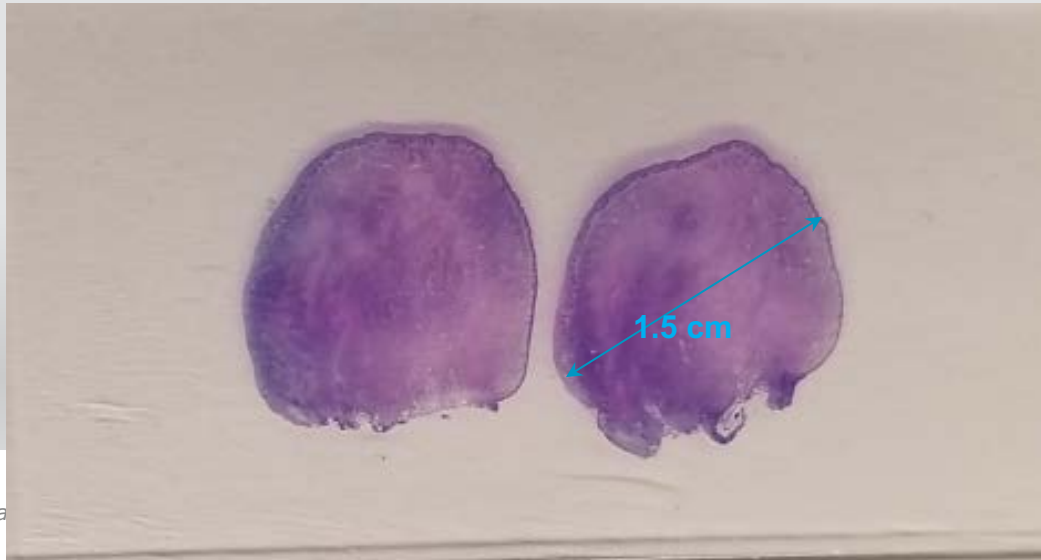
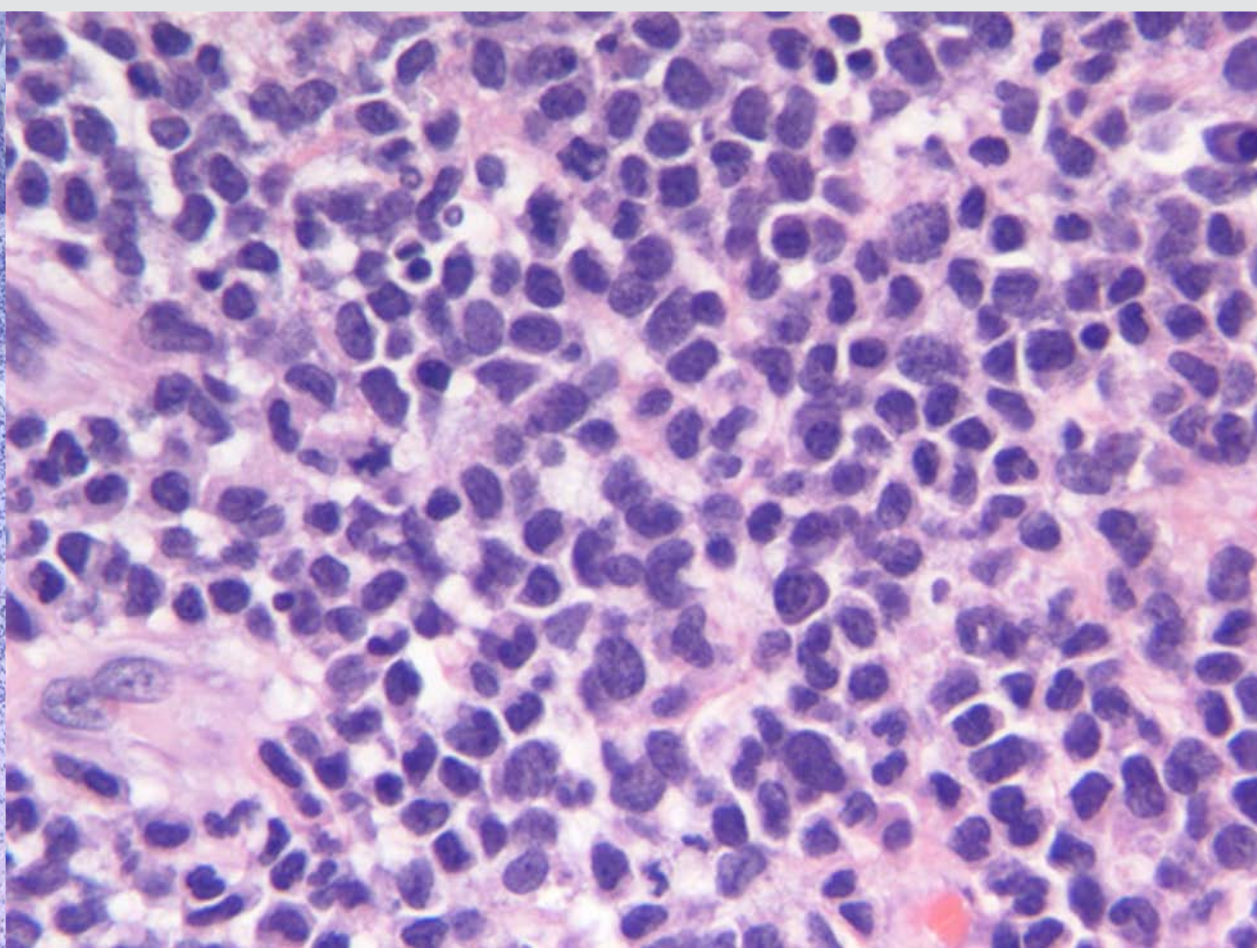
