

# “Atypical chronic lymphocytic leukemia. Analysis of immunophenotype, cytogenetics and clinics. Retrospective assessment of patients diagnosed with atypical chronic lymphocytic leukemia.”

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## Introduction

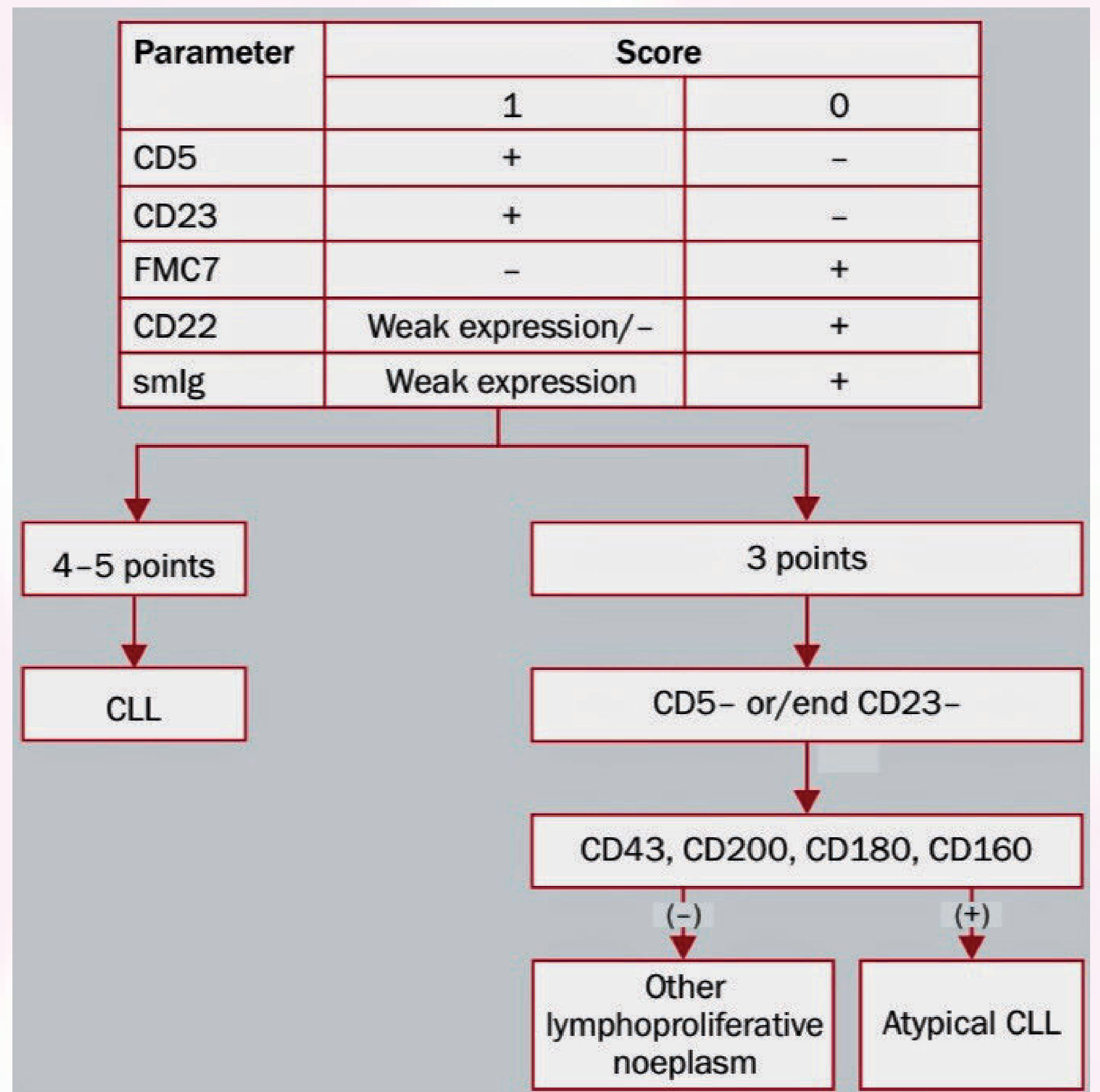
- Chronic lymphocytic leukemia (CLL) is a lymphatic system neoplasm characterized by a proliferation of small, mature lymphocytes and their accumulation in peripheral blood, bone marrow and lymphatic organs. CLL is the most common lymphoid malignancy in Western Europe and North America. The cumulative incidence of CLL is 4.2 per 100,000 people. The disease mainly affects the elderly, and is twice as common in males as in females.

## Hypothesis and objectives

**Hypothesis:** The course of atypical chronic lymphocytic leukemia differs from the course of typical CLL, therefore demands an individual approach to the treatment process.

**Objectives:** Execution of a retrospective analysis of atypical chronic lymphocytic leukemia characteristics in patients diagnosed and treated in Hematology Department in Lodz. Evaluation of:

- immunophenotype (CD5, CD43, CD200, CD19, CD180, CD160, CD23, CD79b, Smlg, FMC7)
- cytogenetics (chromosome 12 trisomy, 13q deletion, 17p deletion, 11q deletion).
- results of blood laboratory tests (morphology, biochemical tests: AST, ALT, urea, CRP, LDH; coagulation profile, immunoglobulins).



Possible diagnostic pattern in patients with atypical chronic lymphocytic leukemia (CLL) suspicion based on Matutes Score.  
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- molecular tests (NOTCH1, TP53, SF3B1, IGHV).
- clinical course of atypical chronic lymphocytic leukemia.
- presence of complications (autoimmune hemolytic anemia, immune thrombocytopenia, pure red cell aplasia).
- response to the treatment.