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Some signs and symptoms may suggest that a person has chronic lymphocytic leukemia (CLL), although tests are needed to make sure. Medical history and medical examination If you may have leukemia, your doctor will take your full medical history to discuss symptoms and possible risk factors. You will also be asked questions about your family history and overall health. A medical examination will be carried out to identify possible signs of leukemia and other health problems. During the examination, the doctor will pay special attention to the lymph nodes, abdomen (belly) and other areas of the body that may be affected. Your doctor may also order tests to check your blood cell tests. If the results show leukemia, they may be recommended by a hematologist, a doctor who specializes in the treatment of blood diseases (including blood cancers such as leukemia). Your doctor may order one or more of the tests described below. Tests used to diagnose and classify leukemia tests must be done on the blood and bone marrow to confirm their diagnosis of leukemia. Other tissue and cell tests may also be needed to help guide treatment. Blood tests for CLL tests are taken from a vein in the hand. Many different tests are being carried out. A full blood test and blood cell analysis (peripheral blood smears) A full blood test or full blood test is a test that measures various cells in the blood, such as red blood cells, white blood cells, and platelets. This test is often done together with a differential that indicates the number of different types of white blood cells. These tests are often the first tests to be done when a blood problem is suspected. People with CLL have too many lymphocytes. (It can be called lymphocytosis). Having over 10,000 lymphocytes /mm³ (per cubic millimeter) of blood strongly recommends CLL, although other tests are needed to confirm this. You can also have low levels of red blood cells and platelets. A blood sample is examined under a microscope (so-called peripheral blood smears). If you have CLL, blood smears can show many lymphocytes that look abnormal called smear cells. Cytometry Flow This test is essential for the diagnosis of CLL. A machine is used that analyzes certain substances (markers) that are found on or in cells and helps to determine the types of cells they have. This test can be used to determine if the lymphocytes in the blood sample contain CLL cells. Cytometry It can also be used to detect CLL cells in the bone marrow or other fluids. Flow cytometry can also be used to determine the presence of substances called APD-70 and CD38 in CLL cells. Studies show that people who have multiple CLL cells with these substances appear to have a better prognosis. This is discussed in detail at the stages of chronic lymphocytic leukemia. Other blood tests Other tests can be done to measure the amount of certain chemicals in the blood, but they are not used to diagnose leukemia. In people who are already known to have CLL, these tests help to find liver or kidney problems caused by the spread of leukemia cells or certain chemotherapy drugs (chemotherapy). These tests can also test the levels of some minerals so that any imbalance can be processed. If the drug rituximab (Rituxan®) should be given, your doctor may order blood tests for previous hepatitis infections. (You can learn more about this topic in monoclonal antibodies for chronic lymphocytic leukemia). Your blood immunoglobulin levels can be measured to see if you have enough antibodies to fight infections, especially if you have recently had many infections. Another blood protein called microglobulin beta-2 can be measured. High levels of this protein usually indicate a more advanced CLL. Bone marrow tests often have enough blood tests to diagnose CLL, although studying bone marrow can help determine how advanced you are. Because of this, bone marrow tests are often done before treatment begins. They can also be repeated during or after treatment to see if the treatment is effective. To obtain bone marrow samples for further analysis, bone marrow aspiration and bone marrow biopsy are performed. They are usually carried out at the same time. Samples are usually taken from the back of the pelvic bone (hip), although sometimes they can be taken from other bones. In the procedure of aspiration of bone marrow the patient lies on the table (either on the side or on the abdomen). After cleaning the skin on your hip, your doctor uses a long, thin needle to inject the medicine that numbs the area and surface of the bone. This can cause a brief burning sensation or burning sensation. A hollow needle is then inserted into the bone, and the syringe is used to suck in a small amount (about one tablespoon) of thick, liquid bone marrow. Even using a drug that blocks Most people experience some brief pain when the bone marrow is removed. A bone marrow biopsy is usually performed immediately after aspiration. A small piece of bone and bone marrow (approximately 1/16 inches in diameter and 1/2 inch in length) is removed with a larger needle that rotates when pushed into the bone. Even with the use of painkillers, it can cause a feeling of pressure or pull, but it usually doesn't hurt. After the biopsy, pressure is applied on the spot to help prevent bleeding. Regular microscopic examinations by a pathologist (a doctor specializing in laboratory tests) examines bone marrow samples under a microscope. Samples will also be examined by your hematologist/oncologist (a doctor specializing in cancer and blood diseases). Doctors will look at the size, shape and other characteristics of white blood cells in your samples. This helps to categorize them into specific types. An important factor is whether the cells look mature (e.g. normal blood cells that can fight infections), CLL cells usually seem mature, while acute leukemia cells seem immature. An important feature of a bone marrow sample is its cellularity or cellular composition. Normal