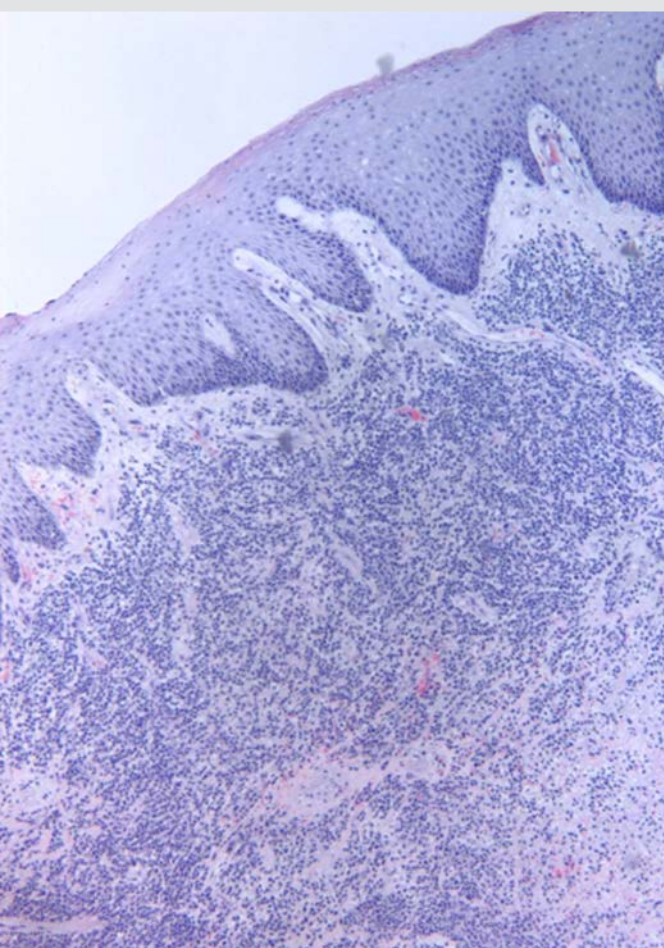


