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DIAGNOSIS OF NIEMANN-PICK DISEASE TYPE C ON BONE MARROW BIOPSY: A RARE EVENT <u>S JAHANGIR¹, S KAMRAN¹, S KHAN¹</u>

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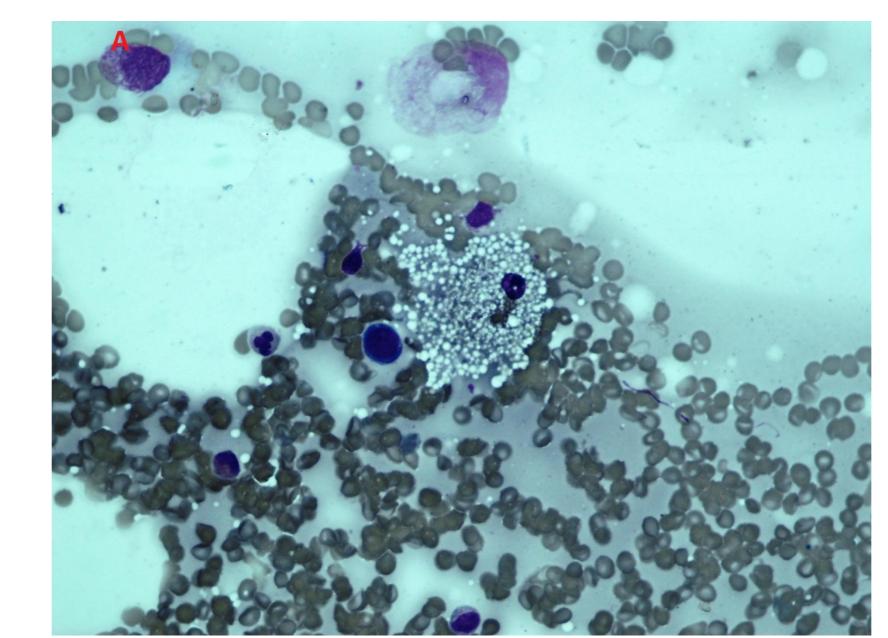


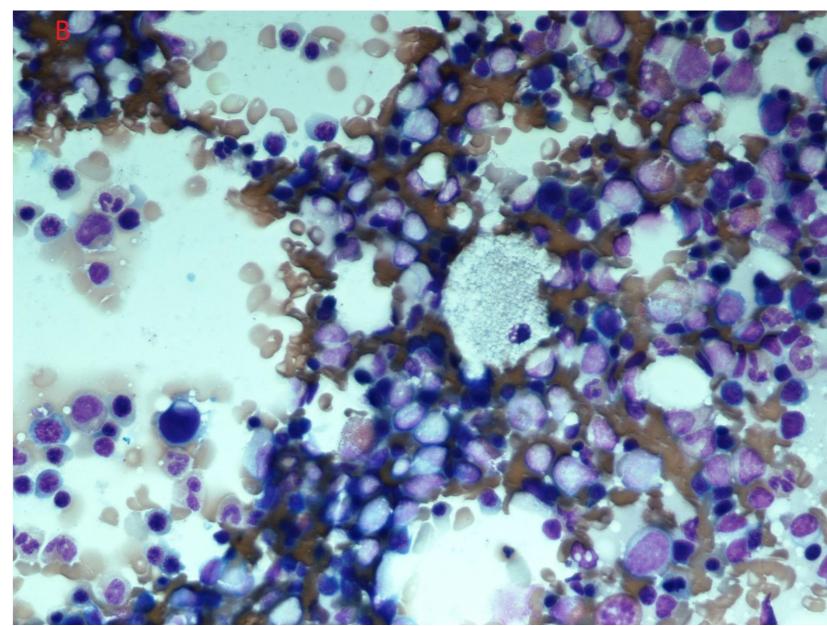
- ••• Niemann-Pick type C disease is a lysosomal storage disorder characterized by an inability of the body to transport cholesterol and fatty acids inside of cells.¹
- Lysosomes are organelles that contain • digestive enzymes involved in breakdown of proteins, nucleic acids, carbohydrates and lipids.
- Four basic types are identified categorized • on basis of genetics and symptomatology.
- Niemann-Pick type C disease is due to • mutation in NPC 1 gene located on long arm of chromosome 18(18q11.2) and NPC 2 gene located on long arm of chromosome 14 (14q24.3).²
 - AIM

- Bone marrow aspirate showed a normocellular specimen with active granulopoiesis and erythropoiesis but highlighted few scattered large histiocytelike cells having abundant cytoplasm with soap-bubble like appearance and morphology suggestive of storage cells.
- Bone marrow biopsy further confirmed the diagnosis by highlighting histiocyte like cells .
- These cells were negative for periodic acid Schiff stain.

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On immunohistochemistry, these cells were strongly positive for CD68.





