DSS 2014 Case #9

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University of Florida





Disclosures

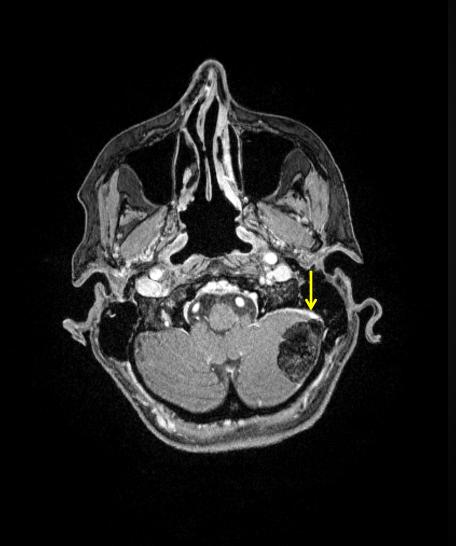
No financial relationships to disclose

Clinical History

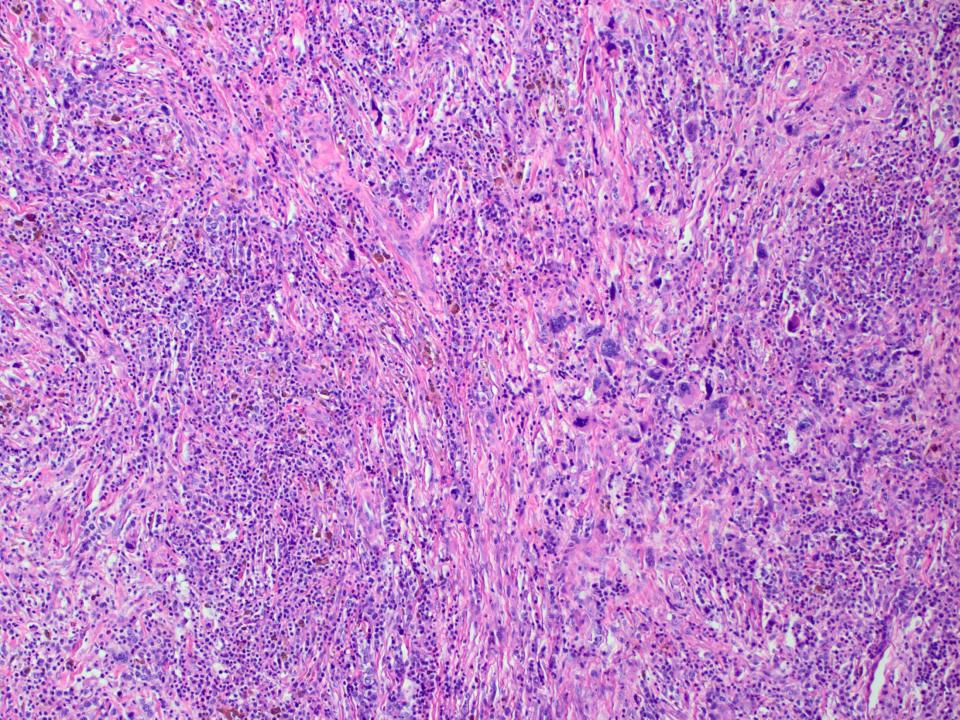
- 64-year-old female presents with constant right-sided frontal headache radiating to cheek and jaw for one month.
- She has a past medical history of cervical cancer, myelofibrosis secondary to polycythemia vera, splenomegaly, and GERD.
- She receives blood transfusions approximately every 3 weeks
- She was hospitalized 3 weeks prior for urosepsis secondary to nephrolithiasis

