

**ADDITIONAL t(3;3)(q29;q23), t(4;11)(q21;q23), t(11;18)(q10;q10)
TRANSLOCATIONS IN A PATIENT WITH CHRONIC PHASE Ph+ CML**

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A 55-years-old male patient admitted to hematology outpatient clinic in 2002 with splenomegaly, leukocytosis (120000/mm³), feeling of fullness in the abdomen for 3 to 4 months and low LAP score. After the analysis of bone marrow sample he was diagnosed as having Chronic Myeloid Leukemia (CML) in the chronic phase. The patient was given interferon alfa plus cytarabine after hydroxyurea between 2002-2004. Following availability t(9;22) was positive by RT-PCR. Imatinib mesylate (400 mg/day) was commenced in Turkey and the patient responded hematologically within 3 months. Complex chromosomal abnormalities were detected in cytogenetic analysis performed in 2008. His karyotype was; 46,XY,t(4;11)(q21;q23),t(9;22)(q34;q11),t(11;18)(q10;q10)[13]. The patient was followed by treating with imatinib mesylate for one year duration. Cytogenetic analysis was performed to patient who become lost to follow-up during 2009-2011 years, same complex karyotype were observed in bone marrow sample. He was treated with dasatinib 100mg/day. However, dasatinib had to be discontinued because of recurrent symptomatic grade IV cytopenias. Conventional cytogenetic analysis was repeated in July 2012. The karyotype was; 46,XY,t(3;3)(q29;q23),t(4;11)(q21;q23),t(9;22)(q34;q11),t(11;18)(q10;q10)[80]/48,XY,t(3;3)(q29;q23),t(4;11)(q21;q23),t(9;22)(q34;q11),t(11;18)(q10;q10),+13,der(22)t(9;22)(q34;q11)[20]. In 80% of the analysed bone marrow cells t(3;3) translocation was detected in addition to t(9;22), t(4;11) and t(11;18) translocations which were found in 2011. Also, trisomy 13 and a secondary Philadelphia chromosome were detected in 20% of the cells. FISH analysis showed that 61% of the cells had one Philadelphia chromosome and 20% of the cells had two Philadelphia chromosomes. FISH analysis by using MLL gene specific break apart probe due to presence of the t(4;11)(q21;q23) translocation showed that MLL gene was not rearranged. In July 2012, nilotinib (2x400mg/day) was initiated to patient with CML in chronic phase in July 2012. The clinical importance of this new additional abnormality remains unknown.