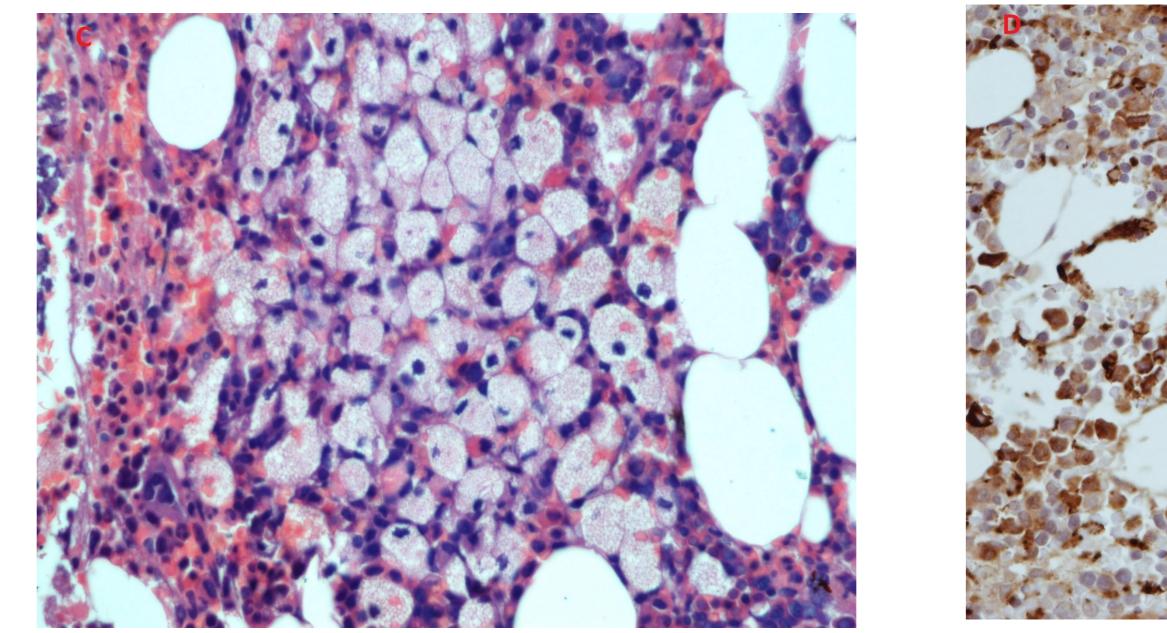
Diagnosis of Niemann Pick disease involves detailed history, thorough physical examination along with laboratory investigations such as blood based testing for biomarkers(oxysterols, lysosphingolipids, bile acid metabolites) and genetic analysis.

Psychiatric manifestations often mislead physicians towards dementia and schizophrenia.

Thorough workup should be carried out in case of a strong clinical suspicion.

> CASE PRESENTATION

A 39 year old patient presented with fever and abdominal pain.



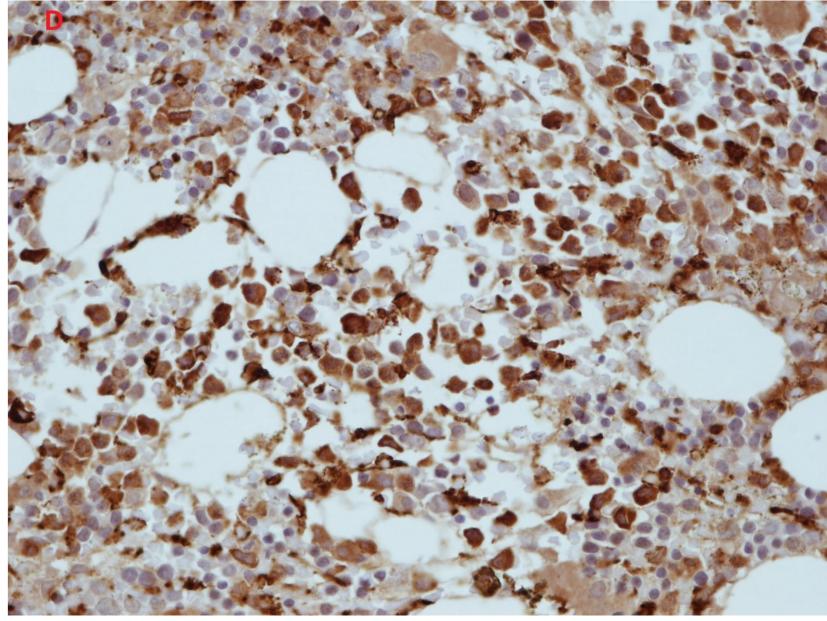


Figure A and B: Bone marrow aspirate(Leishman stain) showing diffuse infiltration by foam cells. These foam cells show abundant cytoplasm filled with numerous small vacuoles.

<u>Figure C</u>: Bone marrow trephine section shows marked increase in histiocyte-like cells Figure D: Strong positivity seen in CD 68 immunostain.

Abdominal examination revealed tenderness in right iliac fossa while ophthalmic exam confirmed vertical gaze palsy. Patient also reported behavioral changes and depressive episodes for the past two years. Complete blood count showed thrombocytopenia.

CONCLUSIONS

Patients with progressive vertical supranuclear gaze palsy, ataxia, dystonia and dementia should be screened for underlying storage disorders as early diagnosis helps in management of these patients.

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