Aplastic Anemia and Bone Marrow Failure Syndromes with Pancyotpenia

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Fanconi Anemia

- DNA DSB repair defect, usually AR mutation in FANCA gene
- Bone, skin, and renal abnormalities, developmental delay
- Blood: thrombocytopenia progressing to pancytopenia by mid-childhood. Decreased retics and macrocytosis. Elevated HbF.
- BM: Initially normo- to hypocellular with megaloblastic changes x erythroid dysplasia, progressing to aplasia. Late development of MDS or AML (~10%). +1q, +3q are characteristic
- Initial testing: mitomycin-induced chromosomal breaks





Acquired Aplastic Anemia

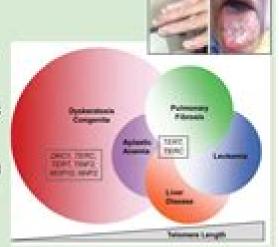
- Immune-mediated; triggered by environmental or genetic factors
- Severe AA: markedly hypocellular BM (usually <25% of normal for age) + 2 of the following: grans <0.5; platelets <20; or corrected retics <1%. Very serious disease has grans <0.2. Markedly decr. megs is a clue.
- Infection is the major cause of mortality, may also progress to MDS/AML (erythroid changes in AA are okay, megs/gran dysplasia is suspicious).
- Up tp % of patients have short telomeres
- 50-60% have PNH clones, rarely progress to clinical PNH; a/w better response to rx.
- Rx is immunosupression and/or SCT

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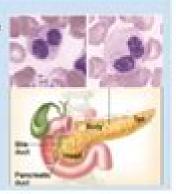
Dyskeratosis Congenita & Telemore Biology Disorders

- Most commonly X-linked recessive defect in telomere maintenance (DKC1 gene), or very short germline telomere length (<1st percentile).
- Spectrum of presentations: skin and nail abnormalities, oral leukoplakia, increased risk of malignancies
- Blood: Gradual development of pancytopenia with decreased retics and macrocytosis. Elevated HbF. Normal platelet morph.
- BM: eventual aplasta with substantial risk of MDS/AML
- Initial test: lymphocyte telomere length



Shwachman-Diamond Syndrome

- AR defect in ribosome biogenesis due to mutation in SBDS gene
- Exocrine pancreatic insufficiency, bone abnormalities
- In SDS (DBA also), ribosomal stress → p53 stabilization and cell-cycle arrest/apoptosis. TP53 mutations → escape from apoptosis → improved function, but increased risk of leukemia
- Blood: neutropenia with macrocytosis is the dominant initial feature, % of cases then progress to pancytopenia with decreased retics. Elevated HbF.
- BM: Granulocyte hypoplasia/dysplasia, progressing to pancytopenia. Some develop late AML.



REFS: Blood Reviews 32 (2016) 361-367; Hemalogethoogy 2nd 6d, Jefe; Am J Clin Pathol 2012; 1369-26; Genel Med. 2010 Dec. 12(12)

Bone Marrow Failure Syndromes

K Payea

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