Haematologica 1997; 82:503

AN UNEXPECTED DIAGNOSIS

KADOUDJA CHEMLAL,* VALÉRIE ANDRIEU-BEAUTRU,° MARIE-JOSÉ GRANGE°
*Department of *Internal Medicine and °Department of Hematology, Hôpital Bichat, Paris, France*

A 20-year-old woman was admitted for severe asthenia. Physical examination was normal except for pallor. Laboratory findings were as follows: Hb 6.2 g/dL, MCV 119 fL, leukocytes 9.2×10^9/L, neutrophils 4.75×10^9/L, lymphocytes 2.21×10^9/L, eosinophils 0.17×10^9/L, platelets 159×10^9/L, reticulocytes 66×10^9/L, nucleated red blood cells: 28%, lactic dehydrogenase level 13,300 U/L (normal vale < 350). The peripheral blood film showed numerous dacryocytes (Figure 1). What is your differential diagnosis?

The presence of tear-drop shaped erythrocytes suggested a diagnosis of myelofibrosis; in fact, there was no splenomegaly and the MCV was very high and neutrophils were hypersegmented (Figure 2). Cytological study disclosed hypercellular bone marrow which was erythroblastic and megaloblastic with giant metamyelocytes, in keeping with a vitamin B_{12} deficiency (Figure 3). A diagnosis of pernicious anemia was confirmed in our patient by the following results: vitamin B_{12} deficiency (27 ng/mL, normal value >200), gastric atrophy, abnormal Schilling test and positive intrinsic factor antibody.

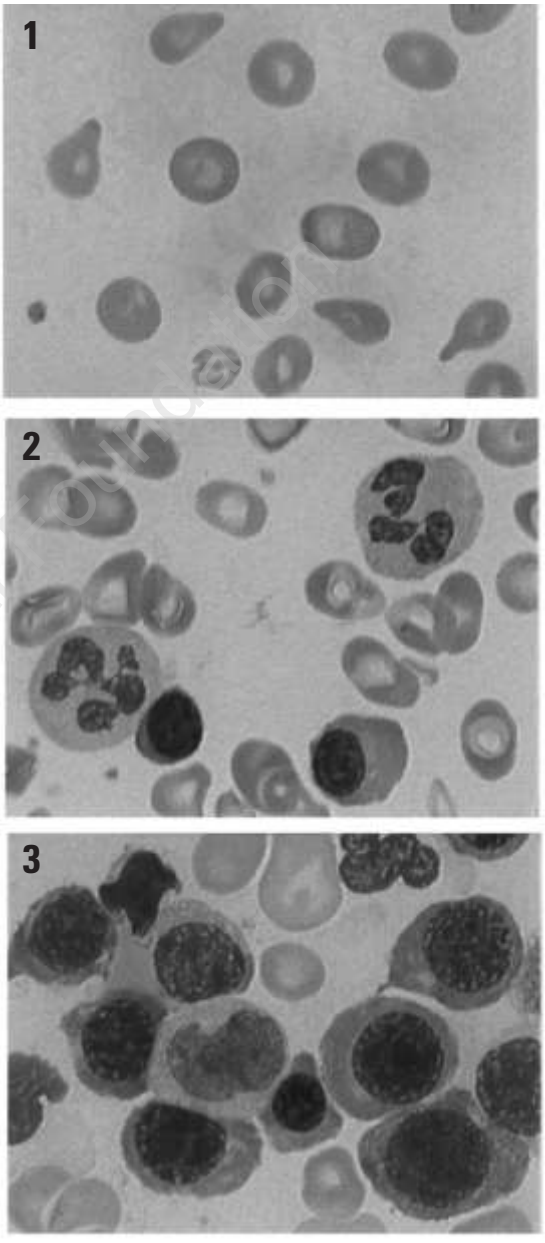

Figure 1. Peripheral blood: numerous dacryocytes.

Figure 2. Peripheral blood: hypersegmented neutrophils and nucleated red blood cells (RBC).

Figure 3. Bone marrow: megaloblastic erythroid series.

Correspondence: Dr. K. Chemlal, Service de Médecine Interne, Hôpital Bichat, 46 rue Henri Huchard, 75877 Paris Cedex 18, France. Tel. international +33.1.40257002. Fax. international +33.1.40258845.