







Pulmonary leukostasis

- Secondary to Acute Myeloid Leukaemia
- Causing disseminated intravascular coagulation

- Differential diagnosis
 - Metastatic carcinoma
 - Metastatic melanoma
 - Intravascular lymphoma

Pulmonary leukostasis

- White blood cell (WBC) count > 100,000/ μ L
- High mortality (20-40%)
- Can progress to tumour lysis syndrome or disseminated intravascular coagulation
- Symptoms range from shortness of breath to acute respiratory failure and death

Acute Myeloid Leukaemia

- Leukaemic involvement of lung
 - Bronchovascular bundles
 - Interlobular septa
 - Pleura
 - Alveoli (late)
 - May form micronodular aggregates

Common issues

- Ascertaining whether findings in the lung at autopsy have contributed to death or are merely incidental
- Determining the primary origin of tumours in the lung
- Differential diagnosis of granulomatous conditions
- Often best addressed collaboratively with an anatomical pathologist with experience in the surgical and medical pathology of lung disease
 - the anatomical pathologist is more familiar with the constantly changing classification of interstitial pneumonias and tumours of the lung
 - access to a more extensive range of immunohistochemistry in their laboratory.
 - knowledge of how therapy can potentially alter pathological findings in the lung can be useful in the interpretation of post mortem histology.