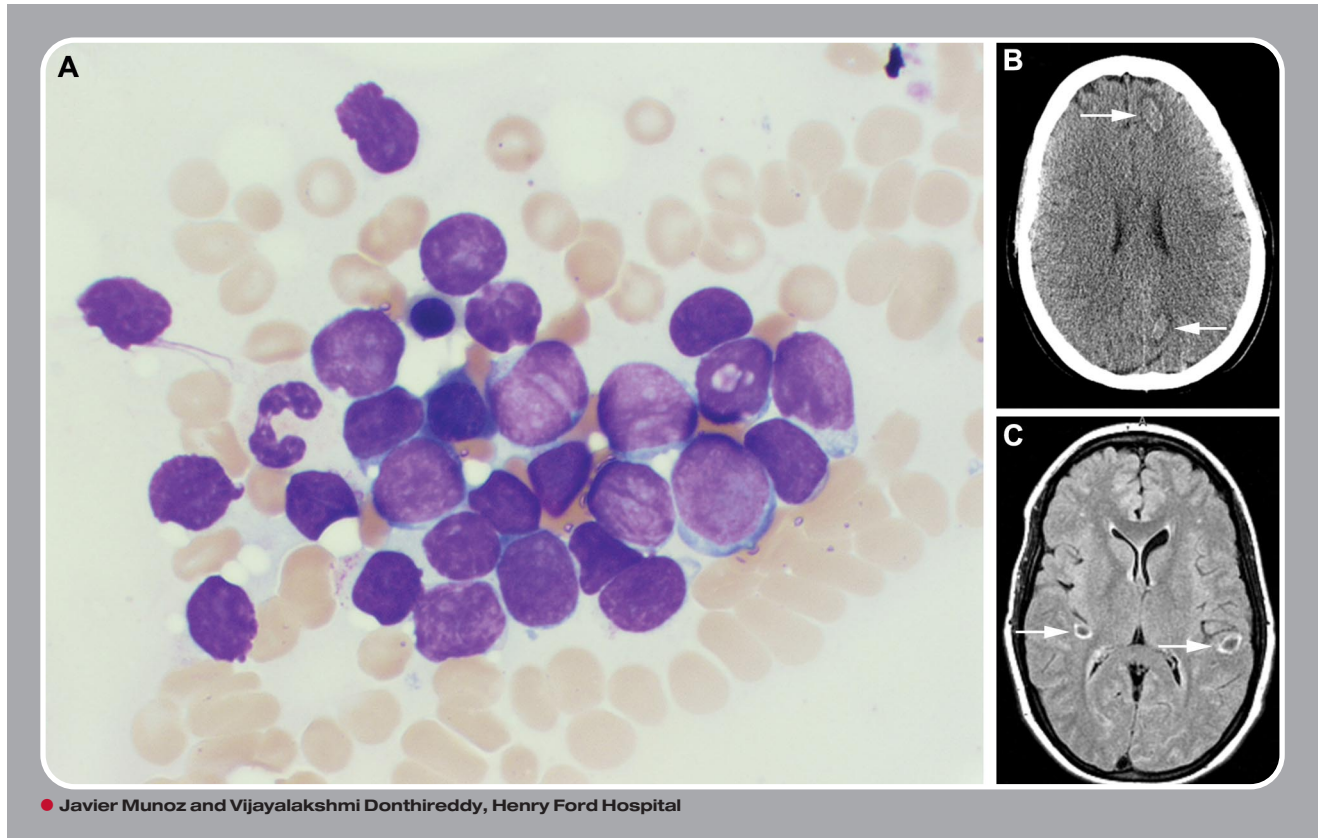


CNS hyperleukocytosis



A 26-year-old asymptomatic female was seen by her primary care physician and routine laboratory testing was performed. Her white blood cell count was $240 \times 10^9/L$, hemoglobin was 14 g/dL, and platelet count was $196 \times 10^9/L$. The review of the peripheral smear and flow cytometry were compatible with B-cell acute lymphoblastic leukemia. Karyotype showed a translocation 4;11. Abundant lymphoblasts were present in the bone marrow aspirate (panel A). Treatment was begun with intrathecal methotrexate and high-dose chemotherapy; however, she terminated therapy in favor of a vitamin-based alternative approach.

Two months later she developed lower extremity weakness and blurry vision. Complete blood count and differential revealed leukocytosis ($989 \times 10^9/L$) with 80% lymphoblasts, normocytic anemia (9.8 g/dL), and thrombocytopenia ($37 \times 10^9/L$). Computed tomography (panel B) and subsequent magnetic resonance imaging (panel C) of the brain showed scattered hyperattenuating hemorrhagic foci in different stages of evolution. The spinal fluid did not show evidence of leukemic meningitis. She agreed to accept high-dose chemotherapy. A complete resolution of her neurologic symptoms occurred. Currently, she is being evaluated for allogeneic hematopoietic stem cell transplantation.



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