# How Does a Hemorrhoid Make it to the GUT-C Meeting?

Barry Jacobs, MD, Hospital of Central Connecticut

- Patient history:
  - 60 yo woman s/p hemorrhoid removal in 5/2017 → squamous and basaloid anal carcinoma, pT2N0M0, p16+
  - s/p chemoradiation therapy
  - 3/2018: Presents with recurrent hemorrhoids, surgically resected

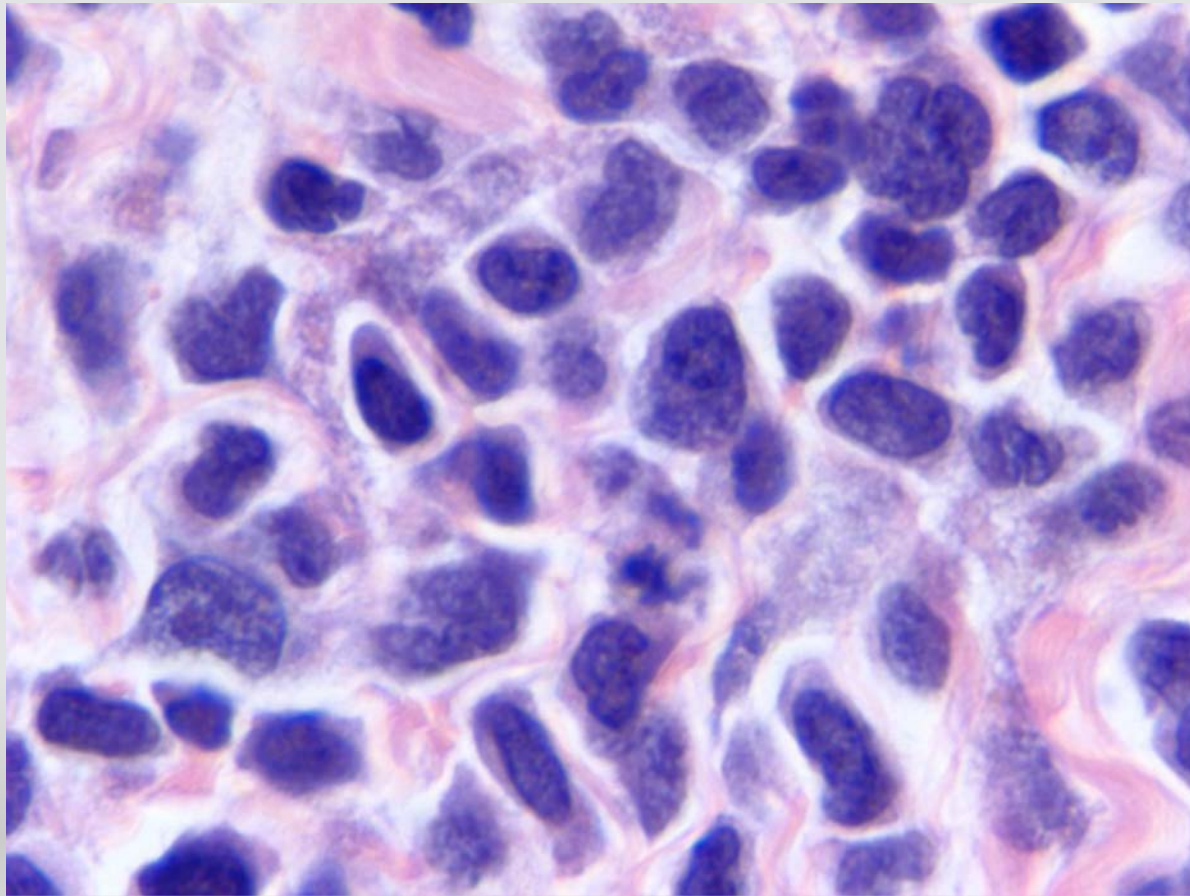




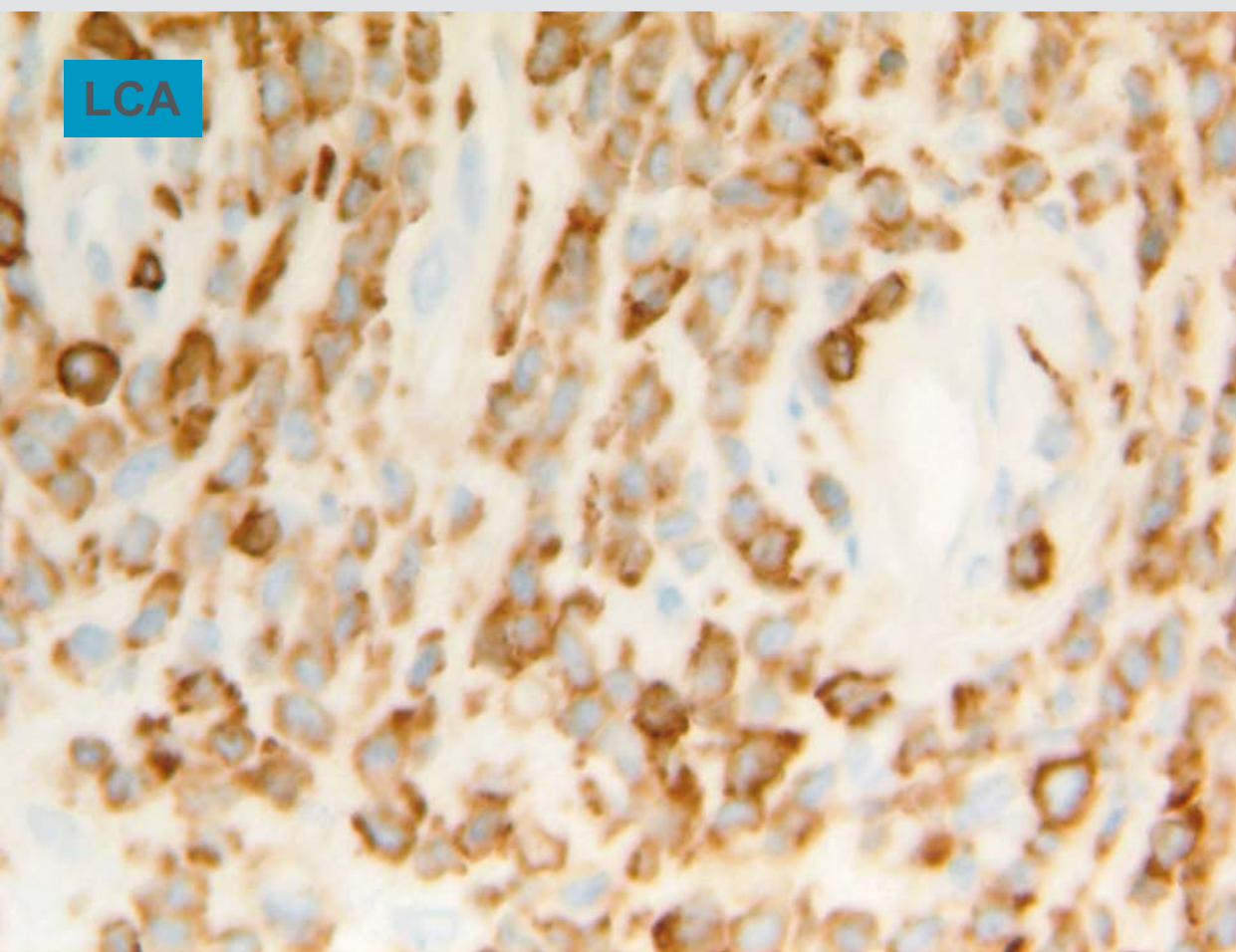


## Immunohistochemical Stains:

- Pancytokeratin
- p63
- MelanA/Mart1/HMB45
- LCA
- CD3
- CD20
- CD138
- Desmin
- SMA



