



Parvovirus infection in a child with acute lymphoblastic leukemia

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A 6-year-old boy on maintenance treatment for acute lymphoblastic leukemia (according to mid-risk Protocol for ALL - A.I.E.O.P. 9502) came to our observation because of anemia (Hb = 7 g/dL) and mild thrombocytopenia of no apparent etiology. A May-Grünwald-Giemsa stained blood smear revealed the presence of neutrophilia and rare immunocytes.

Bone marrow smears showed maturation arrest of erythroid series, degenerated giant proerythroblasts with vacuolated cytoplasm and bare nuclei (Figures 1 and 2).

This picture was suggestive of parvovirus B19 infection, which was confirmed by PCR analysis.¹

The patient was treated with a single 12 hour infusion of immunoglobulin at the dose of 800 mg/kg, which led to complete normalization of the blood picture.

References

1. Prasad Rao Koduri. Novel cytomorphology of the giant proerythroblasts of parvovirus B19 infection. *Am J Hematol* 1998; 58:95-9.

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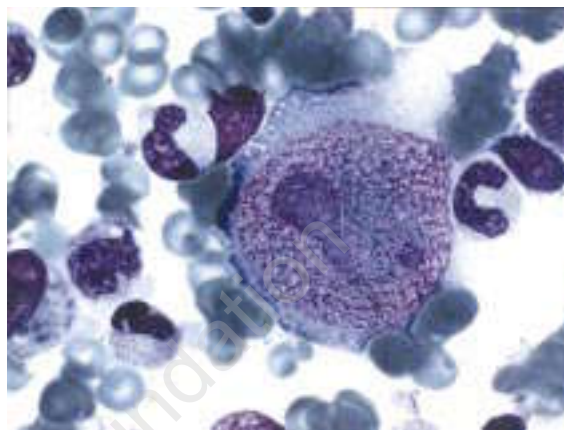


Figure 1. Degenerated giant proerythroblast (May-Grünwald-Giemsa staining: original magnification $\times 100$).

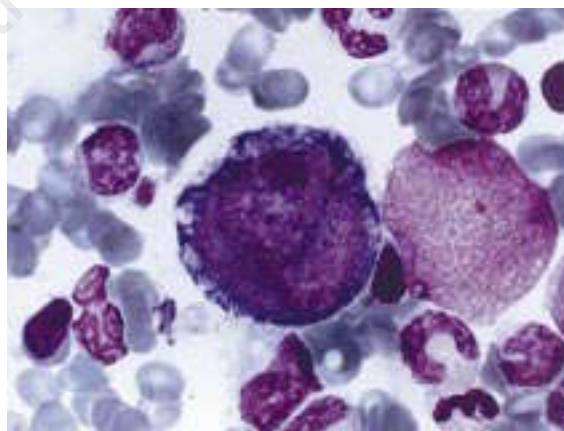


Figure 2. Bare nucleus and giant proerythroblast (May-Grünwald-Giemsa staining: original magnification $\times 100$).