Case report: A rare case of complex karyotype promyelocytic leukemia in adult and review of the literature

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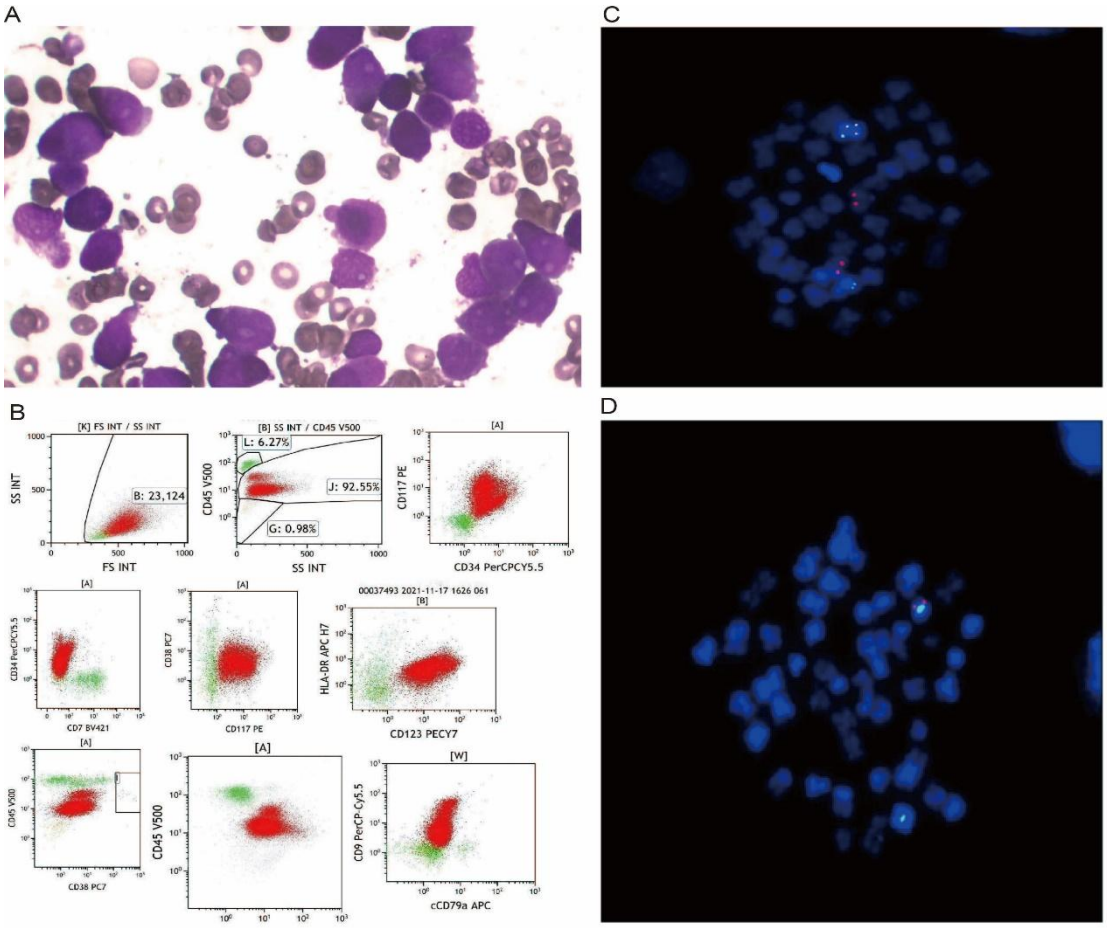


Fig. 1 Morphology, immunophenotyping and FISH. (A) Bone marrow morphology upon initial diagnosis. The bone marrow aspirate shows hypercellular marrow with increased abnormal promyelocytes, which had a visible round or oval, distorted, folded nucleus. (B) Leukemia cells expressed MPO, CD13, CD33 CD99, CD117, CD123, but do not express CD2, CD7, CD19, CD21, CD34, HLA-DR, TDT. (C) FISH study using a PML-RARA dual-color, dual-fusion translocation probe. (D) The TP53 (17P13) gene is labelled red with a two-color TP53 probe, indicating a positive TP53 gene deletion.

