Patient Nr.	**: 239569**	**Visit ID**	**: V-1011966**
Patient Name-Surname:	**RachoKırılovKolev**	**Primary Physician**	**:**
Birth Date	**: 03/06/1977**	**Report Date**	**: 30/01/2011**

Bone Marrow Aspiration Report

Examination Date	**:** 30/01/2012 20:04
Quality	**:** Suitable
Cellularity	: Hypercellular
Megakaryocytes	**:** Decreased
Erythroid Series	: Increased
Myeloid Series	: Decreased
Myeloid/ Erythroid Ratio	: 0.1
Result and Impression	: Increased erythroid elements. Increased pronormoblasts in normoblasts.Blastrising, some of whichalsohavingcytoplasmicvocuoles, withcytoplasmic extensions, cytoplasm basophilic which is consistent with erythroblast is observed. Dense mitotic activity in blasts. Erythroblast is 40-50%. Double nucleoli, budding andhowell jolly in normoblasts. Prominent dysplasia in erythroidseries.Dyserythropoiesis is obvious. Normal myeloid elements prominently decreased. Myeloblastic 7-8% blast is observed in some areas. Megakaryocytes prominently decreased. Blastic cells are glycophorin positive in flow cytometry of the patient. Myeloid elementsalmost non-existing in CD45/ssc graphics.Rare lymphocytes observed. 75% of the cells are composed of CD45 negative erythroid cell and erythroblasts. In consideration of all these findings, the patient is evaluated as erythroid leukemia.

ANADOLU EĞİTİM
VE SOSYAL YARDIM VAKFI
İKTİSADİ İŞLETMESİ

ANADOLU

In Affiliation with
JOHNS HOPKINS MEDICINE

ANADOLU MEDICAL CENTER

Patient Nr.	**: 239569**	**Visit ID**	**: V-1011966**
Patient Name-Surname: RachoKırılovKolev		**Primary Physician**	**:**
Birth Date	**: 03/06/1977**	**Report Date**	**: 30/01/2011**

Bone Marrow Aspiration Report

TABULAR45001 :

	(%) Reference Range
Blast	0-3
Promyelocyte	2-8
Myelocyte	5-20
Metamyelocyte	13-30
Neutrophile	7-30
Eosinophile	0-4
Basophile	0-
Lymphocyte	3-17
Plasma Cell	0-2
Monocyte	0-5
Pronormoblast	1-8
Normoblast	7-32

ANADOLU Eğitim
VE SOSYAL YARDIM VAKFI

Patient ID	**: 239569**	**Visit ID**	**: V-1011966**
Patient Name-Surname	**: RACHO KIRILOV KOLEV**	**Primary Physician**	**:**
Birth Date	**: 03.06.1977**	**Report Date**	**: 16.02.2012**

Status Report

Date and Time of the Case : 16.02.2012 12:25

Information Date and Time of the Status Report : 16.02.2012 12:25

History and Development of the Case

: The patient diagnosed with AML M6 was hospitalized for flag ida therapy. Chemotherapy was administered on 27.12.2011. In the bone marrow aspiration performed following chemotherapy, erythroid elements increased. Pronormoblasts in the normoblasts increased. Increase in blasts, which have cytoplasmic extensions -compatible with erythroblast-, basophilic cytoplasm and some of which have cytoplasmic vacuoles. There is frequent mitotic activity in the blasts. Erythroblast 40-50%. Double nucleoli, budding and howell jolly observed in the normoblasts. There is prominent dysplasia in the erythroid series. Dyserythropoiesis is prominent. Significantly low number of normal myeloid elements.7-8% blast observed in the myeloblast characteristics from time to time.Significantly low number of megakaryocytes.Blastic cells are glycophorin-positive in the flow cytometric study. Nearly no myeloid element in CD45/ssc diagram. Low number of lymphocytes exists, 75% of the cells comprises negative erythroid cells and erythroblasts. In the light of all these findings, the patient was diagnosed as erythroid leukemia. Dacogen (-DACOGEN 20 MG/M2=INFUSION IN 60 MINUTES IN 35 MG 100 CC NORMAL SALİNE, D1-5, EVERY 4 WEEKS) was recommended to the patient considered resistant to flag ida and the first course was started on 03.02.2012. His inpatient infection and support therapies have still continued.