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Case Report

A Case of Pancytopenia and Reticulocytopenia with Multiple **Granulomas on Bone Trephine Biopsy**

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BREIF HISTORY

55 Years female presented with the history of fever, weakness and weight loss for two months. Examination reveals pallor, rest of examination is unremarkable. Base line CBC shows pancytopenia and reticulocytopenia. Bone marrow done for workup.

Peripheral Blood Counts:

HB: 8.2 G/DL HCT: 25.0 % MCV: 72.5 FL MCH: 23.8 PG

WBC'S: 3.8 x 10E9/L ANC: 3.1 x 10E9/L

PLATELETS: 129 x 10E9/L

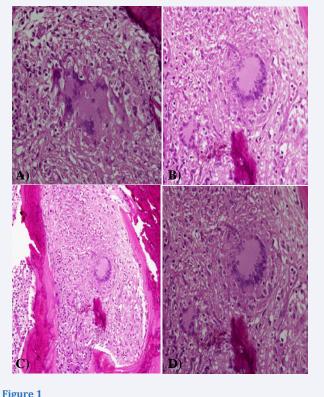
CORRECTED RETICULOCYTE COUNT: 0.8%

Her peripheral blood film showed anisocytosis, hypochromia, microcytosis, poikilocytosis and elliptical cells. Bone marrow aspirate was hypocellular specimen. Bone trephine biopsy showed trilineage haematopoiesis along with multiple well defined large areas of non-caseating granulomas exhibiting lymphohistiocytic collection along with plasma cells. Many epitheloid cells were visible along with few giant cells. ZN stain was applied but was negative for AFB.

Considering the history of fever and granulomatous inflammation, Tuberculosis was top among Differential diagnosis unfortunately patient was lost to follow up because of financial constrains.

DISCUSSION

Bone marrow examination plays pivital role in the diagnosing haematological as well as non-haematological disorders [1], hence making it one of the important investigations for the workup of pyrexia of unknown origin (PUO) [2]. One of the prominent finding could be presence of granulomas while examining bone trephine biopsy specimen. Granulomas are found in around 2% of trephine biopsies [3]. They are reported to be associated with various infections, connective tissue disorders, lymphomasor metastatic carcinomas [4]. Bone marrow granulomas were first ever diagnosed by Pease in the year 1956. In some cases of bone marrow granulomas, causative reason may be hidden [5]. Unfortunately in our patient's blood and bone marrow cultures could not be done as patient was lost to follow up.



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