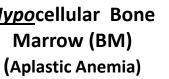
Yan Yu, 2012 (www.yanyu.ca)

Pancytopenia

(anemia, \downarrow retics, recurrent infection, easy bruising/bleeding)

Hypocellular Bone Marrow (BM) (Aplastic Anemia)





Cellular/Normal BM

 \rightarrow Hypersplenism →Alcoholism →тв \rightarrow Sarcoidosis

Hypercellular BM

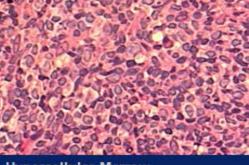
Maligant Infiltration

(excessively proliferating clone of certain marrow cells, displacing RBC/WBC/Plt precursors out of marrow)

→Acute Leukemia (blasts!) \rightarrow Myelodysplasia (CML, PV, ET) → Myelofibrosis \rightarrow Lymphoma (stage IV)

Tx:

 \rightarrow Chemo for the appropriate cancers \rightarrow HSCT if necessary



Hypercellular Marrow

Inadequate B12/Folate

(due to ineffective hematopoiesis, BM is packed with abnormally-produced blood cells)

→Macrocytic, oval RBCs → Hypersegmented neutrophils \rightarrow Associated with malabsorption

Tx: \rightarrow B12 IM to restore levels, maintain with oral supplement \rightarrow Oral folic acid supplement

Inherited \rightarrow Fanconi's anemia

 \rightarrow Shwachmandiamond syndrome

Acquired →Auto-immune (SLE, GVHD, etc) \rightarrow Radiation/chemotherapy →Toxins (benzene, lindane) →Infections: HIV, EBV, Hepatitis, Parvovirus, sepsis (severe infection) → Drugs (NSAIDs, Methotrexate, chloramphenicol, anti-thyroids, antiepileptics) → Paroxysmal Nocturnal Hemoglobinura (PNH)

Tx:

 \rightarrow Withdraw causative agents (drugs, chemo, radiation) \rightarrow Immune-suppression of marrowsuppressing T-cells (Antithymocyte globulin, ATG; steroids, cyclosporine) →Hematopoietic Stem Cell Transplant (HSCT) \rightarrow Supportive Care