81 anos, com dados clínicos não informados. A imunofenotipagem por citometria de fluxo e o mielograma foram prejudicados devido à provável hemodiluição e hipocelularidade da amostra. O cariótipo apresentou as seguintes alterações: 46, XX,? ider(20)(q10)del(20)(q11.2)[19]/46,XX,del(5)(q? 22),? t (12;14)(q13;q32)[1]. O terceiro paciente, sexo masculino, 79 anos, tinha como hipótese diagnóstica SMD. A imunofenotipagem por citometria de fluxo foi inconclusiva diante das características da amostra (hipocelularidade e baixa viabilidade celular). O mielograma mostrou discreta hiperplasia medular, apresentando alterações dismórficas em todas as séries. Foi encontrado o seguinte cariótipo: 46,XY,del(20)(q13.1)[9]/46, XY,-20,+mar[5]/46,XY[6]. Os resultados indicam que através da citogenética convencional é possível identificar a presença do ider(20q). Entretanto, a depender da resolução cromossômica e expertise do analista, este pode ser interpretado como um pequeno marcador cromossômico metacêntrico, aparentemente associado à monossomia do cromossomo 20, 45,XY,-20,+mar, como relatado no terceiro paciente, corroborando os achados na literatura. Sugere-se que a perda de genes contidos no braço curto deste cromossomo, del(20p), poderia explicar a agressividade de ider(20q) em comparação com del(20q). Entretanto, o prognóstico de pacientes com SMD com ider (20q) permanece controverso, devido ao pequeno número de casos relatados. Apesar da reduzida casuística no presente resumo, estes relatos ilustram a contribuição da análise do cariótipo para a investigação de alterações cromossômicas e esclarecimento diagnóstico da SMD.

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BEYOND OF MORPHOLOGY DIAGNOSIS: A CASE REPORT OF PIODERMA GANGRENOSO AS THE FIRST MANIFESTATION OF MYELODYSPLASTIC NEOPLASIA

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Introduction: Pyoderma gangrenosum can be the first cutaneous manifestation of paraneoplastic syndromes. Among the associated diseases include hematological malignancies. These disorders may have atypical clinical characteristics, with the association of Myelodysplastic Neoplasm (MDS) with the bullous form being the most described and its appearance associated with poor prognosis. **Objective:** To report a case of skin lesion as a first manifestation of MDS. **Case report:** A 68-year-old woman started with fatigue and pain in the legs, evolving with the appearance of plaques with haemorrhagic blisters in the left calf and the presence of cytopenia was identified in laboratory tests (Haemoglobin 6.7 g/dL, leukocytes 2.300/mm^3, and neutrophils 552/mm^3, and platelets 95.000/mm^3). Patient sought medical assistance and started a clinical investigation. During follow-up serologies were performed with all negative results. Myelogram was performed and immunophenotyping showed the presence of 18.7% of myeloid lineage blasts with aberrant CD7 marking. The patient was diagnosed with MDS, the treatment with dapsone was started, but the patient died a few months after diagnosis. Discussion: The diagnosis of pyoderma gangrenous is one of exclusion and other causes of ulcer disease should be investigated. Myelodysplastic Neoplasm should always be considered in patients with pyoderma gangrenosum accompanied by some mono, bi or pancytopenia and may appear at the same time with the hematological disease or, in its evolution, as a marker of malignant transformation. **Conclusion:** Myelodysplastic neoplasm should always be considered in patients with pyoderma gangrenosum accompanied by some cytopenia.

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TRISOMY 8 IN HIGH RISK MDS PATIENT

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Introduction: Myelodysplastic neoplasms (MDS) are a diverse group of clonal diseases affecting hematopoietic stem cells (HSCs). They are characterized by ineffective hematopoiesis, cytopenias, dysplasias, and the potential to progress to acute myeloid leukemia. Diagnosis of MDS involves assessing clinical, morphological, and genetic factors. Cytogenetic analysis plays a crucial role in identifying clonality in suspected MDS patients. Approximately 50-60% of patients exhibit cytogenetic abnormalities, with the most common anomalies being del(5q), monosomy or deletion of 7q, trisomy 8, and del (20q). **Objective:** To show clinical manifestations of a MDS