

Acute Lymphoblastic Leukaemia

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ACUTE LYMPHOBLASTIC LEUKEMIA (ALL)

- **FAB Classification:**
- This divides ALL into three groups (L1, L2, and L3) based strictly on morphology.

L1	Most common type in childhood. Small to intermediate-sized blasts.
L2	Most common type in adults. Larger, more variable cells with more abundant cytoplasm.
L3	Rare (~1–3% of ALL). The cells are characterized by deeply basophilic (blue) cytoplasm with cytoplasmic vacuoles containing lipid.

Epidemiology

- **Acute lymphoblastic leukemia is the most common malignancy in childhood and represents ~85% of childhood acute leukemias.**
- **It also occurs in adults but is uncommon (~15% of adult acute leukemias).**
- **The highest incidence of ALL is between 1 and 5 years of age.**
- **There is a slight male predominance.**

Lab. Δ of ALL

- 1- CBC:
- Anemia
- thrombocytopenia
- White cell count is variable: it may be high, normal, or occasionally decreased.
- Blasts are usually present on blood smear but may be absent.
- 2- Serum *uric acid* and *lactic dehydrogenase* may be increased.

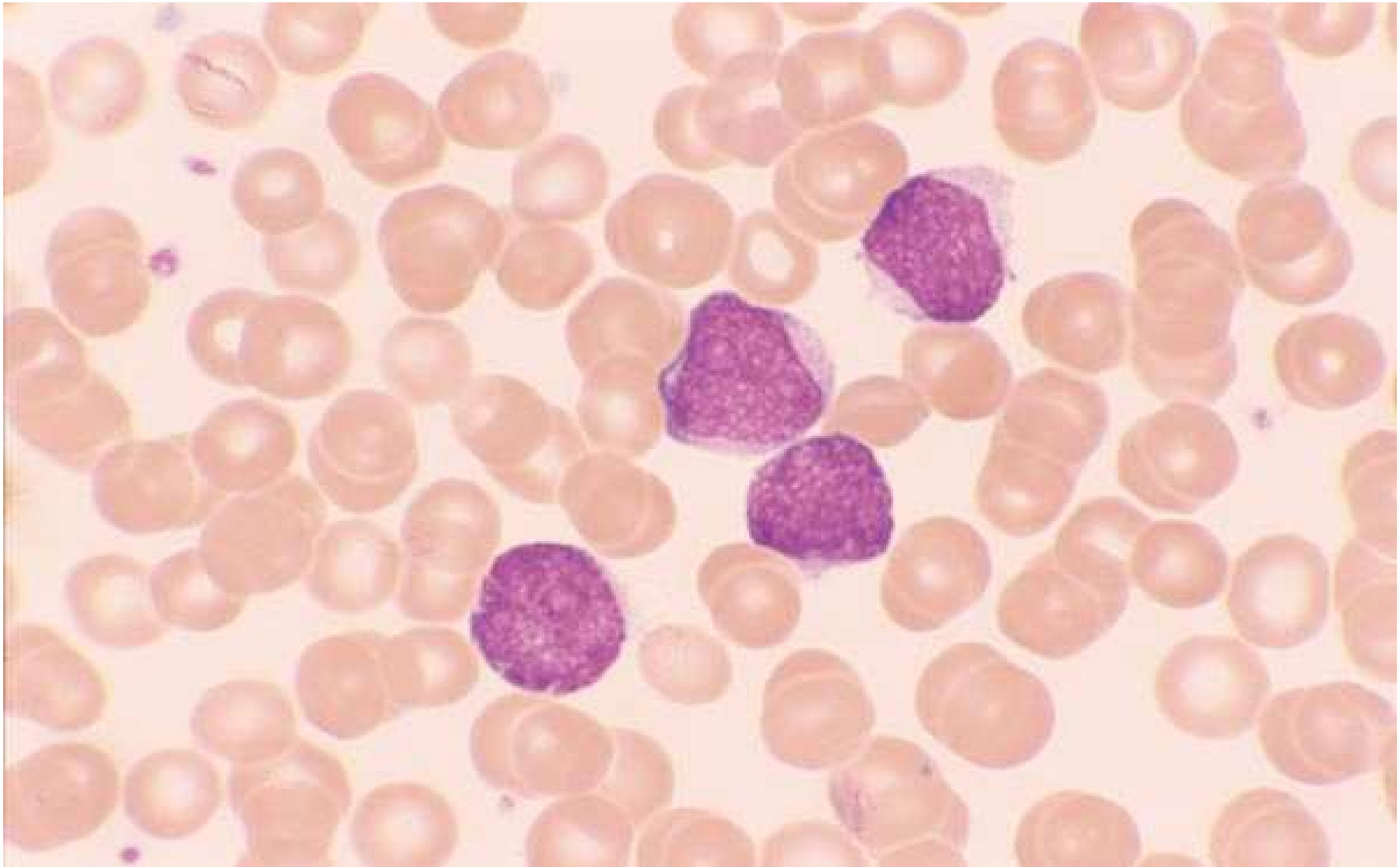
3- Cytochemical stains:

PAS (periodic acid–Schiff): Positive in some cases of ALL.

