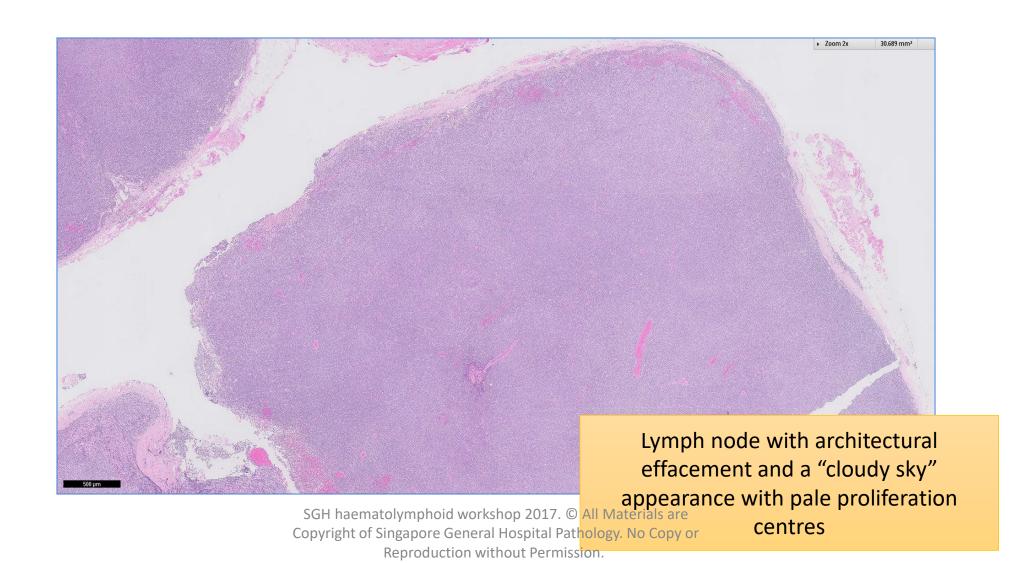
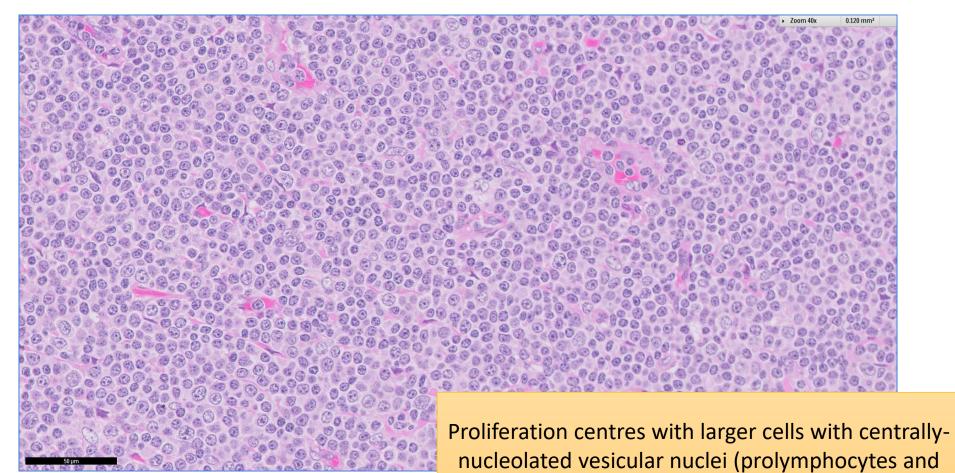
#### SGH CASE 22: 17RE134

- Clinical History:
  - 60+ years old (late 60s). Female. Cervical lymphadenopathy and marked lymphocytosis (32 x  $10^9/L$ ).
- Specimen:
  - Left cervical lymph node biopsy.

