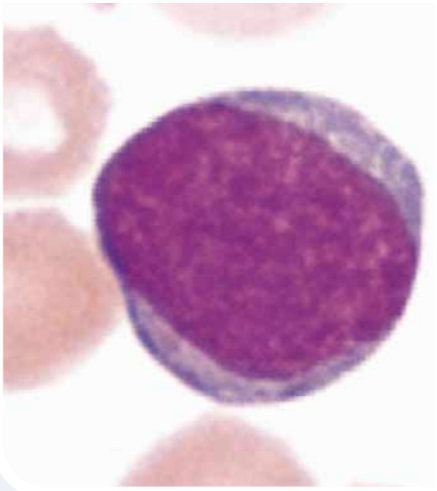
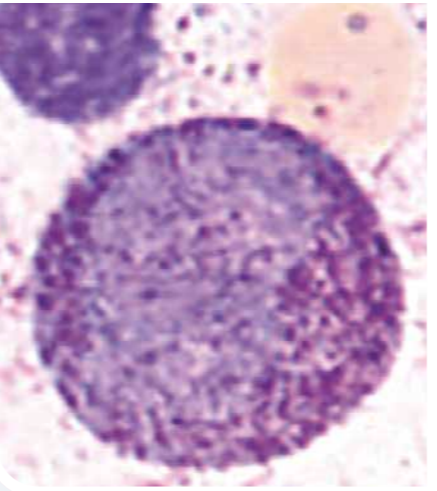
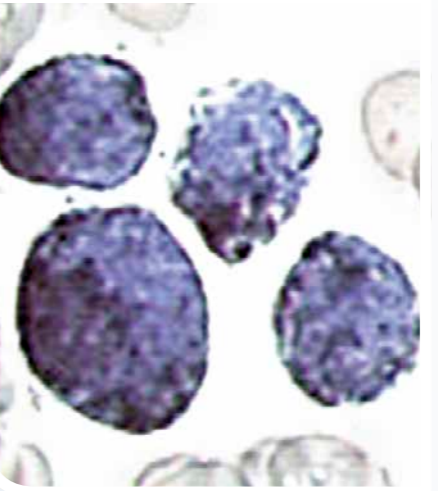
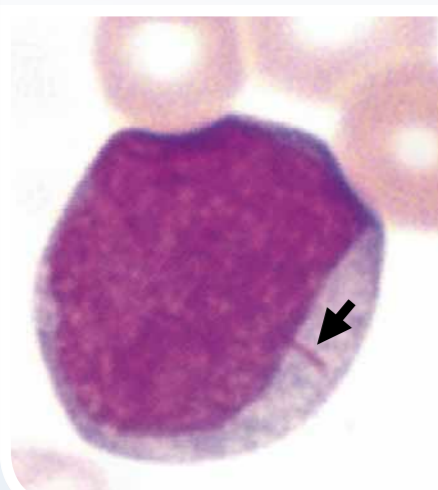
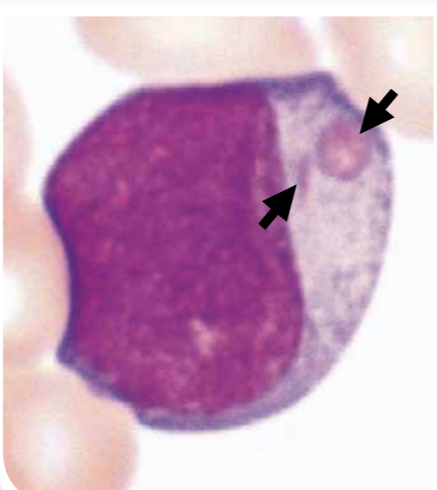

