A 61-year-old woman was admitted to our Department for severe gastrointestinal bleeding. She had been diagnosed with IgA/H9260 multiple myeloma three years earlier and had been treated with both chemotherapy and radiotherapy (this latter for spinal cord compression by extramedullary myelomatous tissue).

On admission, gastroscopy showed a bleeding gastric ulcer and blood cell counts were the following: Hb 4.2 g/dL, WBC 1.9×10^9/L (differential count: neutrophils 43%, eosinophils 4%, basophils 1%, lymphocytes 47%, monocytes 5%), and platelets 9×10^9/L. Bone marrow was heavily infiltrated by abnormal plasma cells, and abnormal promyelocytes were also found (Figures 1 and 2). Within 48 hours of admission PML-RAR\textsubscript{1} gene rearrangement\textsuperscript{1} was identified in the patient’s bone marrow by RT-PCR (Figure 3) and a diagnosis of secondary acute promyelocytic leukemia (APL) was formulated.

Treatment with all-trans retinoic acid (ATRA) induced a partial, transient remission; however, the woman eventually died of sepsis. APL has seldom been observed as a secondary malignancy;\textsuperscript{2} most of the acute leukemias complicating antineoplastic chemotherapy and/or radiotherapy are usually either myelomonocytic or unclassifiable. Albeit for only a short period of time, the patient clearly benefitted from treatment with ATRA, which was essentially delivered on the basis of the molecular diagnosis.

References


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