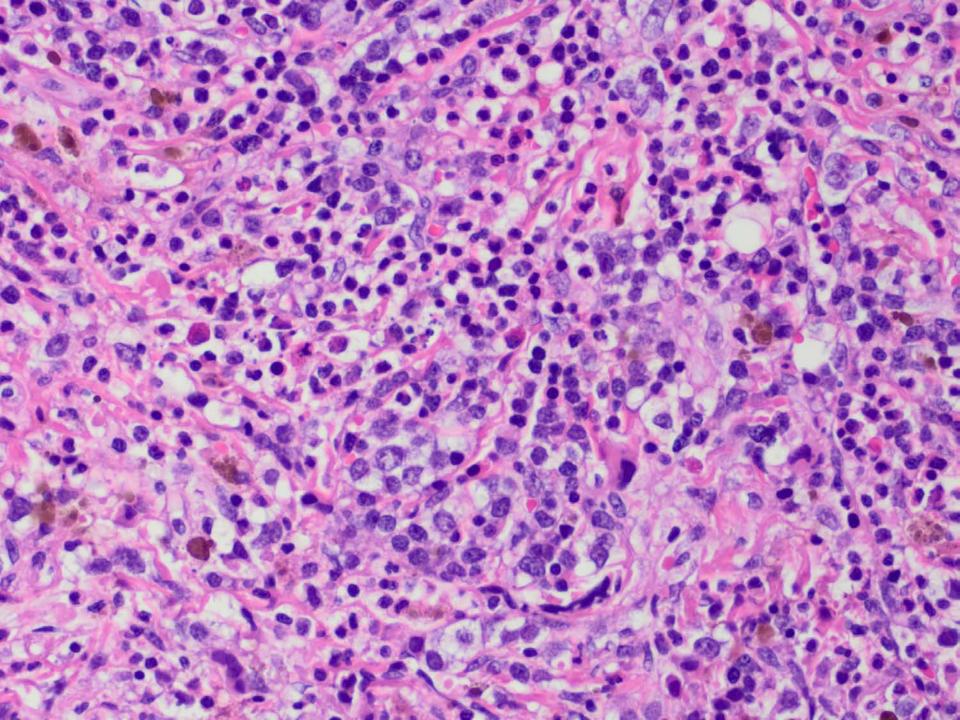
MRI Findings

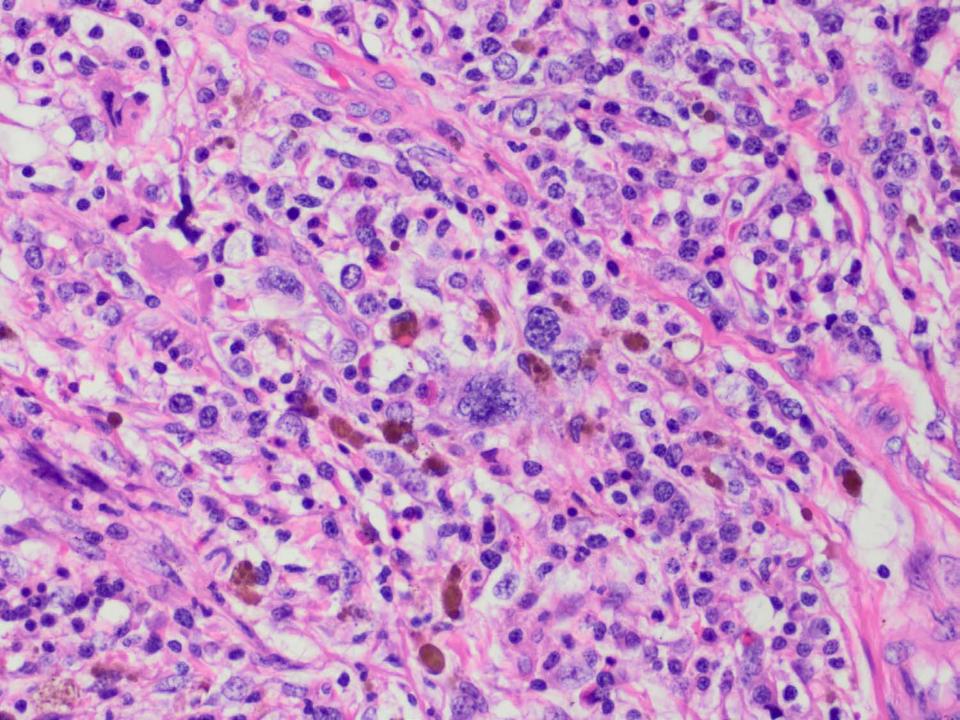


