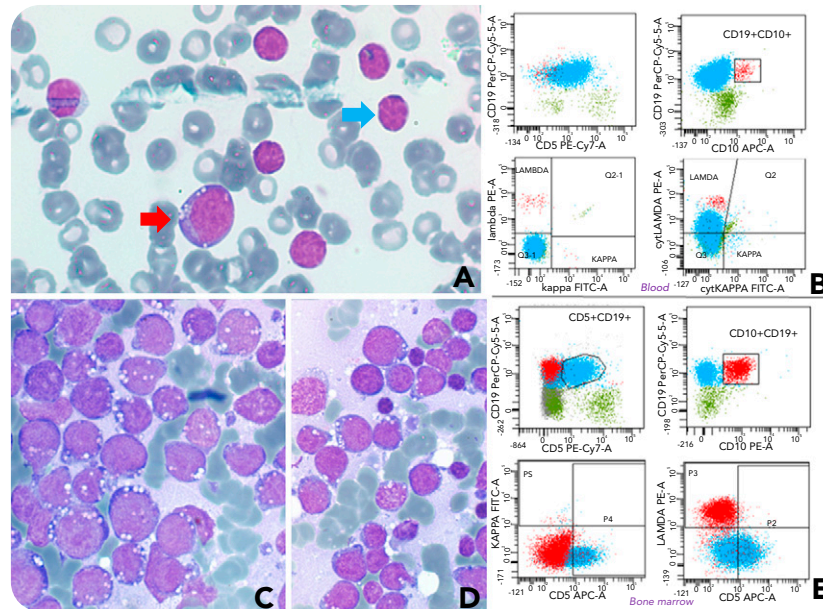


## Rapidly deteriorating B-CLL at presentation: clonally related Burkitt leukemia as an atypical Richter transformation?

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An 81-year-old man presented with acute back pain, leukocytosis-lymphocytosis ( $57.62 \times 10^9/L$ ), deteriorating severe thrombocytopenia ( $121 \times 10^9/L$  to  $29 \times 10^9/L$  within 1 week), rapidly rising serum lactate dehydrogenase up to 13464 units/L ( $\times 59$ ), and ferritin levels (9896 ng/mL). The clinical examination was normal. Peripheral blood (PB) smear revealed numerous B-cell chronic lymphocytic leukemia (B-CLL)-like lymphocytes, but also very rare lymphoid cells with typical Burkitt morphology (panel A;  $100\times$  objective, original magnification  $\times 1000$ , May-Grünwald-Giemsa stain, blue/red arrow, respectively), accounting for 1% of PB lymphocytes on immunophenotype (panel B; red-colored population; CLL blue-colored population). Bone marrow (BM) aspiration revealed typical Burkitt leukemic infiltration admixed with mature, small lymphocytes (panels C-D;  $100\times$  objective, original magnification  $\times 1000$ , May-Grünwald-Giemsa stain). BM immunophenotype demonstrated 2 abnormal B-cell populations, both with  $\lambda$ -light chain restriction: 50% typical B-CLL lymphocytes

$CD5^+$ ,  $CD23^+$ ,  $CD43^+$ ,  $CD200^+$ ,  $CD20^+$  (weak),  $CD79b^+$  (weak),  $slg\lambda^-$ ,  $clg\lambda^+$  (panel E; blue-colored population) and 45% Burkitt lymphoma/leukemia lymphoid cells  $CD10^+$ ,  $CD38^+$ ,  $slg\lambda^+$  (moderately),  $clg\lambda^+$ ,  $CD20^+$ ,  $CD79b^+$ ,  $CD5^-$ ,  $CD23^-$  (panel E; red-colored population), and the BM biopsy findings were similar, also revealing *bcl2* expression by both B-CLL and blast cells. *MYC* but not *BCL2* rearrangements and  $47,XY,+7,t(8;14)(q24;q32)[18]/47,idem,+1,der(1;15)(q10;q10)[2]$  were shown by BM fluorescence in situ hybridization and conventional cytogenetic analysis. DNA genetic analysis demonstrated a single identical B-cell clone in blood and BM.

This is a unique case of unusual B-CLL presentation due to the complication by Burkitt transformation or Burkitt-like high-grade transformation at initial presentation under the wide definition of Richter syndrome.