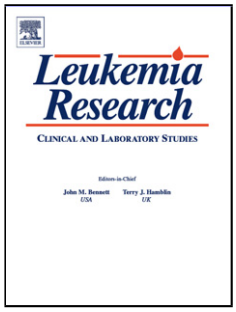

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Morphologic Dysplasia in Myelodysplastic Syndromes: How accurate are morphologists?

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In the absence of an increased % of blasts (5-19%) and accepted cytogenetic findings [(-7, del(7),del(5q), isochrome 17q or l(17p), -13 or del(13q), (-11), and rarer losses and translocations] [1] a diagnosis of Myelodysplastic Syndromes (MDS) can still be made in the presence of cytopenias and morphologic dysplasia ("abnormal growth or development of cells") [2] that persists for several months.

Traditionally dysplasia can be recognized in one or more of the following cell lines: Erythroid, Granulocytic, and Megakaryocytic. Dysplastic aberrations in monocytic, eosinophilic or basophilic cells is problematic and are not considered currently in MDS classification schemas.

In this current issue of Leukemia Research Sasada and co-authors have carried out an extensive morphologic investigation, utilizing well trained laboratory technologists to study many of the dysplastic features of granulocytes described in the WHO Classification of Tumours of Hematopoietic and Lymphoid Tissues.[3] Their results were disappointing in that concordance as measured by the Kappa statistic was poor.