Colon Involvement in Blastic Plasmacytoid Dendritic Cell Neoplasm

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A 69-year-old man was admitted with a skin nodule and markedly increasing WBC count (39.7x10^9/L; 68% abnormal lymphoid cells). A bone marrow aspirate showed 87% abnormal lymphoid cells positive for CD4 (61.2%) and CD56 (97.0%) (CD123 was not tested). CT demonstrated enlargement of the systemic lymph nodes. The biopsy findings of an inguinal lymph node revealed involvement of blastic plasmacytoid dendritic cell neoplasm (BPDCN, CD4 + CD56 + CD123 + immunohistochemically). Melena was subsequently noted, and colonoscopy showed small aphthoid erosions with redness (Picture A, arrows). Six months later, the BPDCN recurred. Colonoscopy showed multiple erosive lesions with depressions in the center surrounded by bright reddish spots, i.e., “flower-like erosions” (Picture B, C). Histopathologically, the biopsy specimen showed densely infiltrated abnormal lymphoid cells in the lamina propria (Picture D). These cell populations were positive for CD4, CD56 and CD123 (Picture D, inset) on immunostaining. The patient was therefore diagnosed with colon involvement of BPDCN. This is the first case report of BPDCN presenting with colon involvement.

The authors state that they have no Conflict of Interest (COI).

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