

## Ring chromosome 7 in Down Syndrome with acute megakaryoblastic leukemia

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### Abstract

Ring chromosome is an unusual cytogenetic aberration in hematological malignancies and diseases which acquire it tend to be aggressive and refractory to treatment. We present here a case report of a 2-year old Down Syndrome (DS) girl with AMKL/MDS who manifested a ring chromosome in all her bone marrow cells. Fluorescence in situ hybridization (FISH) analysis using chromosome-7-specific DNA probe verified the diagnosis of ring chromosome 7, r(7). To the best of our knowledge, this is the third reported case of r(7) in DS individuals with AMKL/MDS.

**Key words:** ring chromosome 7; acute megakaryoblastic; Down Syndrome

### Introduction

Down Syndrome (DS) children are 10 - 20 times more likely to develop acute leukemia than the normal population (Zipursky *et al.*, 1987; Zipursky *et al.*, 1992). Ultimately, 1 % of DS children will be affected. About 50 % of the leukemia in DS children can be classified as acute megakaryoblastic leukemia (AMKL) and it occurs during the first 4 years of life. On the other hand, AMKL is a relatively rare form of childhood leukemia in the normal population accounting for 3 % of pediatric acute myeloid leukemia (AML) cases (Craig *et al.*, 1989).

Hyperdiploidy with numeric gains involving chromosomes 8, 19 and 21 are often observed in the leukemic cells of these DS patients (Kaneko *et al.*, 1981; Lu *et al.*, 1993). Structural abnormalities are relatively uncommon; even more so ring chromosomes which are rare events in leukemia.

Here we describe a case of a DS child presenting with AMKL with a 4-month history of myelodysplasia. Her bone marrow cells showed a ring chromosome 7, which was confirmed using fluorescence in situ hybridization (FISH) techniques.

### Materials and Methods

#### Case Report

A 2-year-old DS girl with atrial septal defect and a known history of myelodysplasia (4 months duration) was admitted to the Pediatric Institute, Hospital Kuala Lumpur on 11 March 1996 with fever, cough, pallor and gum bleeding. On admission, she was noted to have hepatosplenomegaly and bleeding tendency. Her haemoglobin was 5.0 g/dl, the white blood cell count was  $14.2 \times 10^9/l$ , with >50 % blasts, and the platelet count was  $19 \times 10^9/l$ . The bone marrow smear showed 63 % blasts which were fairly heterogeneous in nature - some blasts were large with basophilic cytoplasm whereas others were small with very high nuclear/cytoplasmic ratio, and condensed chromatin with indistinct nucleoli. Some of the blasts showed cytoplasmic blebbing. Flow

cytometry revealed that 87 % of cells were positive for CD 33, 86% for CD 7 and CD 13, and 35% for CD 34 and CD 41. A diagnosis of acute megakaryoblastic leukemia was established and the patient was started on chemotherapy (iv daunorubicin and cytosine arabinoside) but died on the 6th day of treatment due to septicemia.

#### Cytogenetic study

Chromosome analysis was performed on trypsin-Giemsa banded bone marrow spreads harvested after 24 hours of culture. Karyotyping was done according to the Guidelines for Cancer Cytogenetics (ISCN 1991).

#### FISH

The identity of the ring chromosome was confirmed using the WCP 7 SpectrumOrange DNA probe (Vysis, Inc.). In situ hybridization and detection were done according to the protocol outlined by the manufacturer. Slides were counterstained with 4',6-diamidino-2-phenylindole dihydrochloride (DAPI) and visualized on a Olympus fluorescence microscope. The FISH images were acquired and digitized using the Cytovision Ultra (Applied Imaging).

### Results

Cytogenetic analysis of the bone marrow cells revealed monosomy 7 and a ring chromosome superimposed on the constitutional trisomy 21 in 20 metaphases analysed (Fig. 1). The karyotype was interpreted as: 47, XX, -7, +21c, +r. To verify whether the ring was derived from the apparently missing chromosome 7, some metaphases were hybridised with a WCP 7 DNA probe which hybridized to regions in the 7p arm, 7q arm and to the centromere of human chromosome 7. Fig. 2 shows a bone marrow metaphase in which two chromosomes fluoresced after hybridization was performed: the ring chromosome exhibited one of the fluorescence signals indicating that it was derived from chromosome 7.

