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No standard treatment has been established in childhood **blastic plasmacytoid dendritic cell neoplasma** (BPDCN) because of its rarity. We treated with acute lymphoblastic **leukemia-type** regimen for a child with BPDCN with **skin and leukemic involvement.** She has been disease-free for 4 years after alloge ...

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May 06, 2020 · Abstract. **Blastic plasmacytoid dendritic cell neoplasm** (BPDCN) is a rare and aggressive hematologic malignancy arising from **plasmacytoid dendritic cell** precursors. The disease typically manifests in the skin, but it also evolves into a leukemic phase or can be complicated by other myeloid malignancies, especially myelomonocytic tumors. The association between these neoplasms is not ...

Author: Miao Yan, Wensheng Wang, Xinan Cen, ... **Publish Year:** 2020

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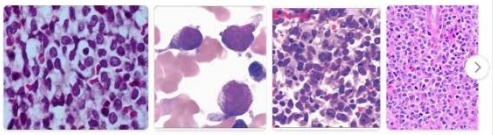

Blastic NK cell lymphoma

Symptoms Diagnosis Causes Treatments

Blastic plasmacytoid dendritic cell neoplasm is a rare hematologic malignancy. It was initially regarded as a form of lymphocyte-derived cutaneous lymphoma and alternatively named CD4+CD56+ hematodermic tumor, blastic NK cell lymphoma, and agranular CD4+ NK cell leukemia. Later, however, the disease was determined to be a malignancy of plasmacytoid dendritic cells rather than lymphocytes and therefore termed blastic plasmacytoid dendritic cell neoplasm. In 2016, the World Health Organization designated BPDCN to be in its own separate category within the myeloid class of neoplasms. It is estimated that BPDCN constitutes 0.44% of all hematological malignancies.

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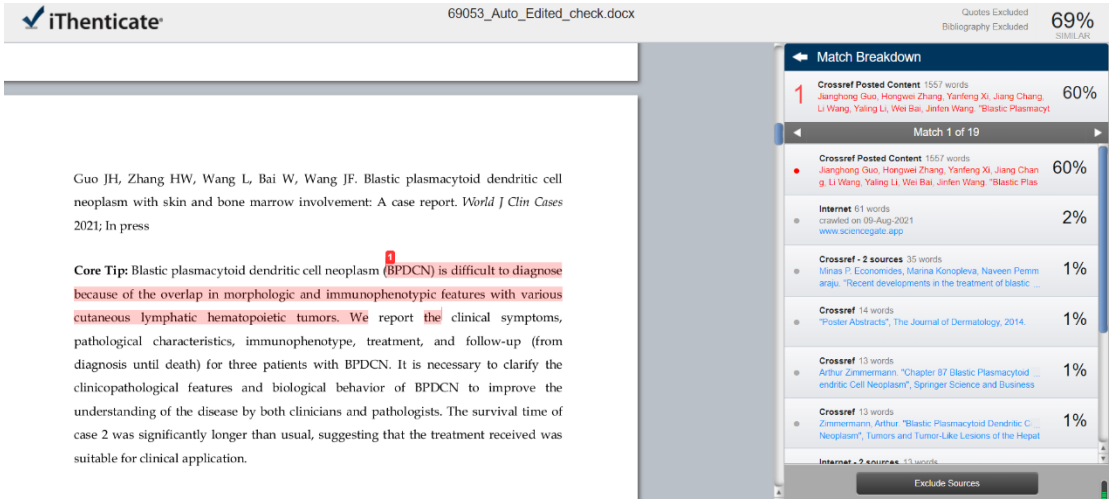

Guo JH, Zhang HW, Wang L, Bai W, Wang JF. Blastic plasmacytoid dendritic cell neoplasm with skin and bone marrow involvement: A case report. *World J Clin Cases* 2021; In press

Core Tip: Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is difficult to diagnose because of the overlap in morphologic and immunophenotypic features with various cutaneous lymphatic hematopoietic tumors. We report the clinical symptoms, pathological characteristics, immunophenotype, treatment, and follow-up (from diagnosis until death) for three patients with BPDCN. It is necessary to clarify the clinicopathological features and biological behavior of BPDCN to improve the understanding of the disease by both clinicians and pathologists. The survival time of case 2 was significantly longer than usual, suggesting that the treatment received was suitable for clinical application.

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