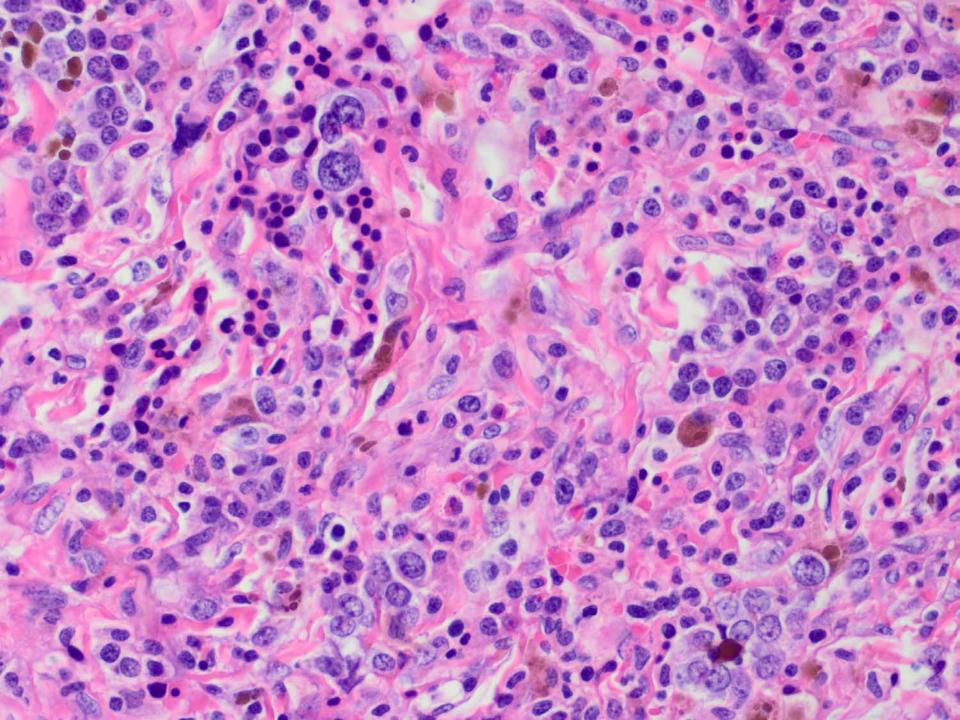


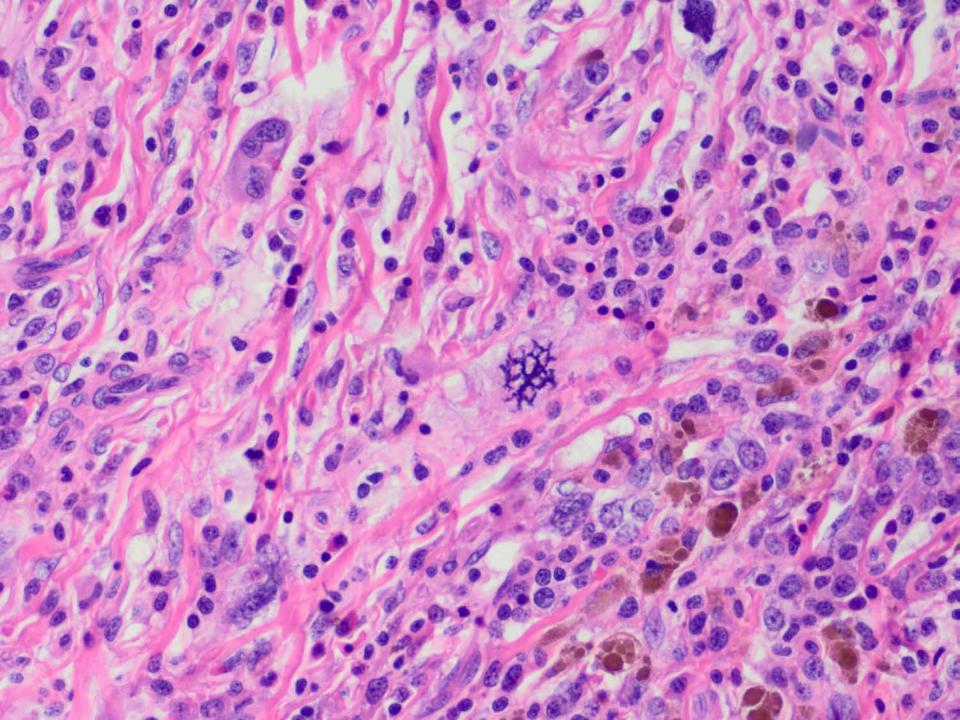
A left suboccipital craniectomy was performed



