

## Images in Clinical Hematology

# Acute megakaryoblastic leukemia in a pediatric patient



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A 6-month-old patient was referred to our hospital due to abdominal discomfort and additional nonspecific symptoms, including restlessness and refusal of nourishment. Differential blood count analysis yielded marked leukocytosis with 60,000 G/L leukocytes and thrombocytopenia. Reactive causes of this altered hematological and clinical state were excluded, and a leukemic disease was suspected, primarily acute lympho-

blastic leukemia (ALL) as this entity is the most common leukemia of childhood.<sup>1</sup> Microscopic investigation of the peripheral blood confirmed acute leukemia with 29 % blasts; however, unexpectedly, the blasts did not appear as typical ALL blasts. Immunophenotyping confirmed megakaryoblastic leukemia as these blasts were positive for CD13, CD33, CD41, and CD61.<sup>2</sup>

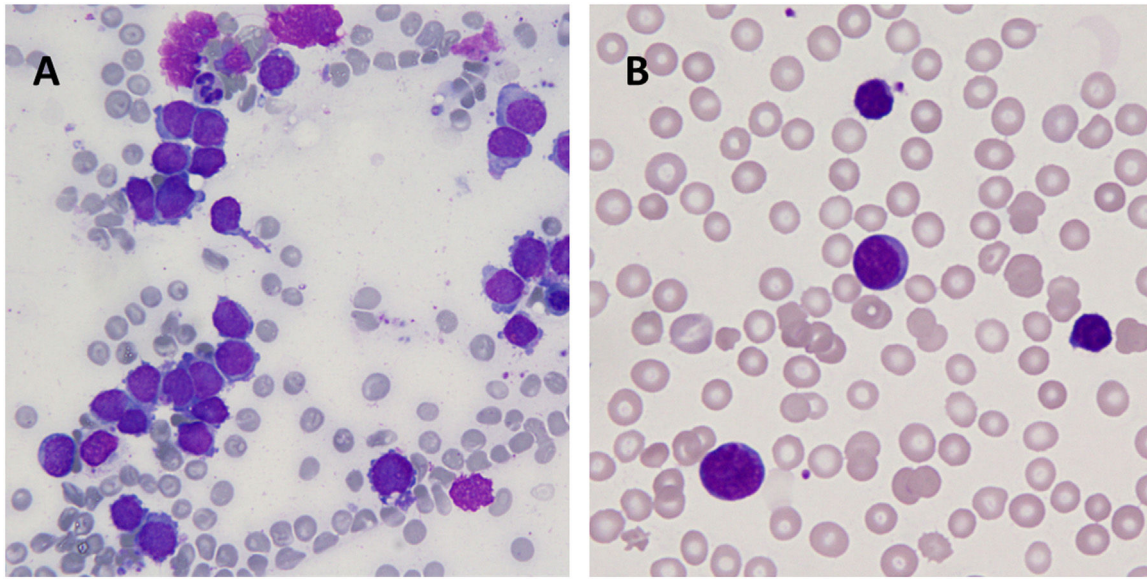
[Figure 1](#)

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**Figure 1 – In bone marrow investigation the megakaryoblasts were enlarged with basophilic cytoplasm, distinctive pseudo-pods (“blebs”), and cytoplasmic projections. In addition, clusters of megakaryoblasts were detected (A). In peripheral blood the megakaryoblasts showed scant cytoplasm and dark stained nuclei (B).**

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### Conflicts of interest

The authors declare no conflicts of interests.

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