Department of Internal Medicine Clinicopathologic Conference

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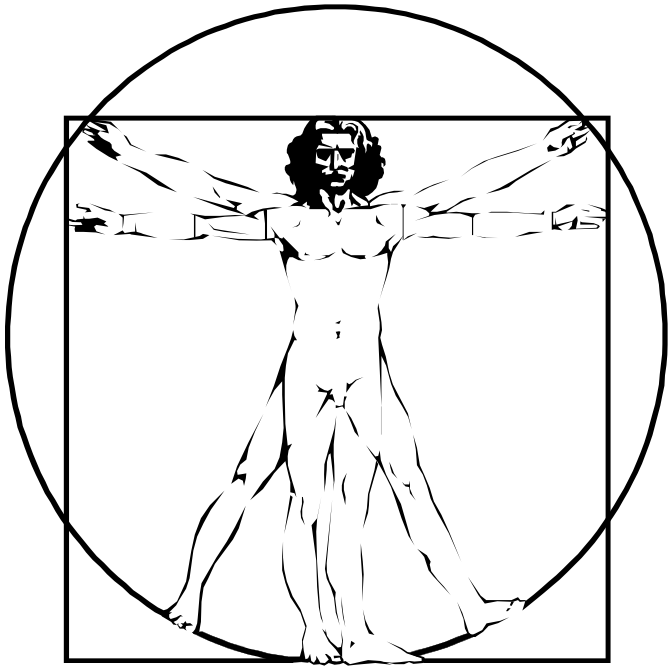
47 year old female with paresthesias and transfusion dependent anemia



Case History

47 y/o AAF presents for further evaluation of anemia. She has a 6 month h/o transfusion dependent anemia. She is followed at a community hospital by hematology and has been refractory to PO iron, IM B12, and SQ darbopoietan. Two bone marrow examinations over the past 6 months have been reported as "nondiagnostic". She also reports a several year history of recurrent nausea and vomiting with a few occasions of scant hematemesis. She denies any other history of gastrointestinal bleeding. She admits strict compliance with her medications. She does use Goody's Powder regularly but denies use of any other over the counter medications, herbals or vitamins. Over the last several weeks, she has noted numbness and tingling of her hands and feet. She denies any focal weakness, gait instability, or falls. She denies any back pain. She does report a seven pound weight loss over the past six months which she feels is due to nausea. Denies fever/chills/n/v.

Past Medical History:

- chronic anemia
  - transfusion dependent (2 units q 2-3 months) over past 6 months
  - history of iron deficiency 20 years ago, resolved with hysterectomy and iron supplements
  - history of B12 deficiency, resolved with monthly IM B12
- Peptic ulcer disease
  - s/p partial gastrectomy (bilroth 2) in early 80's with vagotomy
- History of recurrent gastrointestinal bleeding
  - occasion hematemesis associated with episodes of emesis
  - h/o lower GI bleed s/p right hemicolectomy in 1990
- Migraine headaches
- Hypertension
- Hyperlipidemia
- Menorrhagia: s/p hysterectomy in early 90's

ROS:Negative

Family History:

❖ Three healthy children, no history of anemia or hematologic abnormality. Maternal aunt with laryngeal cancer

Social History:

- lifetime nondrinker
- no tobacco
- no illicit
- Employed as a nursing assistant, lives in an older home in north Richmond

Allergies:
NKDA

Medications:

- Oral FeSo4
- IM B12 monthly
- folate
- SQ darbopoetin,
- pravastatin,
- amytriptyline,
- lisinopril,
- esomeprazole,
- metoclopramide
- phenergan prn,
- Goody's powders routinely

Physical Exam

Vital Signs**:** T:96.4 P: 98 BP: 128/93 R: 16 Sat: 98% RA Ht: 5 ft, 2 in Wt: 108 lbs

GEN: mild bitemporal wasting, no acute distress
Normal hair pattern, no alopecia
HEENT: anicteric sclera, pale conjunctiva, mucosal membranes moist without lesions
NECK: supple, no LAN, no thyromegaly
CHEST: clear to auscultation, no rhonchi/wheezes/rales
CV: regular rhythm, nl S1/S2, no S3 or S4, 2/6 midsystolic murmur LUSB, no radiation; pmi non-displaced
ABD: well healed midline scar, nml BS, no palpable mass or hepatosplenomegaly
SKIN: no rash or lesions
NEURO: CN's intact, strength 5/5 and symmetric bilaterally, sensation intact to light touch, two-point discrimination, decreased vibratory sensation at medial malleolus, decreased bilateral position sense of 1st toe. Gait normal

Laboratory Data and Imaging

Chemistries are all within normal limits. WBC 2.1 (18%N, 47%L, 20%M, 15%E); hgb 9 (MCV 98, RDW 21); plt 446

LFTs unremarkable including albumin of 3.4

Peripheral smear: mild anisopoikilocytosis, rare hyperlobulated neutrophil, absolute netropenia with relative eosinophilia and monocytosis

Reticulocyte 2%,
Ferritin 200
Fe 13
TIBC 373
3% sat
B12 905
Plasma folate 8.5 (nml >5.4)
LDH 190
ANA < 1:40

BM aspirate and bx: erythrocytes show megaloblatic changes with appropriate sequential maturation, granulocytes left shifted with sequential maturation. Cytoplasmic vacuolization in erythroid and granulocytic progenitors. Megakaryocytes present with some small hypolobulated forms. No increased blasts. Iron stain is normal with ringed sideroblasts. 50% cellularity on biopsy, no lymphoid aggregates. Impression of this and the previous two BM examinations at CGH: This could be early MDS, but not diagnostic

A diagnostic test was performed and a diagnosis was made.