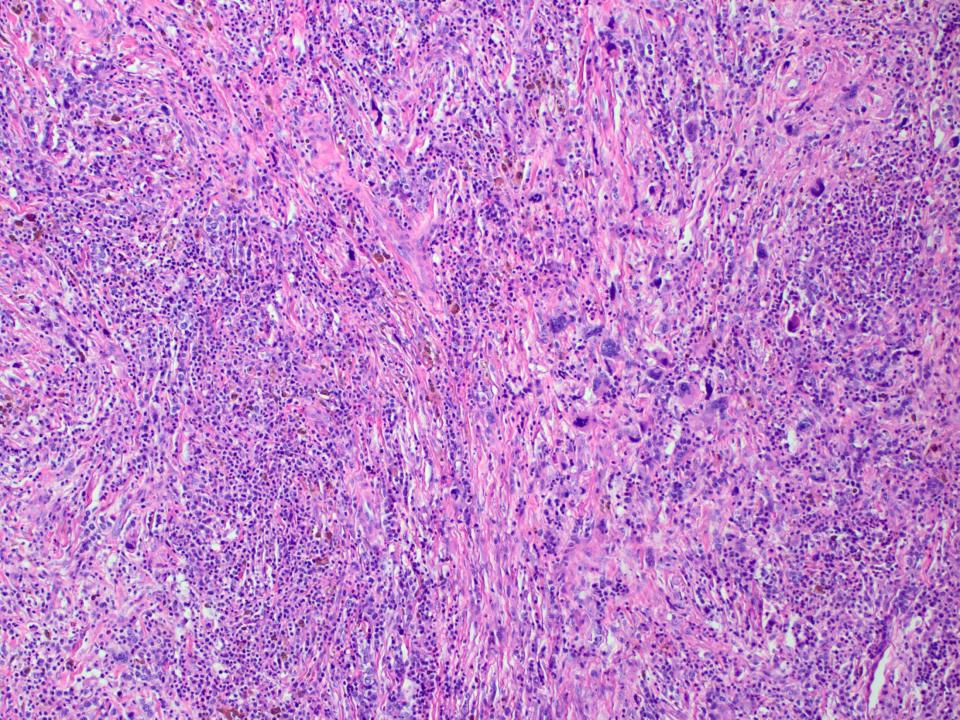


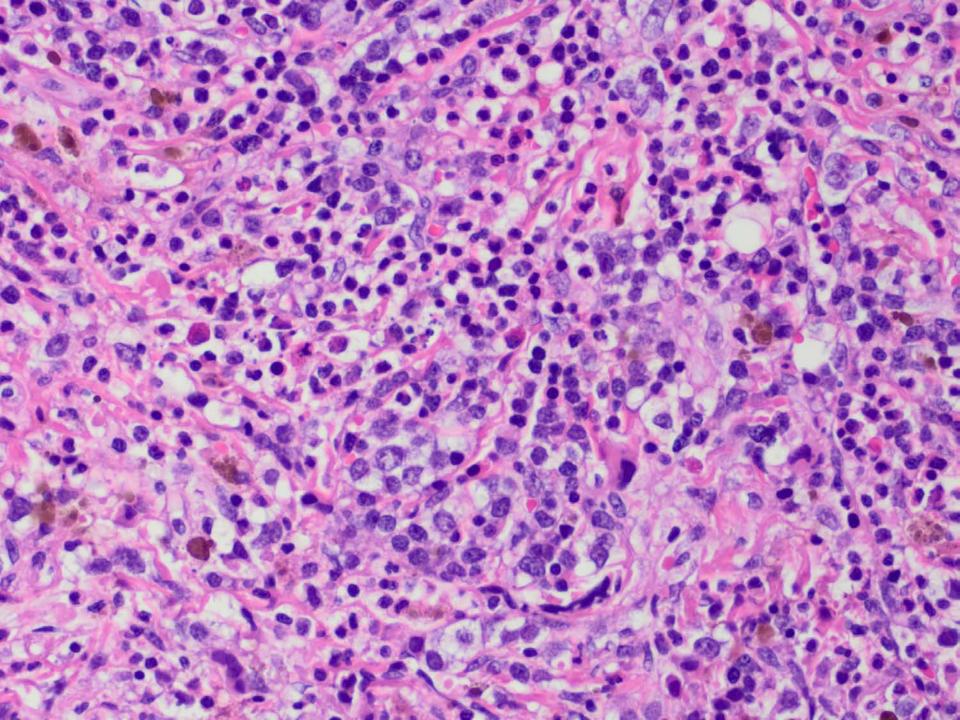


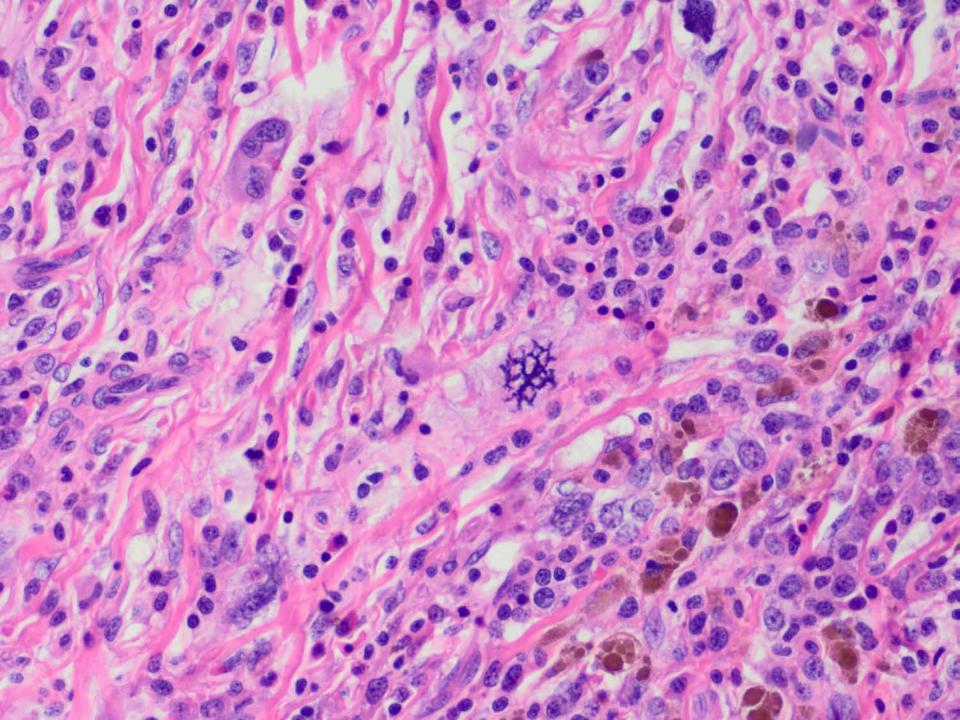


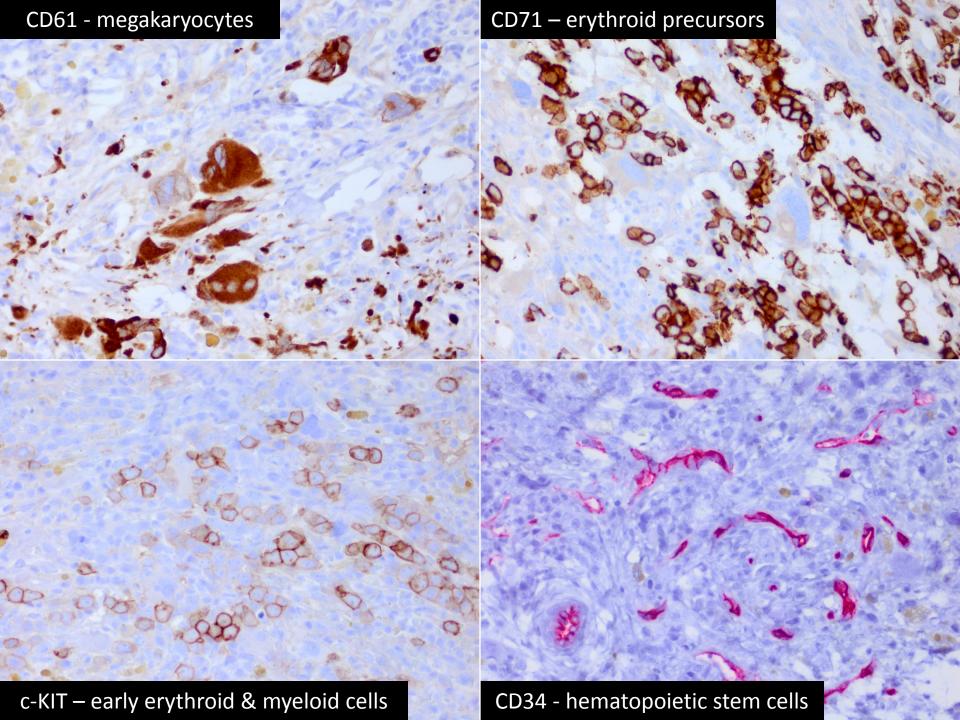


Diagnosis?

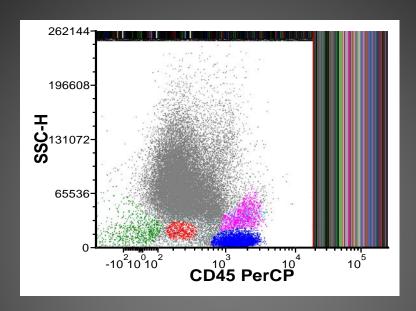


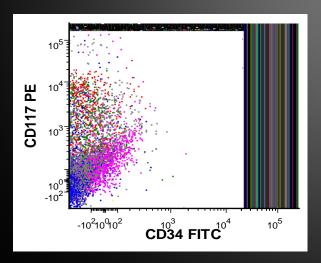


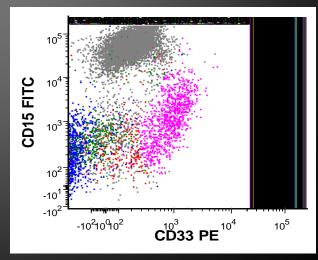




Flow Cytometry







Diagnosis

- Extramedullary involvement by chronic myeloproliferative neoplasm with extensive fibrosis
 - Consistent with prior bone marrow biopsy, 2011
 - Multilineage hematopoietic elements with erythroid and megakaryocytic hyperplasia with atypia and fibrosis

Chronic Myeloproliferative Neoplasm

- Polycythemia vera
- Essential thrombocytopenia
- Primary myelofibrosis
- Chronic myeloid leukemia

