

Hematopoiese extramedular em localização pélvica

Pelvic extramedullary hematopoiesis

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Resumo

A hematopoiese extramedular (HEM) resulta de um mecanismo compensatório. A HEM ocorre com mais frequência no fígado e no baço e associa-se em geral a doenças hematológicas. A sua associação a outros quadros clínicos é rara, o mesmo acontecendo com as formas de localização não hepatoesplénicas, em particular as de localização pélvica.

Neste artigo os autores apresentam um caso clínico de HEM em localização pélvica relacionada com uma fractura antiga da bacia.

Apesar da raridade, este caso ilustra a necessidade de considerar a HEM no diagnóstico diferencial de lesões tumorais em localização extramedular.

Palavras chave: hematopoiese extramedular, massa pélvica.

Abstract

Extramedullary hematopoiesis (EMH) is the result of a compensatory mechanism. The EMH occurs more frequently in the liver and spleen manifesting itself through several clinical hematological disorders. Its association with other diseases is rare as well as its rare forms of nonhepatosplenic location, in particular those of pelvic location.

In this article the authors report a case of an EMH patient of pelvic location related to an old pelvic fracture.

Despite the rarity, this case shows the need to consider EMH in the differential diagnosis of tumors located outside the bone marrow.

Key words: Extramedullary hematopoiesis, pelvic mass

INTRODUCTION

Extramedullary hematopoiesis (EMH) is characterized by the existence of hematopoietic tissue with production of elements figured in the blood, in extramedullary lesion.¹

It occurs more often in the liver and spleen,^{2,3} being its nonhepatosplenic location rarer.⁴ Its clinical presentation can happen as organomegaly or the presence of tumoral masses.

Usually it is considered a compensating mechanism associated with congenital hemolytic anemia, pernicious anemia, myelofibrosis, myelosclerosis, polycythemia vera, Hodgkin's lymphoma, leukemia and kala-azar.^{2,3,5}

Due to the rarity of its location, it follows the description of an extramedullary hematopoiesis case in a pelvic location.

CASE REPORT

A 68 years-old male patient was referred to the Medicine clinic of our Hospital, to clarify a pelvic mass of 5 cm in diameter found in a CT scan carried out to characterize a cyst on the left kidney lower pole.

He was asymptomatic with a normal objective exam.

Regarding the personal background only worth mentioning a pelvic traumatism with a fracture of the right acetabulum, treated surgically 20 years ago.

The hemogram, morphology of the peripheral blood, ESR, clotting study, kidney and liver tests, proteinogram, PSA, β 2-microglobulin and type II urine had no changes, as can be seen on *Table I*.

In the abdominal and pelvic CT scan he was carrying (*Fig. 1*), it was highlighted the presence of a nodular form image with around 5 cm in diameter, heterogeneous and a predominantly adipose density, projecting in the loca between the external and internal iliac division, with a distortion of the loco-regional architecture pushing the vascular structure.

The histopathological exam of the biopsy of the referred pelvic mass (*Fig. 2*) has revealed the presence of hematopoietic tissue with cells of the erythroid series, myeloid and megakaryocytic, consistent aspects with extramedullary hematopoiesis (*Fig.3*).

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TABLE I
Analytical Study

Analysis	Values
Hb	13.4g/dL
Leukocytes	5.500/L
Platelets	370.000/L
ESR	20 mm
Prothrombin Time	11.1 segundos
APTT	25.9 segundos
INR	0.89
Urea	46 mg/dL
Creatinine	5.9 mg/dL
Albumin	3.0 mg/dL
ALT	23 U/L
AST	35 U/L
FA	153 U/L
GGT	23 U/L
LDH	170 U/L
PSA	1.41 ng/mL
PCR	2.3 mg/dL
β2 – macroglobulin	2531 ug/L

Due to the inexistence of symptomatology, it was decided to keep an expectancy attitude with regular monitoring every six months and annual afterwards, when the patient was kept asymptomatic and without an increase of the pelvic mass.

DISCUSSION

The most frequent location of nonhepatosplenic EMH is intra-thoracic. It can also occur in the kidneys, adrenal, breasts, in the spine and in the intracranial cavity.^{2,3,6} The pelvic location is exceptional.⁵

The resemblance of the case described by Foster N,⁷ we admit that in such patient, the EMH cause and location are related with the acetabulum fracture and consequent seeding of hematopoietic cells for the pelvic space.

The image exams, although not being pathognomonic can suggest the presence of such clinical entity.^{6,3,8}



FIG. 1

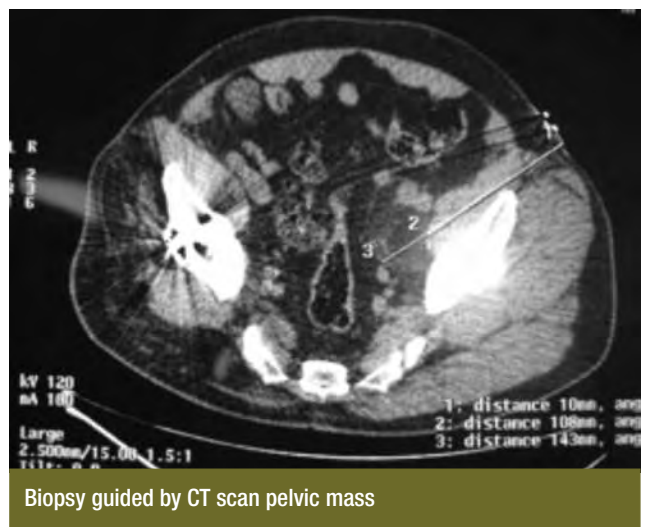
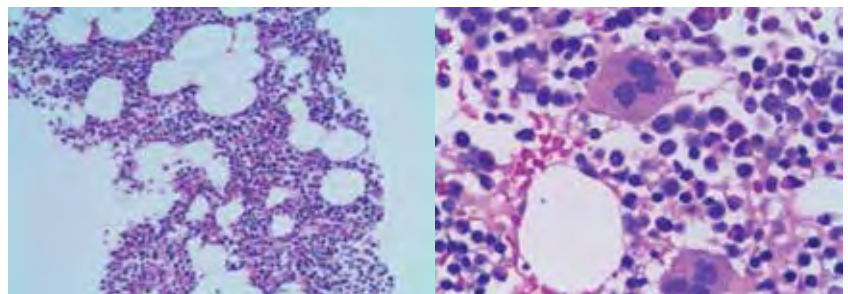


FIG. 2



Histological aspect of extramedullary hematopoiesis

FIG. 3

The definitive diagnosis demands histopathological exam.^{6,3,8}

The treatment depends of the underlying pathology as well as the clinical produced by the very EMH. If the patient is asymptomatic, is indicated in a conservative approach.^{2,3,6} ■

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