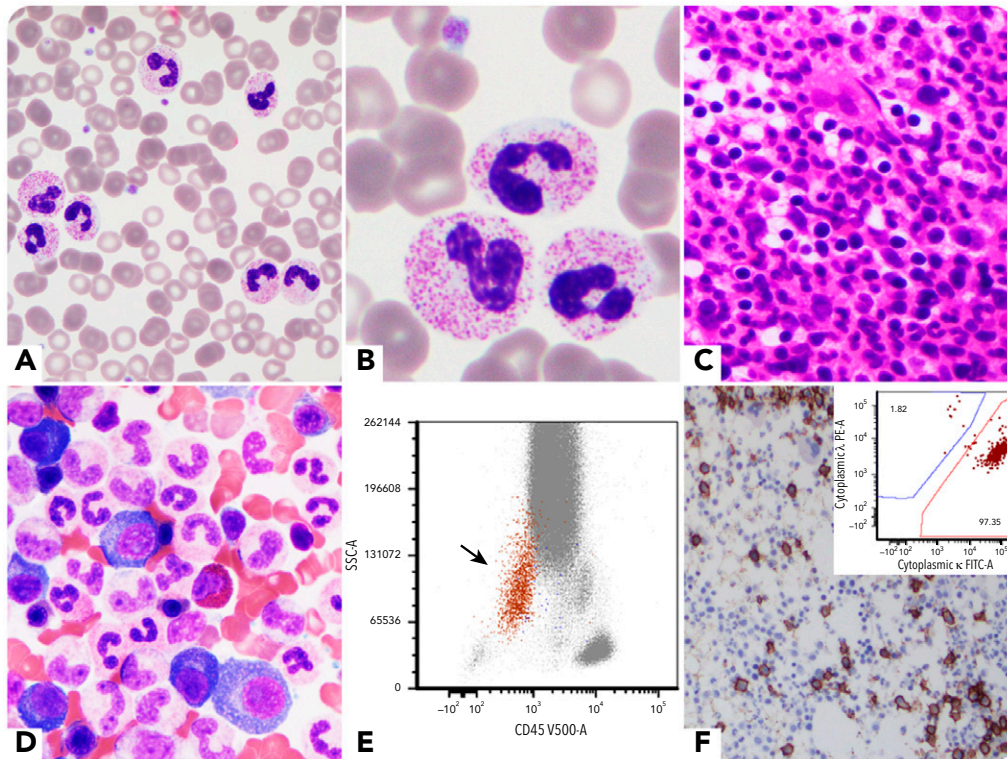


Neutrophilic leukemoid reaction associated with plasma cell neoplasm mimicking chronic neutrophilic leukemia

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A 60-year-old man presented with persistent leukocytosis (white blood cell [WBC] count, $26 \times 10^9/L$; panel A, original magnification $\times 400$, Wright-Giemsa stain). Peripheral blood showed increased neutrophils (80%; absolute neutrophil count, $21 \times 10^9/L$) with toxic granules but no dysgranulopoiesis or blasts (panel B, original magnification $\times 1200$, Wright-Giemsa stain); neutrophil precursors were $<10\%$ of WBCs, and monocytes were $<1 \times 10^9/L$. Bone marrow biopsy revealed hypercellular ($>90\%$) marrow with marked neutrophilic proliferation (panel C, original magnification $\times 400$, hematoxylin and eosin stain; panel D, original magnification $\times 1000$, Wright-Giemsa stain) with no increased blasts, raising a concern for chronic neutrophilic leukemia (CNL). Interestingly, plasma cells were aberrant (panel E arrow [SSC-A, side scatter area]) and increased (10% of cellularity; panel F, original magnification $\times 200$ [PE, phycoerythrin; FITC-A, fluorescein isothiocyanate

area)); they expressed CD38, CD138, CD56, and monotypic cytoplasmic κ light chain (panel F insert) but lacked CD45 and CD19. Conventional cytogenetic study showed hyperdiploid karyotype $53\sim 54,XY,+3,+5,+6,+7,+8,+11,+15,+mar[cp2]/46,XY[18]$, most likely representing plasma cell neoplasm (PCN). Molecular studies of 81 genes commonly seen in myeloid neoplasms (including *CSF3R*) revealed no mutations. No *BCR-ABL1* rearrangement was detected by cytogenetic or molecular studies. He was diagnosed with PCN with neutrophilic leukemoid reaction.

PCN-associated neutrophilic leukemoid reaction is rare, likely resulting from granulocyte colony-stimulating factor produced by neoplastic plasma cells. Concurrent PCN and CNL is rare but has been reported. In a case of PCN with neutrophilia, clonality of the neutrophil lineage should be demonstrated by cytogenetic or molecular studies before making a diagnosis of CNL.