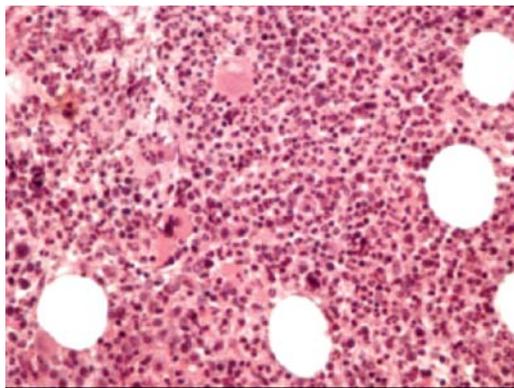
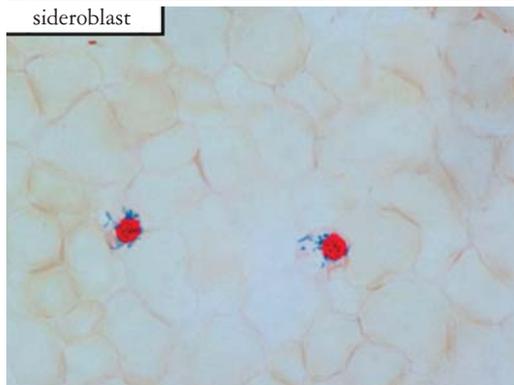


QUIZ

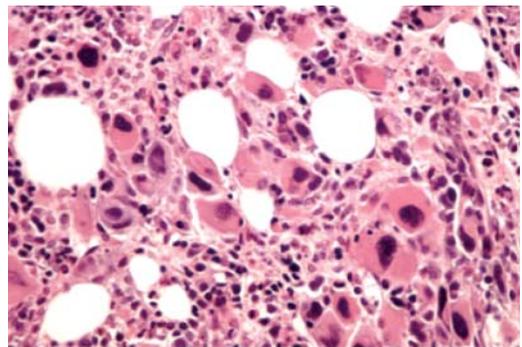
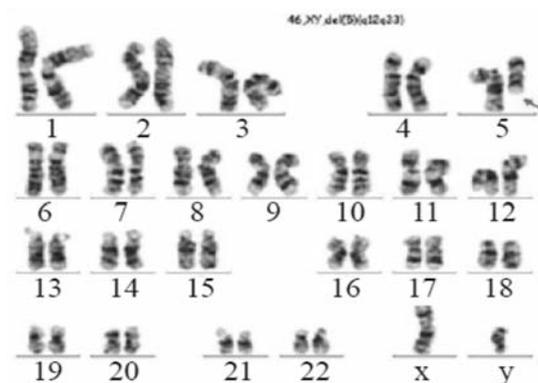
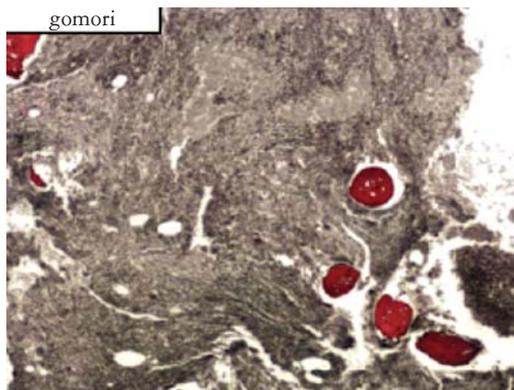
WHAT IS YOUR DIAGNOSIS?



sideroblast

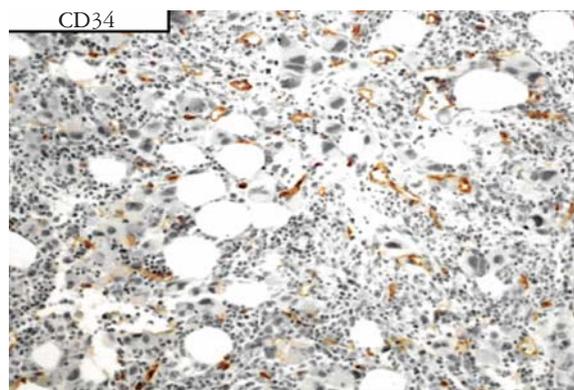


gomori



A 69-year-old man with a history of hypertension and diverticulosis presented to his family doctor with general weakness lasting for several months. On physical examination pallor of the skin and mucosa was noted, as well as splenomegaly. His CBC revealed microcytic anemia (Hgb 9.3 g/dl, Ht 30%, RBC $4.2 \times 10^{12}/l$, MCV 67 fL, MCH 32 pg/dl, MCHC 33 g/dl), leukocytosis (WBC $19.1 \times 10^9/l$) and thrombocytosis (platelet count $650 \times 10^9/l$). Peripheral blood smear showed a left shift in neutrophils (promyelocytes 1%, myelocytes 1%, metamyelocytes 2%, bands 2%, neutrophils 68%, lymphocytes 26%). Ferrum and ferritin concentrations were slightly diminished (Fe 60 $\mu\text{g}/\text{dl}$, Ferritin 12 $\mu\text{g}/\text{l}$).

He was referred to the haematologist, who performed bone marrow smear and a trephine biopsy. Bone marrow cytological examination disclosed 15.6% of erythropoietic cells, 77.6% of granulopoietic cells, 3.2% of monocytes, 4.0% of lymphocytes, 1.2% of blasts and numerous megakaryocytes. Trephine biopsy specimens and karyotype analysis are shown herein.



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Answers should be sent to the Editorial Office by 30.06.2010. The correct answer will be announced in the next issue of the Polish Journal of Pathology. All participants with the highest number of correct answers to the quizzes published in vol. 60 (4 issues) will be entered into the prize draw for a book.