Pathology lab

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- ✓ RS cells (bi or multi-nucleated giant cells).
- ✓ Positive for CD30, CD15 and negative for CD20, CD3, CD45.
- ✓ Secrete IL-5 : eosinophilia
- ✓ Express PD



- ✓ Nodular sclerosis HL
- ✓ Lacunar cells
- ✓ Common in children
- ✓ Thick fibrous band





- ✓ Mixed cellularity HL
- ✓ Lacks fibrous bands
- ✓ Associated with EBV

 \checkmark Old ages



- ✓ Lymphocyte predominant HL.
- ✓ Popcorn cells (multi-lobulated giant cells)
- ✓ Express CD45, CD20 and negative for CD30, CD15.



- ✓ DLBCL : most common NHL.
- ✓ t(14;18) (Bcl2 —> lgH).
- \checkmark Mutation in MYC.
- $\checkmark\,$ Positive for CD20.
- ✓ Cells are large with irregular nuclei.



- ✓ Follicular lymphoma
- ✓ t(14;18) (Bcl2 —> lgH)
- Mutation in genes encoding histone modifying protein (epigenetics)
- ✓ Express CD20, Bcl2 and Bcl6.
- Centrocytes (cleaved lymphocytes)





- ✓ Burkitt lymphoma : most common NHL in children.
- Associated with EBV in endemic areas.
- ✓ t(8;14) (MYC —> lgH).
- ✓ Warburg metabolism.
- ✓ Express CD20, CD10 and Bcl6.
- ✓ <u>Tingible macrophages</u> that engulf nuclear debris.
- ✓ Starry sky appearance.
- ✓ Lipid vacuoles in cytoplasm.





- ✓ Small lymphocytic lymphoma (SLL) : arises in LNs and solid tissues.
- ✓ Increased Bcl2 protein secondary to delection mutation in genes coding miRNA.
- Active BCR Active Bruton Tyrosine kinase (BTK) — promotes cell survival and prevents apoptosis.
- ✓ Chromosomal translocation is <u>rare.</u>
- ✓ Express CD20, CD5 and Bcl2.
- ✓ Large number of prolymphocytes and increased mitosis.
- ✓ Richter transformation.





- ✓ Chronic lymphocytic leukemia (CLL) : arise in BM and peripheral blood.
- ✓ Same mutations as SLL.
- ✓ <u>Smudge cells.</u>
- ✓ Leukemic cells
- Prolymphocytes with central prominent nucleolus).
- ✓ Richter transformation.



- ✓ ALL : mutations in transcription factors involved in maturation of blasts, RAS and tyrosine kinase. Classified into B-ALL (which is the most common childhood malignancy) and T-ALL (less common, involving thymus).
- ✓ B-ALL : mutation in PAX5 gene.
- Childhood B-ALL have <u>hyperdiploidy</u>, t(12;21) a transloaction involving ETV6 and RUNX1 genes.
- Adult B-ALL exhibits t(9;22) between ABL & BCR genes (Philadelphia).
- ✓ T-ALL : mutation in PTEN and CDKN2A.
- ✓ B-ALL cells express CD34, TDT, CD10 and normal B cells markers
- ✓ T-ALL cells express CD34, TDT, CD10 and normal T cells markers





- ✓ Multiple myeloma : plasma cell myeloma.
- ✓ t(11;14) (cyclin D1 or D3 —> lgH)
- ✓ MYC mutation
- ✓ CRAB criteria
- ✓ Bench Jones protein
- $\checkmark\,$ Rouleaux formation in peripheral blood
- ✓ Multinucleation and cytoplasmic vacuoles (contain immunoglobulins)
- ✓ M protein
- ✓ AL- Amyloidosis
- ✓ Very high ESR
- ✓ Pancytopenia



- ✓ Hairy cell leukemia.
- ✓ Elderly, men, smokers.
- ✓ Mutation in serine theronine kinase (BRAF gene).
- ✓ Bone marrow fibrosis
- Prominent cytoplasmic projections.
- ✓ Pancytopenia



- ✓ Mycosis fungoides
- ✓ Neoplastic CD4+
- ✓ Erythema plaque tumor.
- ✓ <u>Cerebriform nucleus.</u>
- ✓ Sezary syndrome : variant of MF.



- ✓ Acute myeloid leukemia (AML).
- ✓ Mutations : RAS, P53, IDH, epigenetics and transcription factors required for maturation and differentiation of myeloblasts.
- ✓ <u>Auer rods</u>: small pink rods in cytoplasm, represent perioxidase enzyme.
- ✓ Express CD34, MPO, CD13 and CD33.





- ✓ APL : t(15;17) (PML -> RARA) .
- ✓ Auer rods.
- ✓ <u>Cleaved nuclei.</u>
- \checkmark Negative for CD34
- ✓ Malignant promyelocytes secrete tissue factor causing lifethreatening (DIC).



- ✓ MDS : mutation in DNA methylation and histone modification.
- Chromosomal aberration: monosomy 5, monosomy 7, trisomy 8, deletions of 5q, 7q, 20q.
- ✓ P53 mutation.
- ✓ Abnormal RNA splicing —> ring sideroblasts.
- ✓ Hyperceullar BM.
- ✓ Thrombocytopenia
- ✓ Neutropenia
- ✓ Refractory anemia







- ✓ CML : most common MPN.
- ✓ harbor t(9;22) (BCR —> ABL).
- ✓ Basophilia.
- ✓ Shift to left.
- ✓ Leukocytosis, thrombocytosis, anemia.
- ✓ Blasts : low.



- ✓ Primary myelofibrosis.
- ✓ Mutations: JAK-STAT pathway, MPL gene and JAK2.
- ✓ Worse outcome than CML and P.Vera.
- ✓ <u>Tear-drop RBCs.</u>
- ✓ Shift to left (leucoerythroblastic anemia)
- Megakarocytes are increased and form clusters.
- ✓ Cytopenia and massive EMH.



Good Luck