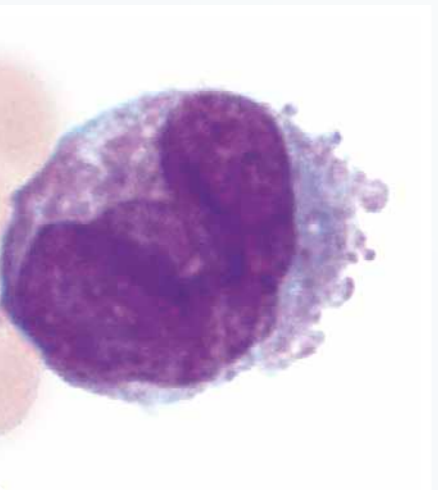

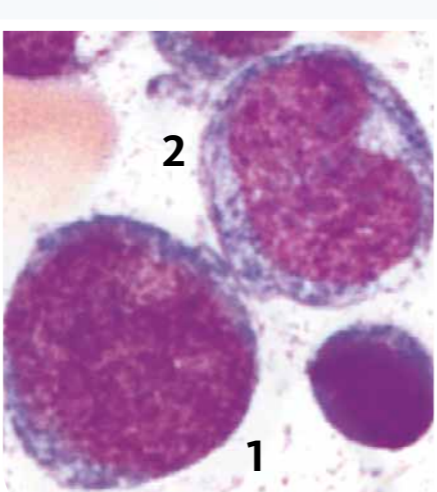
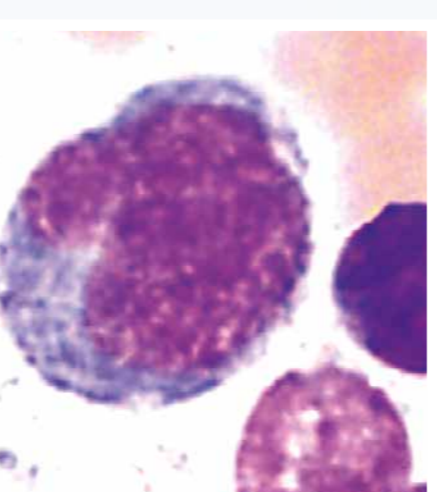

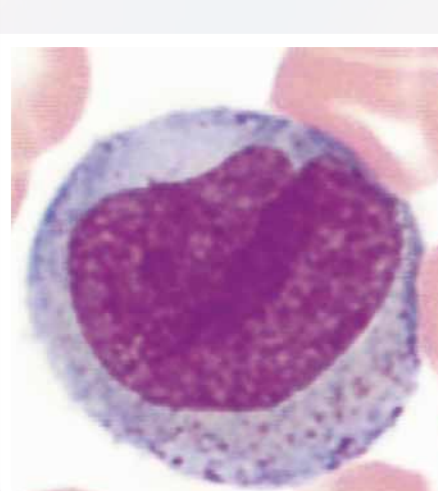
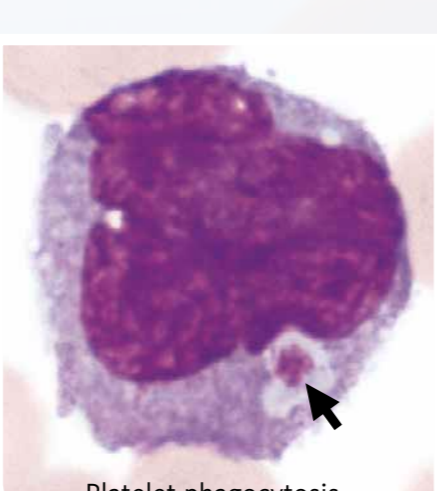
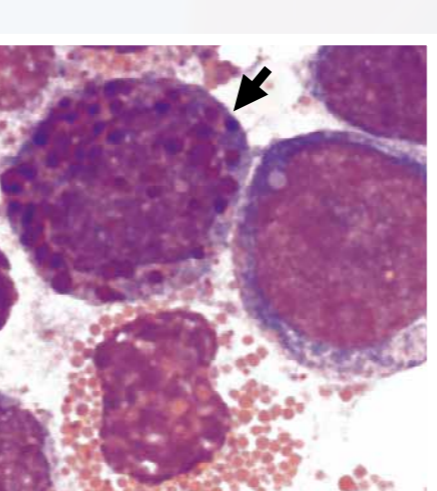
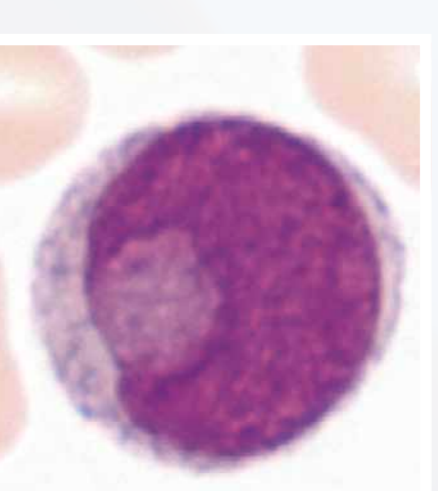
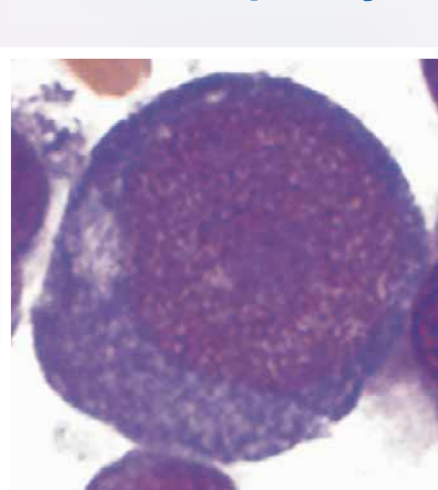