bone marrow contains a number of cells that produce blood and fat cells. It is said that the brain, which has too many blood-producing cells, is hypercellular. It is often observed in the bone marrow of a person with CLL. Doctors also look at how many normal cells in the normal brain are replaced by CLL cells. The structure of the spread of CLL cells in the bone marrow is also important. A pattern in which cells are found in small groups (the so-called nodular or interstitial pattern) often means a better prognosis than when cells spread throughout the brain (diffuse pattern). To diagnose CLL, dyes or antibody tests such as cytochemistry, immunocytochemistry, immunohistochemistry, and flow cytometry can be used in bone marrow samples. Cytogenetic genetic tests for this test, bone marrow cells are grown in the laboratory (and sometimes cells from blood or other tissues), and their chromosomes are examined under a microscope. Usually it takes a few weeks to complete this test because it takes time for the cells to start dividing. Normal human cells contain 23 pairs of chromosomes, but sometimes CLL cells have chromosomal changes that can be observed with the help of In some cases of CLL, part of the chromosome may be lacking. This is called deletion. The most commonly used removals occur in parts of chromosomes 13, 11 or 17. Clarification of part of chromosome 17 is associated with an unfavorable prognosis. Other less common chromosome changes include the presence of an additional copy of chromosome 12 (trisomy 12), or translocation (DNA exchange) between chromosomes 11 and 14 identified as t(11;14). This information may be useful in determining the patient's prognosis (perspective), but it should be considered along with other factors such as the CLL stage. The loss of chromosome 13 is usually associated with a slower growth of the disease and a better prognosis, while defects in chromosomes 11 or 17 often indicate a less favorable prognosis. Trisomy 12 doesn't seem to have much of an impact on the forecast. At the site of hybridization with fluorescence, this chromosomal test can be used to identify cell chromosomes and DNA without growing cells in the laboratory. Use special fluorescent dyes that stick to only certain parts of certain chromosomes. On-site hybridization of fluorescence (FISH) is used to detect certain genes or chromosomal changes (not just any changes). It can also be used in conventional blood and bone marrow samples. Since cells do not have to grow primarily in the lab, usually you can get results faster than cytogenetics, often within a few days. Molecular tests are immunoglobulin antibodies that help your body fight infections and consists of light chains and heavy chains. If the gene in immunoglobulin is a severe chain of variable area (IGHV or IgVH) has changed (mutated), it may help your doctor to know how aggressive your CLL is. This gene is analyzed in a test called DNA sequencing. Biopsy of lymph nodes When biopsies of lymph nodes part or entire lymph node is removed for examination under a microscope to determine the presence of cancer cells. This is often done to diagnose lymphomas rarely needed for CLL. It can be used if the lymph node has grown a lot and your doctor wants to know if leukemia has changed (converted) into a more aggressive lymphoma. A biopsy of the lymph node excision removes the entire lymph node through an incision in the skin. If the node is near the surface of the skin, it is a simple operation that can be done by numbing the skin first, but if the ganglion is inside the chest or abdomen, anesthesia is used (patient to fall asleep). If the lymph node is too large, only part of it can be removed. This procedure is called a biopsy incision. Lumbar puncture (or cerebrospinal tap) This procedure is used to check the fluid surrounding the brain and spinal cord (cerebrospinal fluid, CSF). This is not often done in people with CLL. This is done only when your doctor suspects that leukemia cells have spread to the area around your brain or spinal cord (which is a rarity), or if there may be an infection in these areas. For this test, your doctor will first numb the area in the lower back above the spine. A small hollow needle is then inserted between the bones of the spinal cord and into the space around the spinal cord to remove the fluid. Imaging Research Imaging Studies use X-rays, sound waves, or magnetic fields to produce images inside your body. Imaging studies are not conducted to diagnose CLL, but they can be done for other reasons, including helping to find a suspicious area that may be cancer, knowing how far the cancer has spread, or helping to determine if the treatment is effective. CT This study, known as CT scan, can help indicate whether any of your lymph nodes or organs are enlarged. It is usually not required to diagnose CLL, but it can be done if your doctor suspects leukemia develops in an organ such as the spleen. CT is sometimes combined with PET in a study known as PET/CT. Glucose (a form of sugar) containing a radioactive atom is injected into the bloodstream for positron emission tomography (PET). Because cancer cells grow rapidly, they absorb large amounts of radioactive sugar. Then a special camera can create an image of areas of radioactivity in the body. The PET/CT study combines both tests into one machine. This study allows the doctor to compare areas of increased radioactivity in PET with the more detailed appearance of this area in the CT scan. Magnetic resonance imaging of magnetic resonance imaging (MRI) is very useful for the study of the brain and spinal cord, but not often needed by people with CLL. Ultrasound ultrasound can be used to look at lymph nodes near the body surface or look at enlarged organs (such as the liver and spleen) inside the abdomen. Belly. leucemia linfoida cronica diagnostico diferencial. leucemia linfoida cronica diagnostico laboratorial. leucemia linfoida cronica diagnostico pdf

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