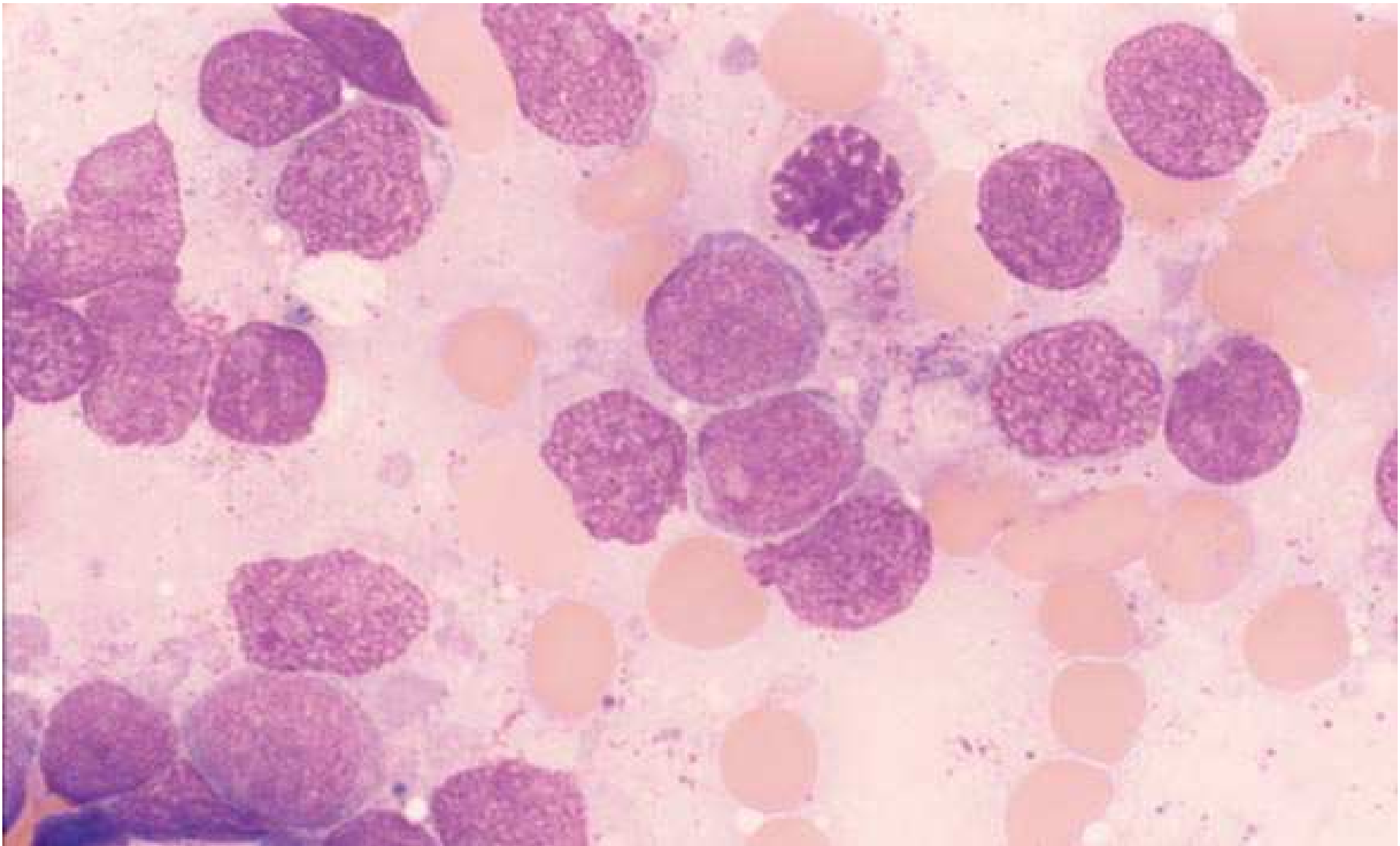
- **Cytogenetics:**
- Chromosomal alterations are present in $\geq 75\%$ of cases.
- There are usually reciprocal translocations.
- e.g. t(12;21), t(9;22) {Philadelphia chromosome}, t(1;19), etc.
- **Immunophenotyping:**
- It is most useful in identifying myeloid lineage and distinguishing between AML and ALL (based on cell markers).

