

### Newly Developed Multiple Myeloma in a Patient with Primary T-cell Lymphoma of Bone

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Primary non-Hodgkin's lymphoma of bone (PLB) is rare, and generally presents as a single extensive and destructive bone lesion and histopathologically most cases present as diffuse large B-cell lymphoma. In contrast, multiple myeloma is the disease defined as the neoplastic proliferation of a single clone of plasma cells producing a monoclonal immunoglobulin. Herein, we report a case of multiple myeloma that developed during treatment of PLB in a type of T-cell. Since he has been diagnosed PLB 18 months ago, he received the chemoradiotherapy and salvage chemotherapy for PLB. But he complained of generalized bone pain and laboratory findings showed bicytopenia and acute renal failure. To evaluation of bicytopenia and disease status, we performed the bone marrow biopsy. It revealed diffuse infiltration of plasma cells in about 80%. Finally, we concluded that the multiple myeloma was newly developed in a patient with primary T-cell lymphoma of bone. It is important to think about lymphoid malignancies of different pathology when an underlying lymphoid neoplasm shows rapid progression. In addition, considering the scarcity of the association between T-cell lymphoma and multiple myeloma, detection and reporting of new cases are of great value in the study of the potential relationships of immunoregulatory derangements caused by primary lymphoid tumors.

### Clinical Characteristics and Laboratory Analysis of Patients With Thrombocytopenia and Thrombocytosis

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The normal range of platelet counts of peripheral blood is 150-450x10<sup>9</sup>/L. Decreased platelet count results in the increased risk of bleeding. On the other hand, thrombosis formation is more prevalent in the patient of thrombocytosis. The mean platelet volume(MPV) is the mode of the measured platelet volume . There is an inverse relationship between platelet size and number. Therefore, the total platelet mass, the product of the MPV and platelet count is closely regulated. When platelets decrease in number, bone marrow megakaryocytes are stimulated by thrombopoietin, and their nucleus becomes hyperlobulated, with much greater ploidy. These stimulated megakaryocytes produce larger platelets. The platelet distribution width(PDW), is an indicator of the degree of variation in platelet size. PDW is defined as the coefficient of variation of the distribution of individual platelet volumes. So PDW is rising if the platelet destruction is increased while MPV is decreased. 48,340 patients were performed CBC test at Dong-san medical center through out the year of 2004. The platelet count below 150x10<sup>9</sup>/L were 5,501(11.4%). Below 100x10<sup>9</sup>/L of Platelet count is 2,303(4.8%). Platelet count Below than 20x10<sup>9</sup>/L is 73(1.3%), 20-50x10<sup>9</sup>/L is 323(5.9%), 50-100x10<sup>9</sup>/L is 1,907(34.6%). Hemoglobin is 11g/dL in 50-100x10<sup>9</sup>/L group and the hemoglobin is also rose in proportion to platelet count. WBC count is 10,540/L in below 20x10<sup>9</sup>/L group and WBC count is decreased in proportion to platelet count. MPV is 9.5fL in 20-50x10<sup>9</sup>/L group. PDW is 48.54% in below 20x10<sup>9</sup>/L and the percentage is rose in proportion to platelet. Total bilirubin is 3.08g/dL in 20-50x10<sup>9</sup>/L. Cause of thrombocytopenia is chronic liver disease, malignancy, infection and hematologic disease and secondary origin is more frequent than primary origin. Patients with thrombocytosis are 8,027(16.6%). The platelet count more than 600x10<sup>9</sup>/L is 1,199(14.9%), 600-1,000x10<sup>9</sup>/L is 1,051(13.1%), above 1,000x10<sup>9</sup>/L is 148(1.8%). The PDW is 49.2% in 600-1,000x10<sup>9</sup>/L group, 53% in above 1,000x10<sup>9</sup>/L group.