LCA



## Negative Immunostains

- Pancytokeratin
- p63
- MelanA/Mart1/HMB45
- Desmin
- SMA
- CD3
- CD20
- CD138



# How can this NOT be a Lymphoma? Hmmmm...

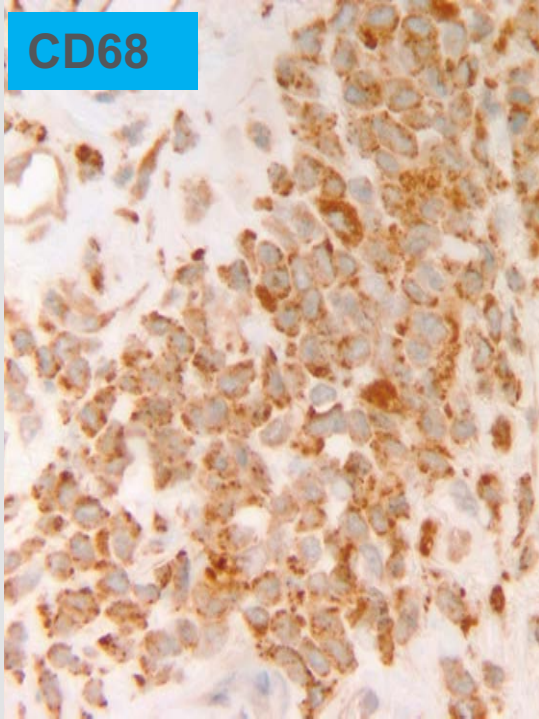
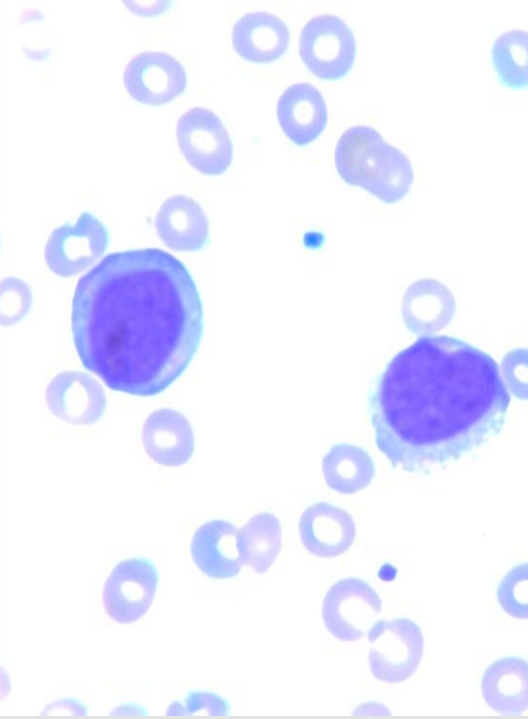
**CD34**



**Ki67/MIB1**







**CD68**

	25 7/7/2017 0849	24 3/13/2018 1956
<b>COMPLETE BLOOD COUNT</b>		
White Blood Cell C...	2.0	4.8
Red Blood Cell Count	4.32	1.67
Hemoglobin	13.3	5.6 *
Hematocrit	39.3	17.8 *
MCV	91	107
MCH	30.8	33.5
MCHC	33.8	31.5
RDW	14.5	16.3
Platelet Count	60	26 *

Abs Basophils Auto	
Neutrophils Man	6
Bands Man	2
Abs Neutrophils Co...	0.4
Lymphocytes Man	28
Abs Lymphocytes Man	1.3
Monocytes Man	<b>54</b>
Abs Monocytes Man	2.6
Eosinophils Man	
Abs Eosinophils Man	
Blasts	3



**Flow Cytometry on Peripheral Blood:**

“Consistent with **acute myeloid leukemia**. The differential diagnosis based on peripheral blood findings includes: (i) **acute monocytic or acute monoblastic leukemia**, (ii) acute myeloid leukemia with mutated NPM1 and (iii) acute myeloid leukemia with KMT2A (formerly MLL) rearrangement.”

# Final Diagnosis: **Myeloid Sarcoma** as Presenting Sign of Acute Myeloid (Monocytic) Leukemia

- Tumor composed of myeloid blasts **outside** the bone marrow
  - Granulocytic Sarcoma, Chloroma, Extramedullary
  - May be therapy-related
- **Skin**, Lymph Nodes, **GI Tract**, Bone, Soft Tissues, Testes
  - <10% multiple sites
- Presentation: 25% in absence of AML => Diagnosis
  - May precede or coincide with presentation of AML
  - Post-Transplant, Post-Chemotherapy for other neoplasms
- **Major differential diagnosis: Malignant Lymphoma (DLBCL)**
- Prognosis: No correlation with presentation or predisposing conditions
  - 5 year survival 47%, better with bone marrow transplant