- **Molecular Tests:**
- **These can provide evidence of lymphocyte malignancy.**
- **Molecular tests can also be used to detect chromosomal abnormalities not detected on standard cytogenetics.**

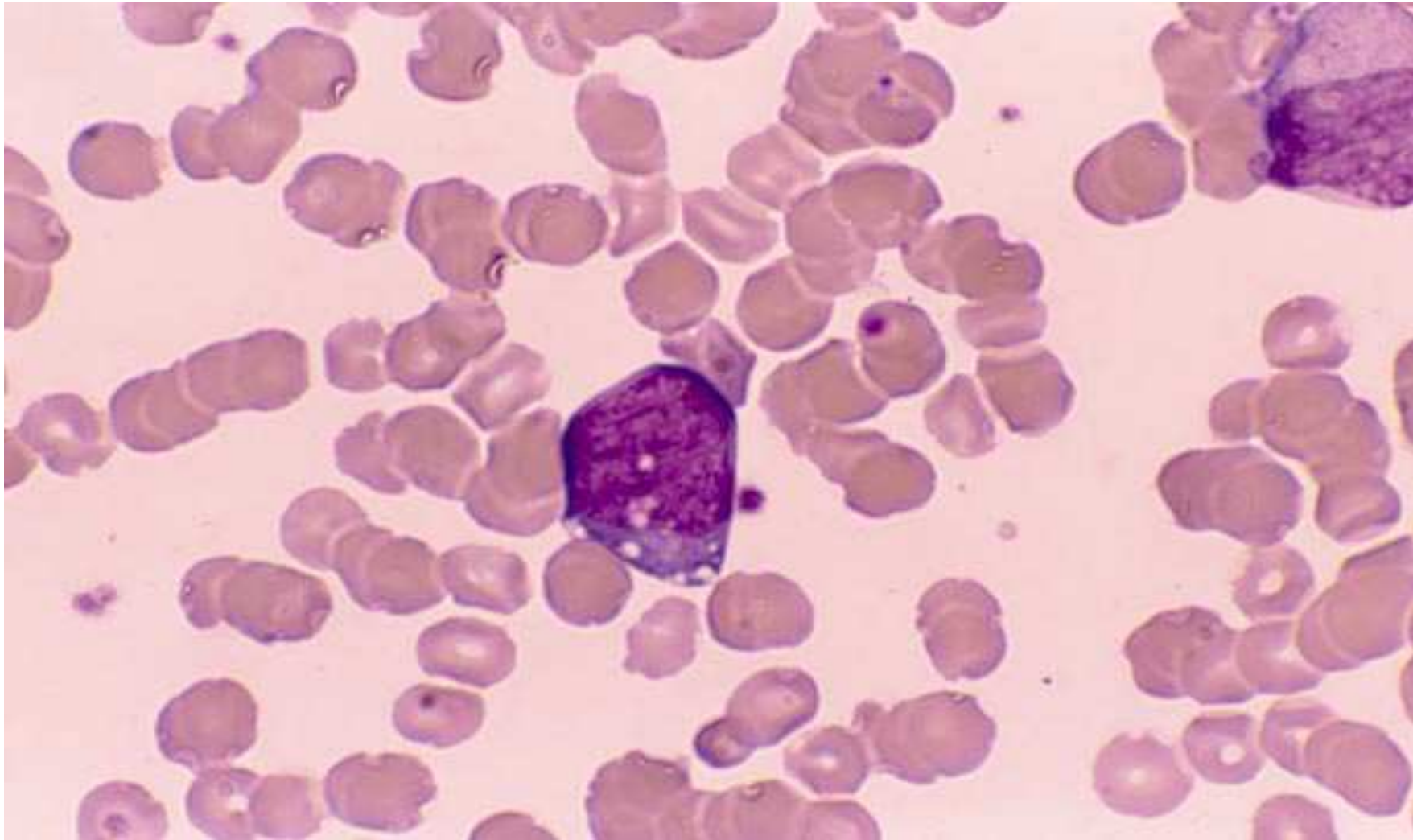
Acute lymphoblastic leukemia (ALL) blood smear



Acute lymphoblastic leukemia (ALL) bone marrow aspirate



Burkitt-cell leukemia (FAB ALL-L3). Basophilic cytoplasm and prominent clear cytoplasmic vacuoles are present



THANK YOU