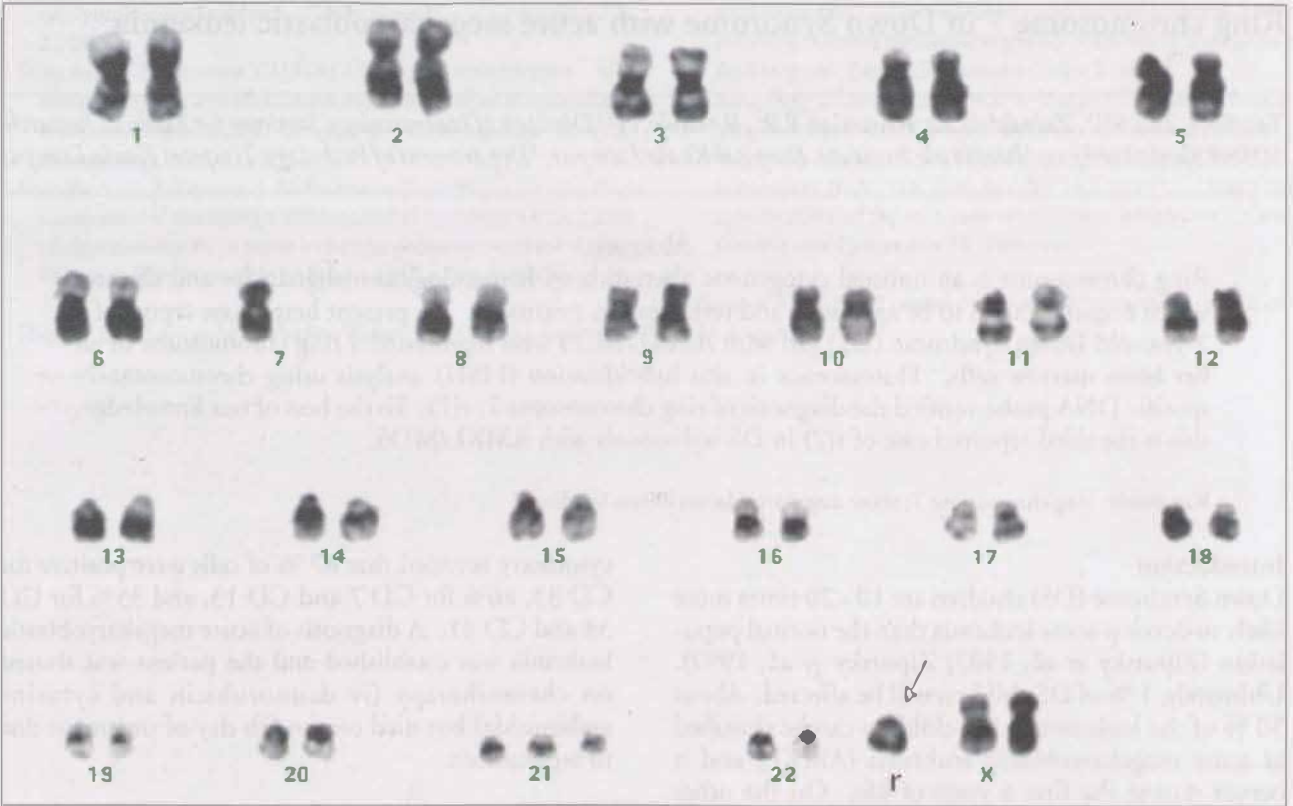


Fig. 1. Karyotype of patient showing monosomy 7, trisomy 21 and a ring chromosome (arrow).