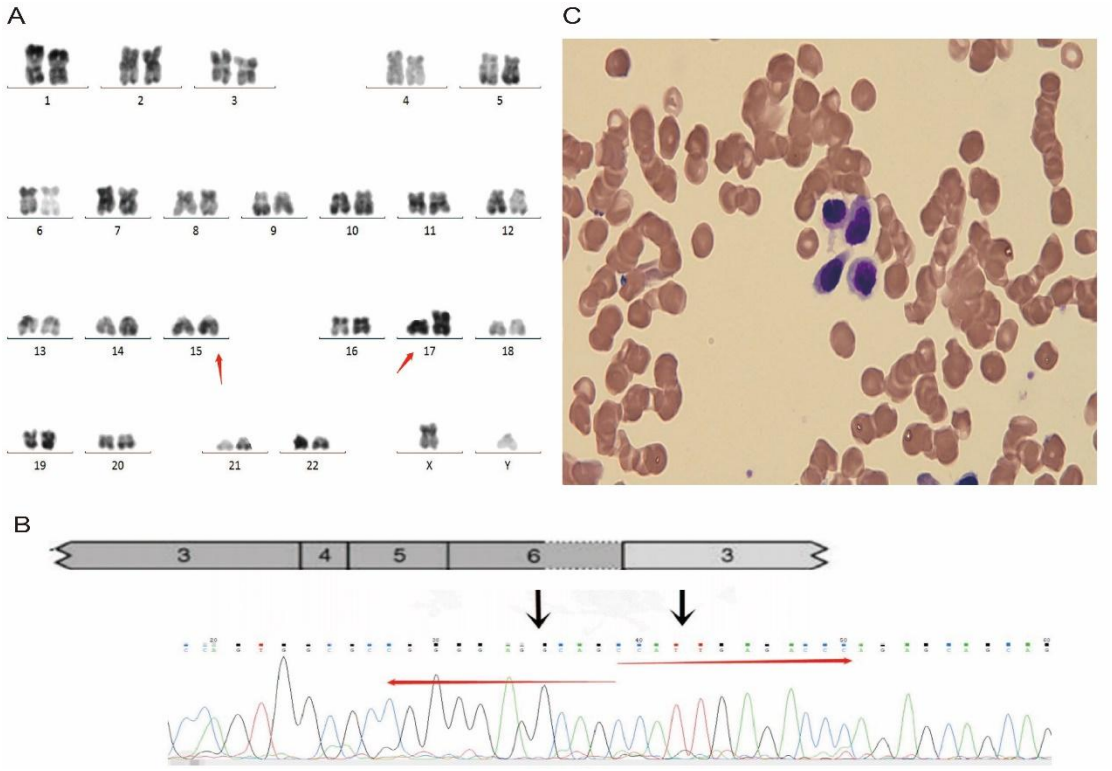
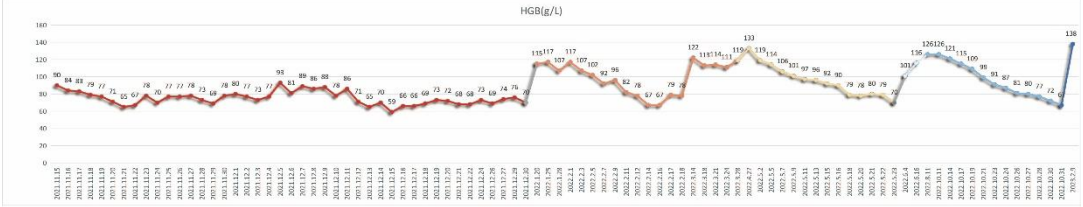
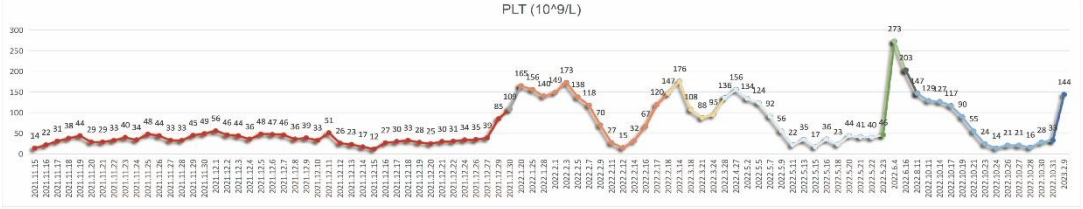


Fig.2 Karyotyping, sequencing analysis and morphology. (A) The karyotyping of 46 XY, ider(q10) ins (q21; q24)/46, XY. The arrows indicate abnormal chromosomes. (B) Diagrammatic representation and sequencing information of PML-RARA fusion transcripts of the patient. (C) Bone marrow morphology after treatment shows morphological and cytogenetic remission.

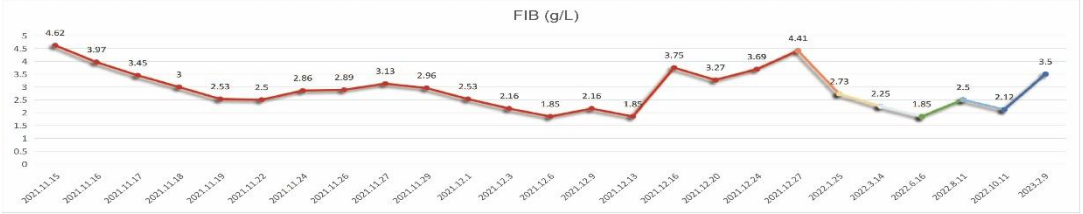

WBC(10^9/L)


HGB(g/L)

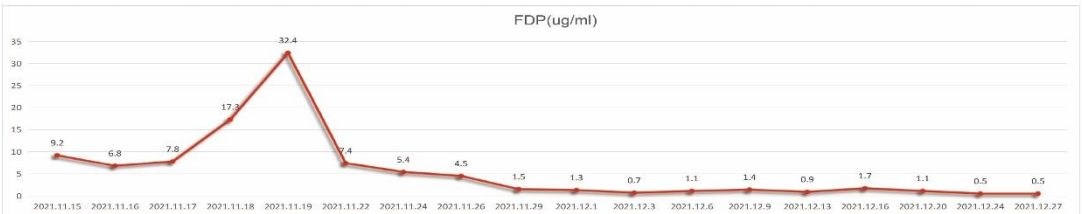

PLT (10^9/L)


PT (s)


APTT (s)


FIB (g/L)


D-Dimer (ng/mL)


FDP(ug/ml)


ATⅧ（%）

Fig. 3 The trend of laboratory examination during treatment.