Polycythemia Vera

- Clonal proliferation of myeloid cells with the presence of an elevated red blood cell mass
- Occurs in all age groups, mean age 60
- Survival when treated exceeds 10 years, untreated 18 months
- 95 to 100% of patients with PV have a JAK2 mutation, usually V617F

Treatment

- Jakafi (ruxolitinib) is a JAK1/2 inhibitor
 - Improvement in debilitating symptoms and quality of life
 - Reduction in splenomegaly
 - ? Overall survival benefit

Secondary Myelofibrosis

- PV transforms into post-PV myelofibrosis in approximately 10% of patients
 - Risk factors: disease duration, age > 60
 - Non-clonal proliferation of fibroblasts caused by inappropriate secretion of growth factors by megas or platelets
- Significantly increases the risk for:
 - Acute leukemia
 - "Extramedullary hematopoiesis"

EMH Terminology

The American Journal of Surgical Pathology 24(1): 51-55, 2000

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Sclerosing Extramedullary Hematopoietic Tumor in Chronic Myeloproliferative Disorders

Ellen D. Remstein, M.D., Paul J. Kurtin, M.D., and Antonio G. Nascimento, M.D.

- Predominant sclerotic component and atypical megakaryocytes
- May be multiple or solitary
- Marker of advanced disease

EMH Tumor

"Fibrous hematopoietic tumor"

"Extramedullary myelofibrosis"

EXTRAORDINARY CASE REPORT

Cutaneous Myelofibrosis With JAK2 V617F Mutation: Metastasis, Not Merely Extramedullary Hematopoiesis!

Garth R. Fraga, MD* and Samuel K. Caughron, MD†

Extramedullary hematopoiesis involving the central nervous system and surrounding structures

Viktor Zherebitskiy MDa, Carmen Morales MDb, Marc R. Del Bigio MD, PhDc,*

Human Pathology; 2011; 42 (10): 1524–1530

CASE OF MONTH MAY 2011

doi:10.1111/j.1750-3639.2011.00521.x

37-YEAR-OLD WOMAN WITH MULTIPLE INTRACRANIAL MASSES

Wen-Xia Jiang, MD¹; Shao-Qiang Zheng, MD²; Pei-Jun Wang, MD²

Brain Pathology; 2011, 21 (5): 607–610

CASE REPORT

Marie E. Beckner · John Y. K. Lee Sydney S. Schochet Jr. · Charleen T. Chu

Intracranial extramedullary hematopoiesis associated with pilocytic astrocytoma: a case report

Acta Neuropathology; 2003, 106: 584-587

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Intracranial EMH - Treatment

Radiation

American Journal of Hematology 78:151–152 (2005)

Intracranial Extramedullary Hematopoiesis:
Brief Review of Response to
Radiation Therapy

Christopher M. Lee, 1 Karen L. Salzman, 2 Deborah T. Blumenthal, 3 and David K. Gaffney 1*

- Department of Radiation Oncology, Huntsman Cancer Institute and University of Utah, Salt Lake City, Utah Department of Radiology, Huntsman Cancer Institute and University of Utah, Salt Lake City, Utah Department of Neurooncology, Huntsman Cancer Institute and University of Utah, Salt Lake City, Utah
- Varying regimens 10-30 Gy
- Good neurologic recovery
- Surgery for decompression only
- Myelosuppression already myelosuppressed

Patient Summary

- Low dose radiation
- Patient suffered a fall at home leading to left cerebellar hemorrhage
- Procedures were withheld due to thrombocytopenia
- Transferred to hospice and died one month later

Summary

- Patient with bilateral cerebellar masses
- History of myelofibrosis secondary to Jak2+ PV
- Dx: Extramedullary site of chronic myeloproliferative neoplasm
- Rare complication of hematopoietic dyscrasias
 - Thalassemia > myelofibrosis
- Metastatic vs reactive/reparative response
- Radiation alone