SPECIALTY
Hematology

CHIEF COMPLAINT
Leukocytosis

COMMENTS TO SPECIALIST
20-year-old male with a history of asthma and obesity with repeated lymphocyte count.

MAIN QUESTION
Please advise on further workup and treatment.

Response from eConsult Specialist

JANET NOAH, MD, HEMATOLOGY & ONCOLOGY
NPI: 1000000009

Arista|MD

SUMMARY
Treatment options available at the primary care level.

DETAILS
Hello, thank you for the opportunity to review this case. Your patient has persistent stable lymphocytosis with Absolute Lymphocyte Count (ALC) above 4,000 on two occasions. The rest of the Complete Blood Count (CBC) is normal.

The differential diagnosis for lymphocytosis includes reactive causes - infections (Epstein-Barr virus (EBV) and other viruses including HIV, Human T-lymphotropic virus (HTLV), hepatitis, mycobacterial, pertussis and syphilis), asplenia, thymoma, inflammatory conditions, polyclonal B cell lymphocytosis seen in young to middle-aged female smokers or clonal hematologic disorders.

Further evaluation is needed given persistent lymphocytosis with ALC above 4000.

I would start with a pathologist review of the peripheral blood smear and peripheral blood flow cytometry. This is a peripheral blood test done in most reference labs (green top tube) which evaluate for clonal B or T cell population, sometimes called a leukemia-lymphoma evaluation. This test identifies leukemia-lymphoma based on the cell surface markers. If peripheral blood flow cytometry is negative, a lymphoproliferative disorder is unlikely.

The next step would be to check for HIV, HTLV, EBV, HBV and HCV serologies. If these tests are also negative, I would consider evaluation for an autoimmune disorder, given the presence of other autoimmune conditions.

Hope this helps. Please let me know if you have any further questions.

Janet Noah, MD

Janet Noah, MD, Hematologist & Oncologist

04/04/23 18:55 PST

Response Date Stamp