DIFFERENTIAL DIAGNOSIS OF WALDENSTROM'S MACROGLOBULINEMIA WM FROM OTHER B- CHRONIC LYMPHOPROLIFERATIVE DISORDERS (LPDS). GA Pangalis, M-C Kyrtsonis, TP Vassilakopoulos, MP Siakantaris, FN Kontopidou, C Kittas, MK Angelopoulou. Haematology section, First Department of Internal Medicine, National and Kapodistrian University of Athens, Laikon General Hospital, Athens, Greece.

WM is a rare LPD characterized by lymphoplasmacytic infiltration of the bone marrow and / or occasionally other tissues and by the presence of a serum monoclonal IgM. The disease belongs to the lymphoplasmacytic lymphoma (LPL) subtype. Whether WM is indeed a separate entity or is merely an IgM-secreting subtype of low-grade B-cell lymphoma is still controvertial. In our series of 67 patients, WM has a long median overall survival of 110 months, the male /female ratio is 1,2/1. Clinical features includes a wide spectrum of manifestations many of which may be common to other LPDs. Differential diagnosis is based on: a) Clinical and laboratory features (anemia, organomegaly, lymphadenopathy, IgM paraproteinemia), b) Cell morphology (lymphocytes, lymphoplasmacytes, few plasma cells), c) Histopathology (reliable with lymph node biopsy; less accurate when only bone marrow biopsy is available), d) Immunophenotype (CD5 expression and intensity of CD20 and CD79b may help in discrimination from other NHL and atypical CLL), e) Characteristic genetic features (present in other LPDs). Based on the former diagnosis is usually easy. It may be harder in LPL cases not secreting IgM. We consider that WM should be, for the time being, handled as a separate entity. Further studies are necessary.