Lymphocytosis

Michelle Zhang, MD



Lymphocytosis

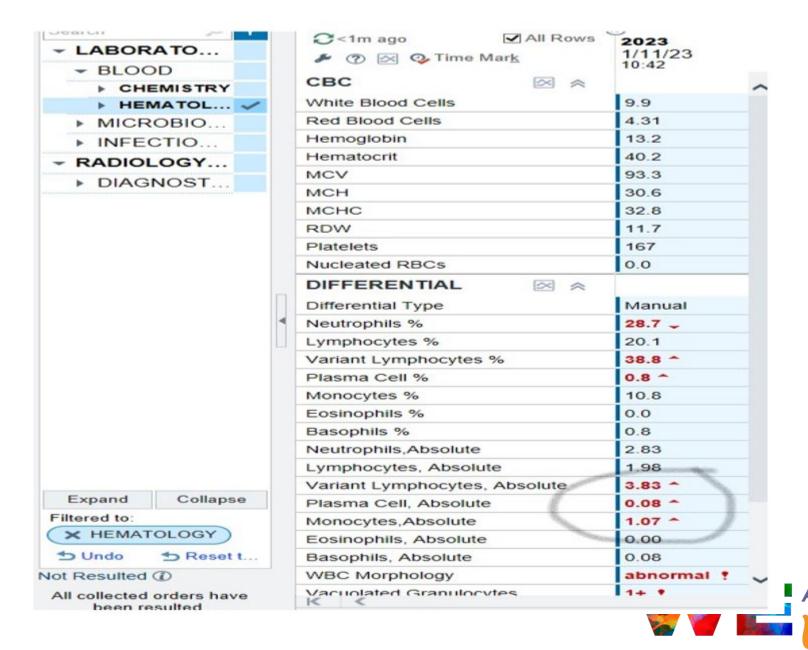
- ALC > 4000
- Reactive vs malignant
- Reactive lymphocytosis: various infections, autoimmune, hypersensitivity etc.
- Malignant lymphocytosis: lymphoid malignancies

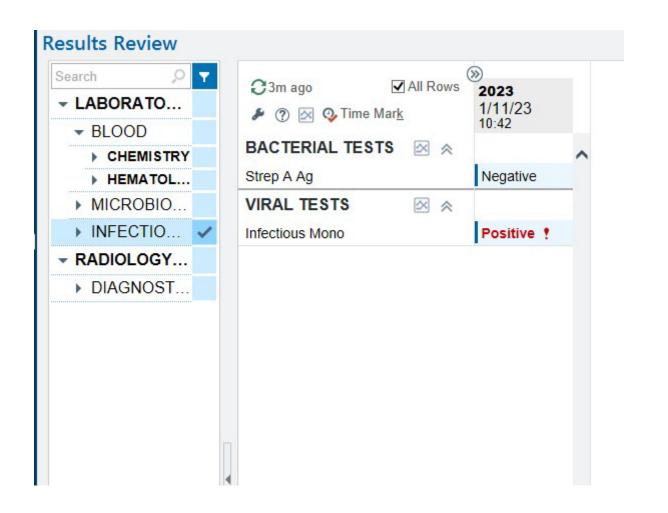


Case 1

- 22 y.o. male who presents to the ED with a painful lump on the right side of his neck x 2 days
- Sore throat and fever started yesterday
- No nausea, vomiting, abdominal pain, malaise, or rash
- No sick contacts









Blood findings with infectious etiologies

- Findings consistent with infectious mononucleosis
 - Differential with greater than 50% lymphocytes
 - Absolute lymphocyte count greater than 4500
 - Elevated lymphocyte count with greater than 10% atypical lymphocytes.
- It should be suspected in patients presenting with sore throat, fever, tonsillar enlargement, fatigue, lymphadenopathy, pharyngeal inflammation, and palatal petechiae.
- A heterophile antibody test is the best initial test for diagnosis of EBV infection
 - 71% to 90% accuracy for diagnosing IM.
 - 25% false-negative rate in the first week of illness.
 - IM is unlikely if the lymphocyte count is less than 4,000 mm3.



Fig. 2

Malignant lymphocytosis

- Often a monomorphic population.
- Atypical morphologic features: large cell size, blast-like chromatin, nuclear clefts, irregular nuclear contours, prominent nucleoli, cytoplasmic vacuoles.