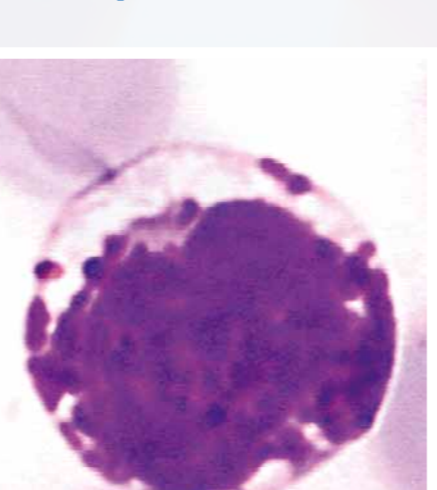
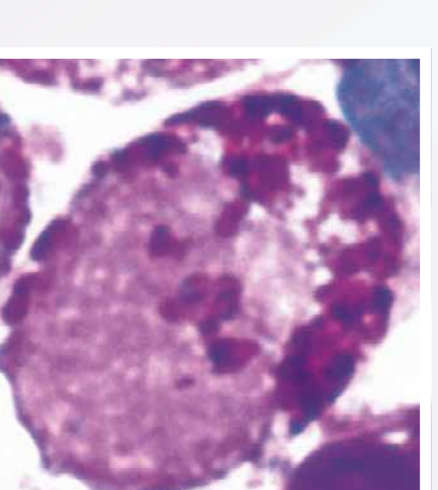


