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Follicular lymphoma in leukemic phase with unusual morphology at diagnosis

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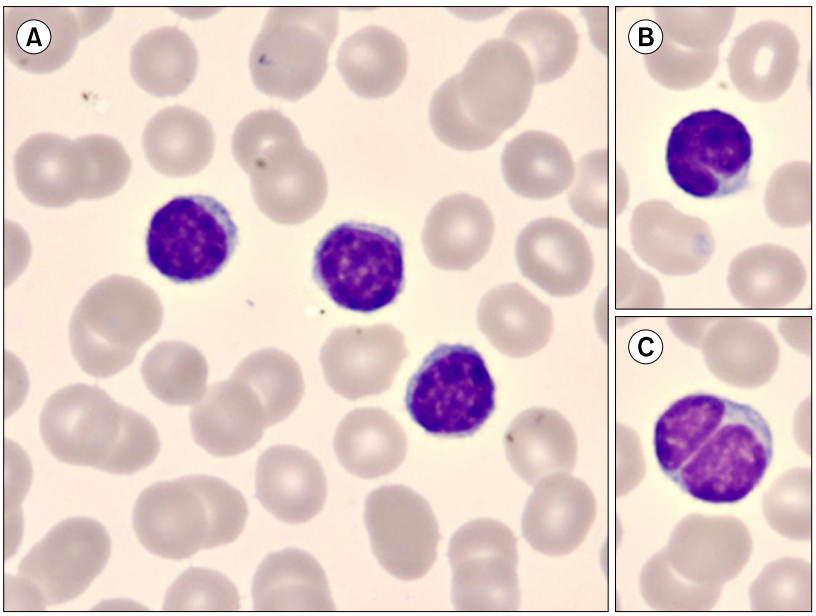

A 60-year-old man was admitted for evaluation of leukocytosis found on a regular checkup. Physical examination revealed palpable neck lymph nodes. Peripheral blood (PB) findings were as follows: hemoglobin level, 16.6 g/dL; platelet count, 245×10^9/L; and leukocyte count, 41.6×10^9/L (11% neutrophils, 86% lymphocytes, and 3% monocytes). Most lymphocytes were small to medium-sized with scant but visible cytoplasm, and non-lobulated nuclei **(A)**. A few cells with indented or cleft nuclei were observed **(B, C)**. The bone marrow (BM) was hypercellular with diffuse infiltration of small to medium-sized lymphoid cells. On immunophenotyping, 42% and 56% of all nucleated PB and BM cells, respectively, showed $CD5^-$, $CD10^+$, $CD19^+$, $CD20^+$, $CD23^{weak+}$, and $FMC7^+$, with lambda light chain restriction. Chronic lymphocytic leukemia (CLL) was ruled out considering the phenotypic features. Cytogenetic analysis of the BM aspirate revealed t(14;18)(q32;q21). Computed tomography revealed multiple lymphadenopathy. Cervical lymph node biopsy findings indicated a diagnosis of grade 1-2 follicular lymphoma. Circulating cells of follicular lymphoma in leukemic phase usually show a predominance of the characteristic "cleaved" feature, but may resemble the features of other lymphoproliferative disorders including CLL on rare occasions. Immunophenotypic analysis is useful for a proper differential diagnosis in such cases.