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/μL
- 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.