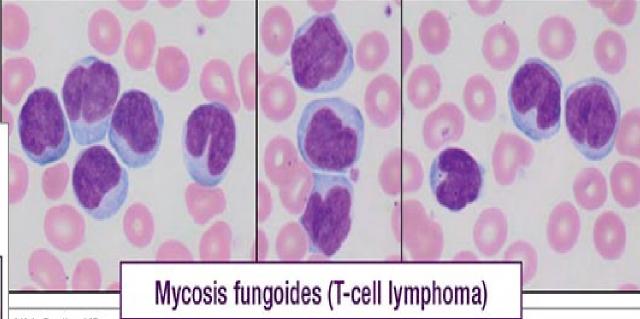
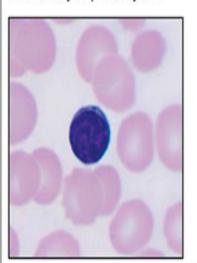
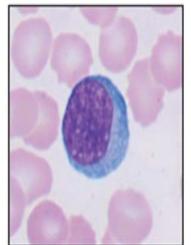


Fig. 1

Reactive lymphocytosis

- · Wide range of lymphocyte morphologies within a given blood smear.
- More abundant cytoplasm (lower N:C ratio), more irregular nuclei, more open chromatin, +/- nucleoli.
- · Some may be plasmacytoid.







of Kyle Bradley, MD.



- 60yo female noted to have high white count on routine blood work
- Has occasional night sweats
- Has noted some fullness in the neck and under the arms
- No fever, chills,
- Has been maintaining weight
- Imaging shows splenomegaly and LAP in the neck and axilla
- Blood work shows



Results Review

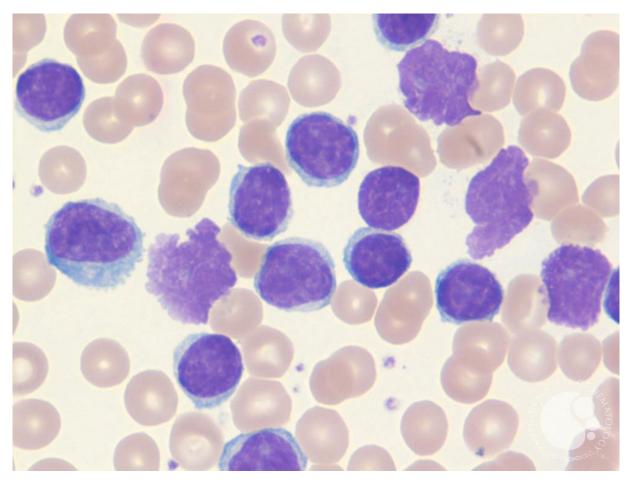
0, 1 1 1 1 1
ノノノノ
ノノノノ
イ ノノ
~
-
~
~
~
~
~
~
~
~
~
~
1
1

C<1m ago ✓ All Rows	Oncology &	Oncology &	
F ? A Time Mark	3/10/23 11:26	1/20/23 11:39	3
ALT	11	11	Ī
LDH	230 ^	238 ^	I
CBC			
White Blood Cells	138.7 ≈	119.1 2	I
Red Blood Cells	3.63 🖵	3.67 🖵	Ĭ
Hemoglobin	10.9 🖵	11.1 😛	I
Hematocrit	36.5	37.5	I
MCV	100.6 ^	102.2 ^	I
мсн	30.0	30.2	I
MCHC	29.9 🖵	29.6 🖵	I
RDW	15.3	15.5	I
Platelets	116 🖵	117 🗸	I
Nucleated RBCs	0.1	0.1	I
DIFFERENTIAL			
Differential Type	Manual	Automated	I
Neutrophils %	2.3 🖵	2.9 🖵	Ī
Immature Granulocytes %		0.2	Ī
Lymphocytes %	85.2 ^	91.9 ^	I
Variant Lymphocytes %	7.0 ^		I
Monocytes %	5.5	4.7	I
Eosinophils %	0.0	0.2	17
Basophils %	0.0	0.1	I
Neutrophils, Absolute	3.19	3.48	I
Immature Granulocytes, Abso		0.23 ^	
Lymphocytes, Absolute	118.16 ^	109.50 ^	
Variant Lymphocytes, Absolute	9.71 ^		

Expand Collapse All
Not Resulted ①

All collected orders have

Blood smear



Source: ASH image bank



For additional reading

- https://www.captodayonline.com/lymphocytosisdistinguishing-benign-from-malignant/
- https://www.ncbi.nlm.nih.gov/books/NBK549819/