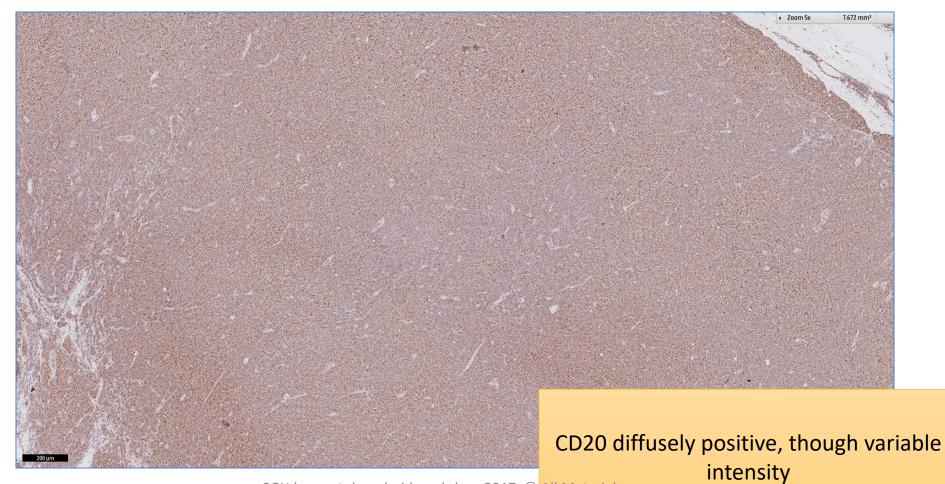
### SGH CASE 22: 17RE134 H&E



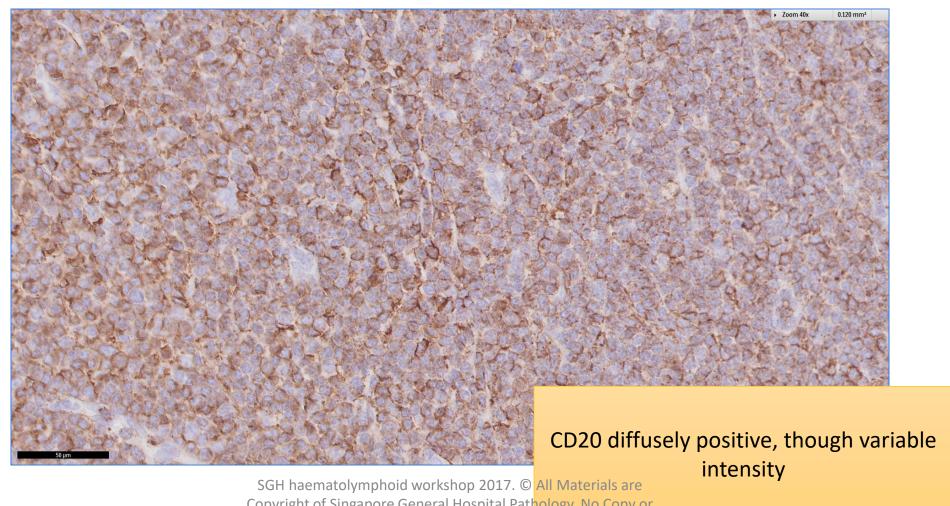
### SGH CASE 22: 17RE134 H&E



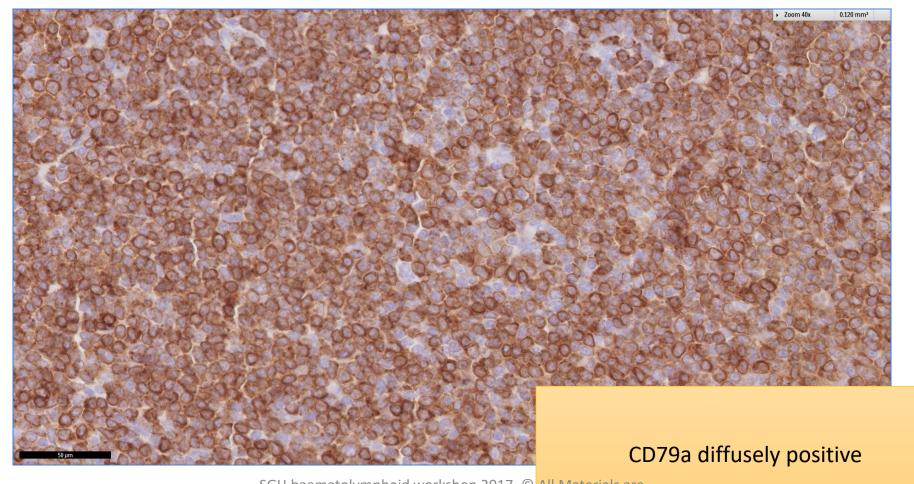
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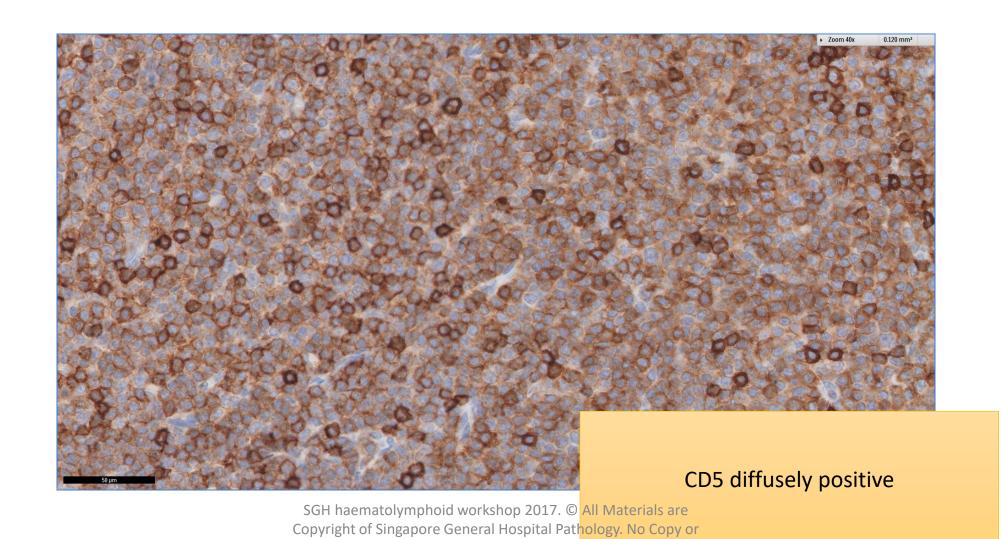
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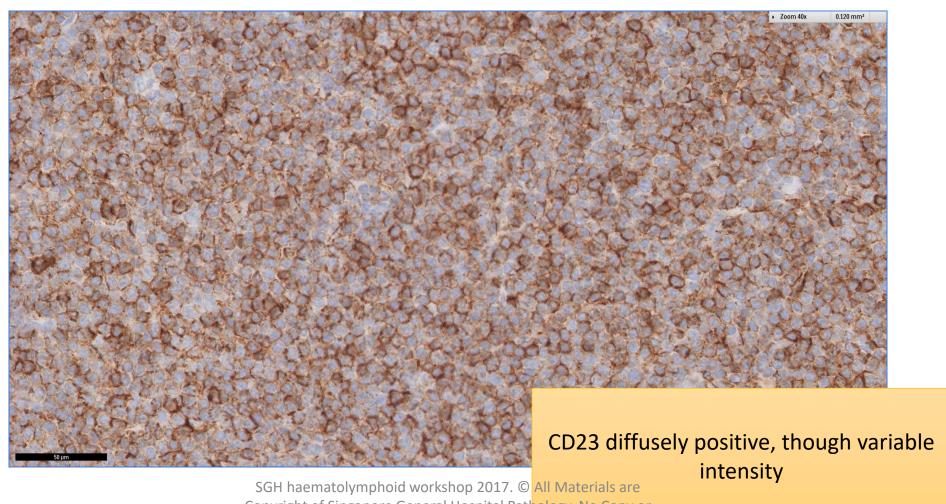
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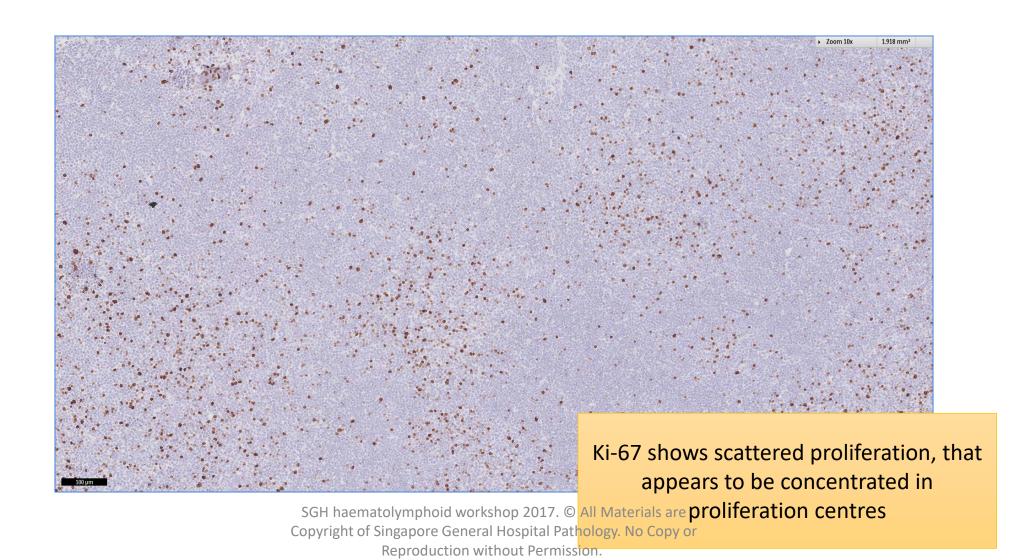
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## SGH CASE 22: 17RE134 Discussion (1)

- Patient has blood and bone marrow involvement by clonal B-lymphocytes with immunophenotype consistent with chronic lymphocytic leukaemia.
- Summary of features
  - Small lymphocytes with dark round to slightly irregular nuclei, accompanied by proliferation centres with larger cells displaying centrally-nucleolated vesicular nuclei (prolymphocytes and paraimmunoblasts)
  - No confluence of proliferation centres or confluent sheet-like infiltrate of large cells.
  - Immunophenotype:
    - CD20+, CD79a+, CD23+, CD5+
    - CD10 negative; only wisps of overrun CD21+ follicular dendritic meshworks
    - Ki-67 generally low, mainly concentrated in proliferation centres
    - Cyclin D1 negative; widespread p27 nuclear positivity

# SGH CASE 22: 17RE134 Discussion (2)

- Differentiation between chronic lymphocytic leukaemia(CLL) and small lymphocytic lymphoma (SLL) is based on B-cell count (morphology and immunophenotyped of CLL) in the peripheral blood.
  - $\geq 5 \times 10^{9}/L$ : CLL
  - $< 5 \times 10^9/L$ : SLL
  - Otherwise histologically indistinguishable
- This case has high peripheral lymphocytosis with ≥ 5 x 10^9/L B-cells in the peripheral blood.
- Final diagnosis:
  - Chronic lymphocytic leukaemia