



Images in Clinical Hematology

Reed-Sternberg and Hodgkin cells in bone marrow aspirate from a classical Hodgkin lymphoma patient

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A 78-year-old man was referred for evaluation of severe anemia (hemoglobin concentration 6.7 g/dL) and thrombocytopenia (8×10^9 /L), bilateral axillary adenomegaly, and massive hepatosplenomegaly. Bone marrow aspirate revealed trilineage hematopoiesis and the presence of giant bilobed nucleus cells with prominent eosinophilic inclusion-like nucleoli surrounded by lymphocytes (rosetting formation) and large mononuclear cells, resembling Reed-Sternberg and Hodgkin cells, respectively (Figure 1). Axillary lymph node biopsy confirmed classical Hodgkin lymphoma (cHL) diagnosis (CD15+, CD30+, CD20-, CD45-). Bone marrow infiltration by cHL was confirmed by biopsy (Figure 2).

Detection of cHL tumor cells in the bone marrow aspirate is uncommon, possibly due to scattered focal lesions and the fibrotic nature of the disease.^{1,2} Multiple tumor-infiltrating T cells in rosetting arrangement suggest an ineffective T cell response against cHL.³

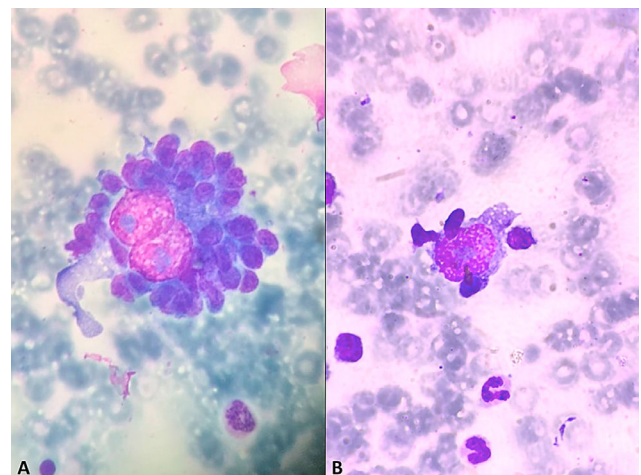


Figure 1 – (A) Reed-Sternberg Cell. Large cell surrounded by multiple lymphocytes in a rosetting formation. (B) Hodgkin Cell. Atypical mononuclear cell flanked by some lymphocytes. Bone marrow aspirate, Leishman stain, 1000 × magnification.

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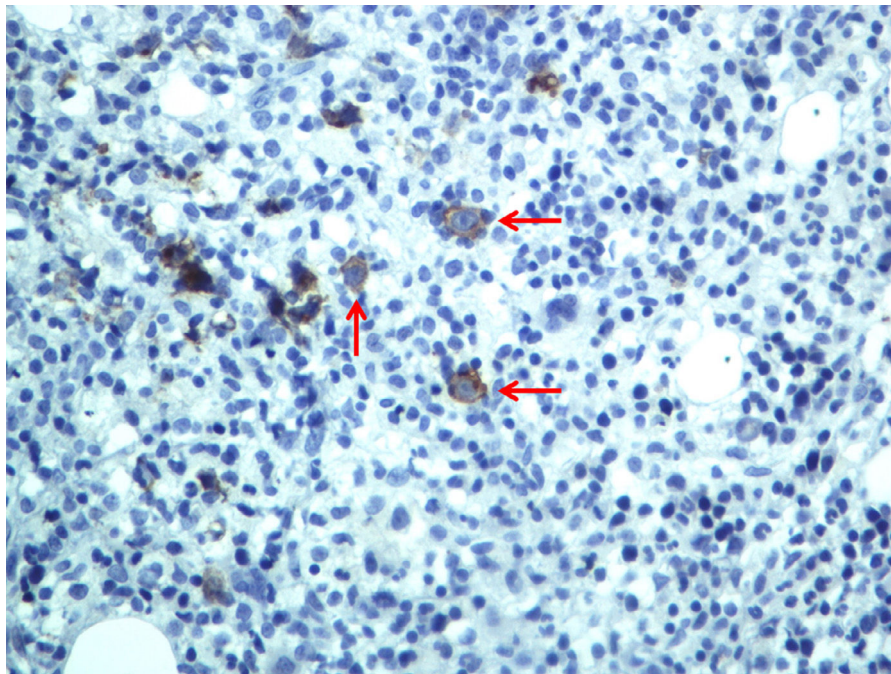


Figure 2 – Immunohistochemistry analysis for CD30 is positive in Reed – Sternberg and Hodgkin cells (arrows). Bone marrow biopsy, 400 × magnification.

Conflicts of interest

The authors declare no conflicts of interest.

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