

## A Mosaic of Cells in a Patient with Systemic Lupus Erythematosus

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A 56-year-old woman was diagnosed with systemic lupus erythematosus (SLE) in 1989. She had a life-long microcytic, hypochromic anemia due to thalassemia minor confirmed with an elevated A2 hemoglobin, with some target cells (codocytes) (Figure 1, A) on her peripheral blood smear. Prior to diagnosis of SLE, she underwent splenectomy for immune thrombocytopenia. After the operation, Howell-Jolly bodies were observed in the peripheral smear (Figure 1, B).

Ten years previously, she developed SLE nephritis, and was treated with intravenous (IV) cyclophosphamide and IV

steroids. Since that time she has done well and has continued to work, and her creatinine decreased from 4.5 to 1.1 mg/dl and has remained stable. One year ago, her creatinine and blood urea nitrogen concentrations started to rise and despite aggressive therapy renal failure developed. Burr cells (echinocytes) (Figure 1, C) persist in the peripheral smear. While in hospital, she developed sudden onset of thrombocytopenia and microangiopathic hemolytic anemia with the appearance of schistocytes (Figure 1, D).

The peripheral blood findings in this case are a reminder that every patient with SLE has something new to teach us.

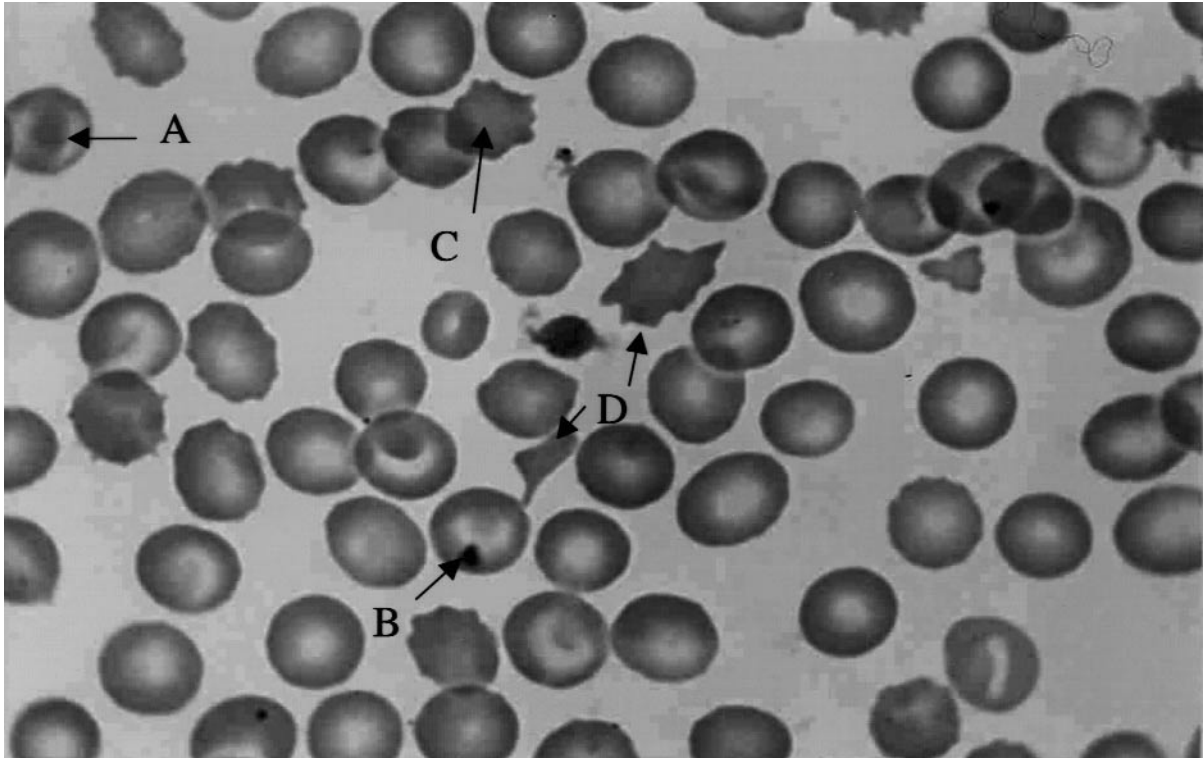


Figure 1. The peripheral blood smear. Note the characteristic cells of thalassemia minor (A), postsplenectomy Howell-Jolly bodies (B), uremic Burr cells (C), and microangiopathic schistocytes (D). Normal red blood cells are present from transfused blood. The large target cells are likely reticulocytes.