HEMATOLOGY, TRANSFUSION AND CELL THERAPY

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Images in Clinical Hematology

Pseudogaucher cells in a patient with α-thalassemia minor and S-hemoglobin carrier

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ARTICLE INFO

Article history:
Received 4 November 2023
Accepted 17 November 2023
Available online 19 January 2024

A 38-year-old woman, natural from Nigeria, known case of alpha-Thalassemia minor, S hemoglobin carrier, and chronic renal failure was remitted due decreasing hemoglobin level. She was in treatment with erythropoietin and endovenous iron. Laboratory tests showed: hemoglobin of 95 g/L, platelets of 130 × 10^9/L and white blood cells 4.1 × 10^9/L, reticulocytes 1.7%, lactate dehydrogenase 273 IU/L (slightly increased) and glomerular filtration 3 mL/min/1.73 m2. Bone marrow smear showed a hypercellular marrow with increased erythroid precursors without dysplastic changes and incidental Pseudo-Gaucher cells (PGC) (Figure 1 A-B, May-Grumwald-Giemsa x1000). Bone marrow biopsy did no evidence fibrosis nor infiltration.

PCG are histiocytes with round contour and cytoplasm resembling "onion layers". By morphology PCG are indistinguishable from true Gaucher cells. PGC are found in cases with high cell turnover. The presence of PGC has been documented in different hematological diseases being most common chronic myeloid leukemia but also in myelodysplastic syndromes, myeloma and other lymphoproliferatives, myelofibrosis and major thalassemia.[1,2]

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https://doi.org/10.1016/j.htct.2023.11.010

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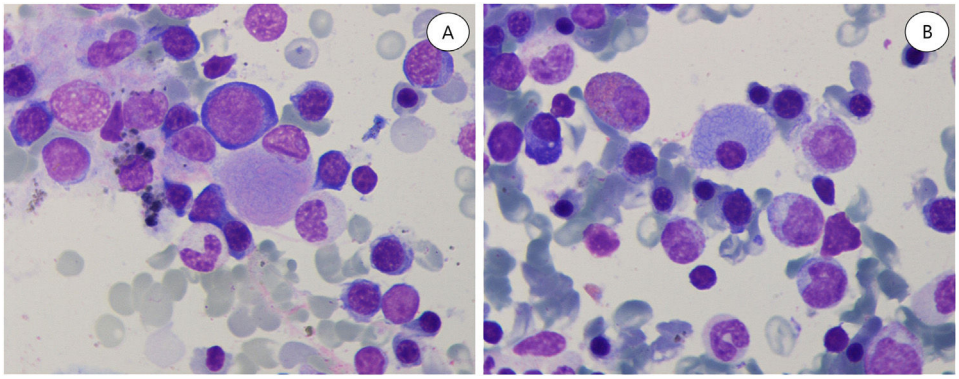

Figure 1 – A & B. Bone marrow smear (MGGx1000). Pseudogaucher cells: big cells with large cytoplasm with onion layers appearance and eccentric nuclei.

Conflicts of interest

The authors of this paper have no conflicts of interest, including specific financial interests, relationships, and/or affiliations relevant to the subject matter or materials included.

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