# Blasts – myeloid

<p><b>Myeloblast</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 12–16</p> <p><b>Nucleus shape</b> round/oval</p> <p><b>Cytoplasm</b> basophilic, no granulation, (POX+, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> physiologic, AML, MDS, CML</p>	<p><b>Granulated blast</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 12–16</p> <p><b>Nucleus shape</b> round/oval</p> <p><b>Cytoplasm</b> reddish granules, Golgi zone <math>\emptyset</math>, (POX+, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> AML, RAEB</p>	<p><b>Abnormal promyelocyte</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 16–20</p> <p><b>Nucleus shape</b> oval</p> <p><b>Cytoplasm</b> dense, coarse, purple-red granulation, (POX++, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> AML-M3</p>	<p><b>Blasts, POX-positive</b></p>  <p>Blasts with brown dye precipitates of varied density.</p> <p>Remark: All neutrophils from the promyelocyte stage on are POX+.</p>
<p><b>Blast with Auer rods</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–16</p> <p><b>Nucleus shape</b> round/oval</p> <p><b>Cytoplasm</b> needle-shaped red inclusions (Auer rods), (POX+, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> AML-M1, -M2, -M3, -M6, RAEB-2</p>	<p><b>Blast with Auer rods and Auer bodies</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–16</p> <p><b>Nucleus shape</b> round/oval</p> <p><b>Cytoplasm</b> spherical red inclusions (Auer bodies), additionally Auer rods, (POX+, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> AML-M1, -M2, -M6</p>	<p><b>Faggot cell (M3)</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–18</p> <p><b>Nucleus shape</b> round/oval/lobulated</p> <p><b>Cytoplasm</b> bundles of Auer rods, (POX+, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> AML-M3 and -M3V, t(15;17)</p>	<p><b>Lobulated Blast (M3V)</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 16–20</p> <p><b>Nucleus shape</b> (bi-)lobulated</p> <p><b>Cytoplasm</b> often fine reddish granulation, bundles of Auer rods +/-, (POX+, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> AML-M3V, t(15;17)</p>
<p><b>Monoblast</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–18</p> <p><b>Nucleus shape</b> round/oval, nucleoli +/-</p> <p><b>Cytoplasm</b> abundant cytoplasm, fine granules +/-, pseudopodia +/-, (POX <math>\emptyset</math>, esterase +)</p> <p><b>Incidence*</b> AML-M5A and -B, -M4, CMML</p>	<p><b>Monoblast (1), promonocyte (2)</b></p>  <p><b>Monoblast</b> description: see to the left</p> <p><b>Promonocyte</b> description: see to the right</p>	<p><b>Promonocyte</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–18</p> <p><b>Nucleus shape</b> lobed, intermediate chromatin</p> <p><b>Cytoplasm</b> abundant cytoplasm, granulation +/-, often vacuoles, haemophagocytosis +/-, (POX <math>\emptyset</math>, esterase +)</p> <p><b>Incidence*</b> AML-M5A and -B, -M4, CMML</p>	<p><b>Blast, esterase positive</b></p>  <p>Blast with precipitates of brown dye; diagnostic for monoblastic AML only in case of diffuse and strong staining.</p>
<p><b>Monocytoid blast (M4)</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 16–18</p> <p><b>Nucleus shape</b> monocytoid</p> <p><b>Cytoplasm</b> abundant cytoplasm, granulation +/-, often vacuoles, (POX <math>\emptyset</math>, esterase +)</p> <p><b>Incidence*</b> AML-M5A and -B, -M4, CMML</p>	<p><b>Monocytoid blast (M5B)</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 16–18</p> <p><b>Nucleus shape</b> monocytoid</p> <p><b>Cytoplasm</b> abundant cytoplasm, granulation +/-, often vacuoles, (POX <math>\emptyset</math>, esterase +)</p> <p><b>Incidence*</b> AML-M5A and -B, -M4, CMML</p> <p>Platelet phagocytosis</p>	<p><b>Abnormal eosinophil (M4 Eo)</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–16</p> <p><b>Nucleus shape</b> round/oval intermediate chromatin</p> <p><b>Cytoplasm</b> coarse, round, eosinophilic and blue-purple granules, (chloroacetate esterase +)</p> <p><b>Incidence*</b> AML-M4 Eo, inv(16), t(16;16)</p>	<p><b>Cup-like blast</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–16</p> <p><b>Nucleus shape</b> Nucleus with invaginated cytoplasm**</p> <p><b>Cytoplasm</b> Granulated cytoplasm. Crucial is the nucleus: fingerprint-like indentation; POX +</p> <p><b>Incidence*</b> AML with NPM1- and FLT3- mutations</p>
<p><b>Abnormal proerythroblast (M6)</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–16</p> <p><b>Nucleus shape</b> round/oval</p> <p><b>Cytoplasm</b> deep basophilic, flaky Golgi zone, (POX <math>\emptyset</math>, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> AML-M6</p>	<p><b>Abnormal Megakaryoblast (M7)</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 12–18</p> <p><b>Nucleus shape</b> round/oval</p> <p><b>Cytoplasm</b> undifferentiated blast, no granulation, cytoplasmic blebbing or pseudopodia, (POX <math>\emptyset</math>, esterase <math>\emptyset</math>)</p> <p><b>Incidence*</b> AML-M7</p>	<p><b>Basophilic blast</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–16</p> <p><b>Nucleus shape</b> often blurred</p> <p><b>Cytoplasm</b> blue-purple granulation, often vacuoles, (toluidine blue +)</p> <p><b>Incidence*</b> acute basophilic leukaemia</p>	<p><b>Mast cell blast</b></p>  <p><b>Size</b> <math>\mu\text{m}</math> 14–16</p> <p><b>Nucleus shape</b> often blurred</p> <p><b>Cytoplasm</b> basophilic granules +/-, (toluidine blue +)</p> <p><b>Incidence*</b> mast cell leukaemia</p>

\* For pragmatic reasons, the abbreviations of FAB classification diagnoses have been used. The WHO classification equivalents are as follows: M0 – AML with minimal differentiation; M1 – AML without maturation; M2 – AML with maturation; M3 – acute promyelocytic leukaemia; M4 – acute myelomonocytic leukaemia; M5 – acute monoblastic and monocytic leukaemia; M6 – acute erythroid leukaemia/proerythroblastic leukaemia; M7 – acute megakaryoblastic leukaemia.  
\*\* Invagination of the POX+ cytoplasm into the nucleus. Definition of the cup-like blast population: indentation zone  $\geq 25\%$  of the nuclear surface,  $\geq 10\%$  of blasts show goblet-shaped, usually light indentations. If cup-like blasts are identified, mutation analysis of NPM1 and FLT3 should be performed.

## Common cytologic features

### Nucleus

- Shape: round/oval
- Nuclear-cytoplasmic ratio: 70–90%
- Chromatin: predominantly regularly distributed, not clumped, not condensed
- Varying numbers of nucleoli; may be hidden by chromatin

### Cytoplasm

- Basophilic
- Reddish granulation +/-
- Auer rods +/-; when +, evident for: AML, if blasts  $\geq 20\%$  RAEB-2, if blasts  $< 20\%$

### Quantification of blasts

- $< 1\%$  in PB and  $< 5\%$  in BM: in MDS: RA, RCMD +/- ring sideroblasts
- $< 5\%$  in PB and 5–9% in BM: RAEB-1
- 5–19% in PB and 10–19% in BM: RAEB-2
- $\geq 20\%$  in PB and/or BM: acute leukaemia