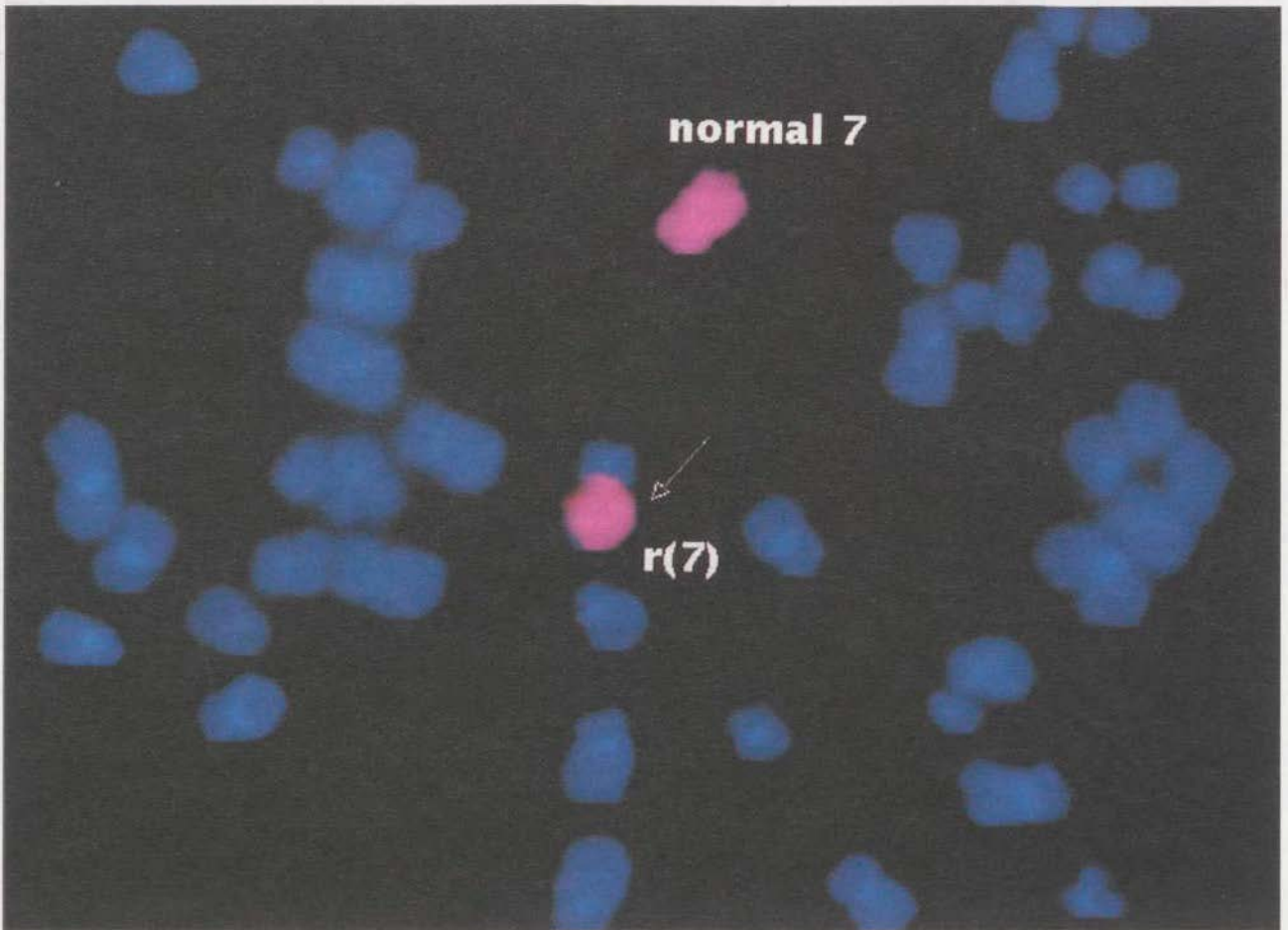


Fig. 2. A bone marrow metaphase showing two WCP-7 signals after in situ hybridization. The r(7) is indicated by arrow.

## Discussion

Our report illustrates a distinct form of AMKL associated with MDS found in patients with Down Syndrome. AMKL in DS children is described as a unique disease characterized by a preceding phase of myelodysplasia, presence of bone marrow fibrosis and unusual chromosomal findings (Zipursky *et al.*, 1992; Lu *et al.*, 1993). The progenitor cell in MDS/AMKL in DS differs from the leukemia cell in MDS in normal individuals in that it has the potential of forming cells of both megakaryocytic and erythroid lineages while the latter forms only myeloid precursors (Zipursky *et al.*, 1994a).

Trisomy 8 and monosomy 7 are frequent chromosomal changes in MDS in normal individuals and are similarly observed in DS AMKL and its preleukemic state of MDS (Hecht *et al.*, 1986; Lu *et al.*, 1993; Zipursky *et al.*, 1994b). Ring chromosomes on the other hand are unusual cytogenetic events in hematological malignancies and are more frequently described in erythroleukemia and chronic myeloid leukemia in blast crisis (Sandberg 1990; Lewis *et al.*, 1988). It was suggested that diseases associated with acquired ring chromosomes tend to be aggressive and refractory to therapy (Lewis *et al.*, 1988). Theoretically a ring may arise from the loss of telomeric regions from both arms of a chromosome with subsequent fusion of the open ends with or without subtelomeric deletion, or it may arise from the telomeric association of a single chromosome without the loss of telomeric repeats (Fugazza *et al.*, 1996). Fugazza *et al.* (1996) using a probe specific for all human telomeres, reported on the loss of telomeric sequences in a ring chromosome 8 in a case of refractory anemia with excess of blasts in transformation. However the cause of ring chromosome formation in malignant cells is still not fully understood.

Despite the purportedly rare occurrence of ring chromosomes, the detection of r(7) in 4 cases of DS with AML, that is, 3 cases with AMKL/MDS (Hayashi *et al.*, 1988; Bunin *et al.*, 1991; present data) and one case with AML-M2 (Alimena *et al.*, 1985), suggests that the presence of r(7) could well delineate a subtype of this unique haematological disorder. While monosomy 7 and deletion of 7q are known poor prognostic factors in MDS among nonDS children, the significance of r(7) in this special group of patients particularly its effect on treatment outcome with chemotherapy remains to be clarified with further studies. This is noteworthy in the light of recent studies which have indicated a superior outcome in DS children with AMI placed on current treatment regimes containing high-dose cytosine arabinoside (Ara-C) compared to the reportedly low cure rate with chemotherapy in pediatric AML cases (Taub & Ravindranath, 1996). The superior response appears to be due to the increased sensitivity of AML blasts with trisomy 21 to both Ara-C and daunorubicin on account of certain enzymes localized in chromosome 21. Not-

withstanding that, our present data supports the contention of a frequent association of chromosome 7 abnormalities with DS AMKL/MDS (Bunin *et al.*, 1991).

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