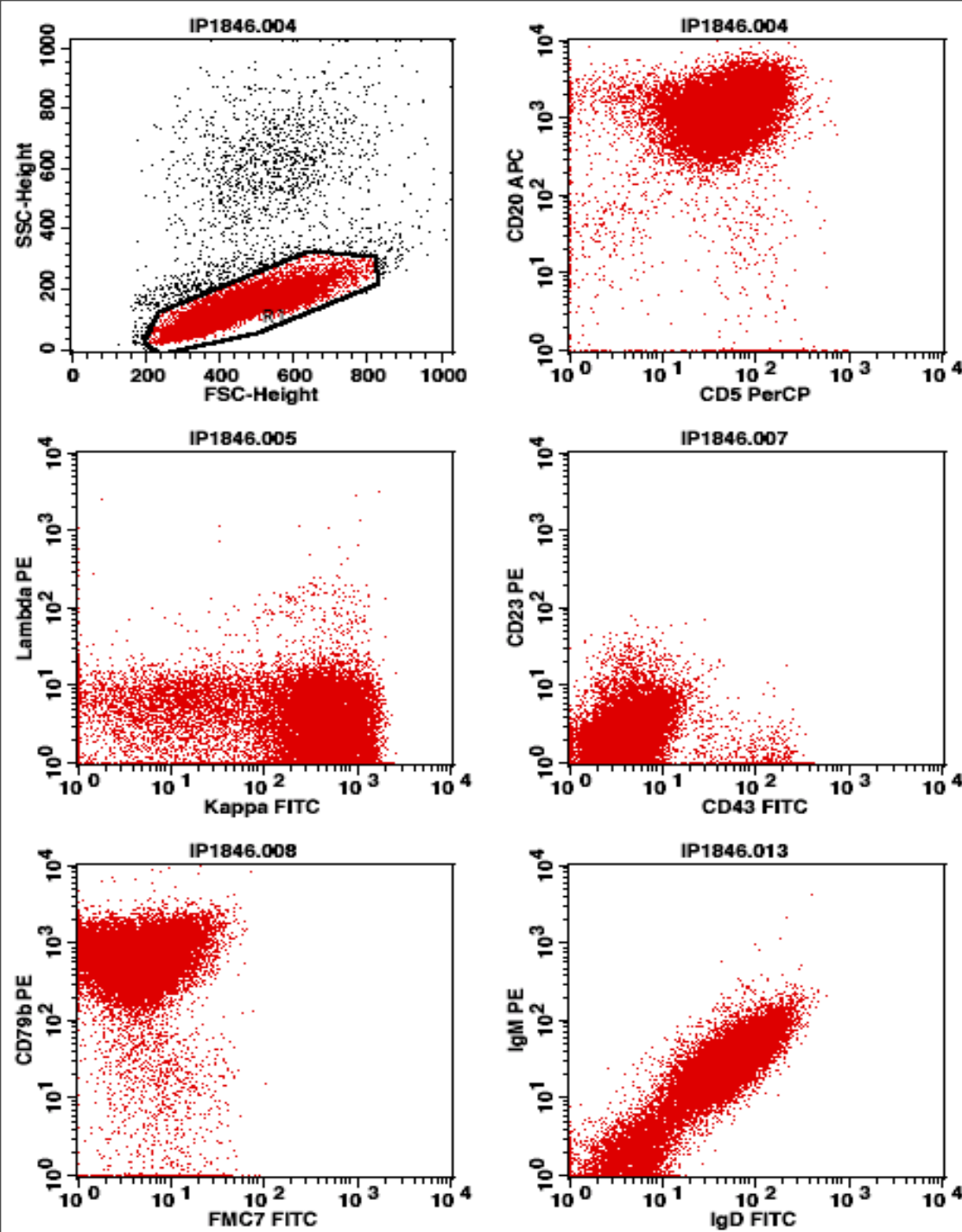
**23-**

**79b++**

**FMC7 dim**

**No citogenetica**

# Caso atipico 2



**P.G. maschio**

**84 aa**

**WBC >15.000**

**5+/20++**

**Kappa++/IgM-D**

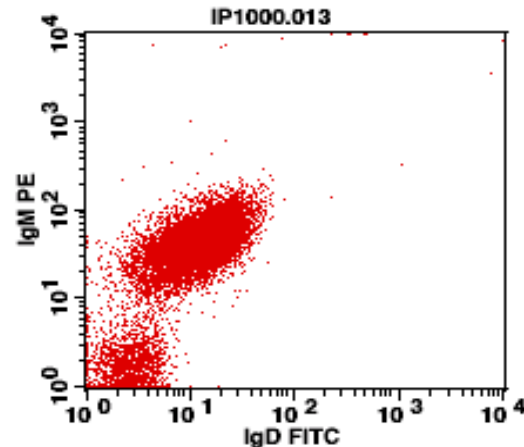
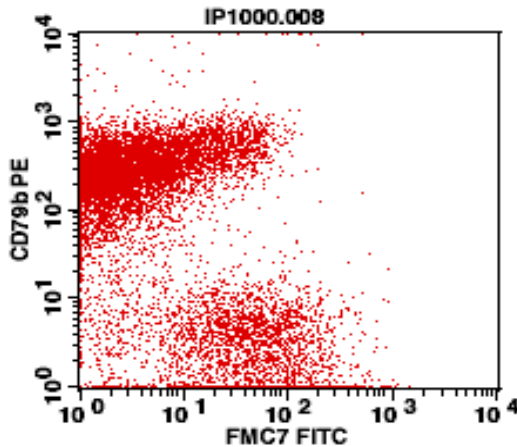
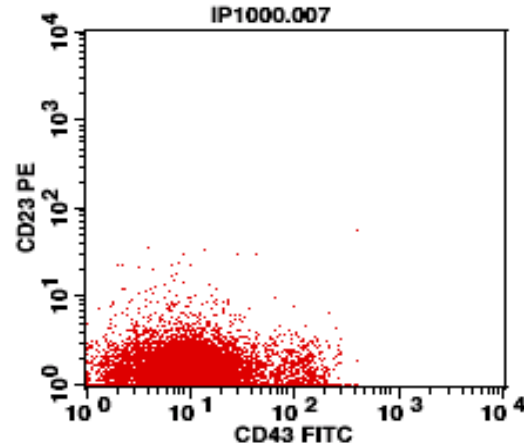
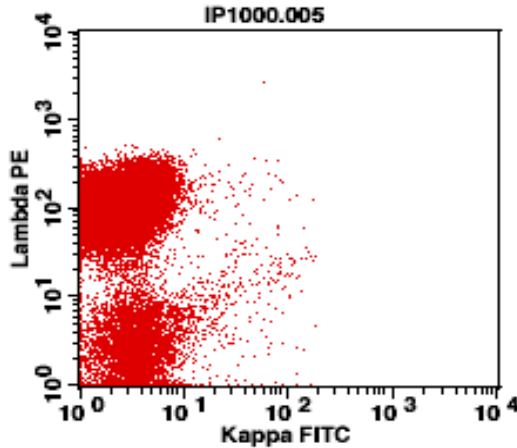
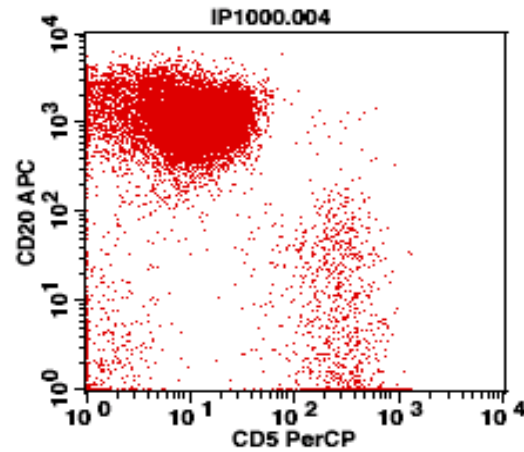
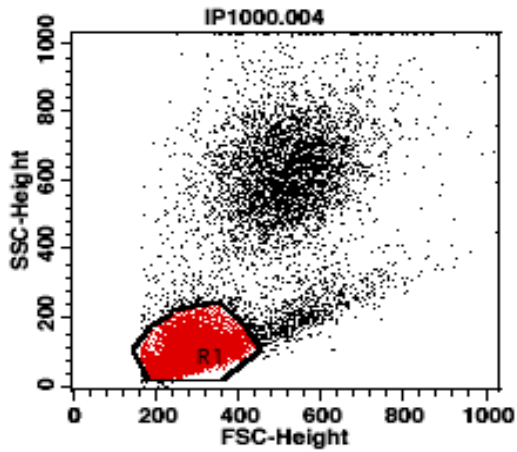
**23-**

**79b++**

**FMC7 dim**

**No citogenetica**

# Caso atipico 3



**S.R. femmina**

**65 aa**

**WBC >13.000**

**5+/20++**

**Lambda+ / +++ IgM-D**

**23-**

**79b++**

**FMC7 parz**

**No citogenetica**

# Caratteristiche fenotipiche “CLL atipiche”

<b>D'arena, Leuk Lymph 2001;42:649</b>	<b>(ABC quantif.) ↑CD20, CD22 = CD23, CD79b, CD11c, CD5</b>
<b>Frater, AJCP 2001;116:655</b>	<b>(RI) quantitativo indir. ↑CD23 = CD79b, sIg, CD5</b>
<b>D'arena, AJH 2000;64:275</b>	<b>↓CD19, CD23 ↑CD20, CD22</b>
<b>Su'ut, BJH 1998;101:165</b>	<b>tr.12 &gt; freq. FMC7, CD38, ↑sIg, CD20</b>
<b>Matutes, BJH 1997;92:382</b>	<b>tr.12 &gt; freq. FMC7, ↑sIg.</b>

- Esiste un concetto consolidato di atipia fenotipica per le B-CLL?
- Se si, come si relaziona con l'atipia morfologica?
- Quali criteri adottare per definire “fenotipicamente atipica” una proliferazione B CD5+ non riconducibile a linfoma mantellare?