

# Morphologic and immunophenotypic characteristics of the bone marrow in patients with hereditary $\alpha$ -tryptasemia

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## Background

Hereditary  $\alpha$ -tryptasemia (HaT) is a recently recognized condition characterized by the inheritance of multiple copies of *TPSAB1* gene which encodes for  $\alpha$ -tryptase resulting in mast cell (MC) activation symptoms and increased basal serum tryptase (BST) levels. Although this condition may affect up to 5% of the general European population<sup>1</sup>, there are only few reports addressing its morphologic features in the bone marrow or other tissues<sup>2,3</sup>.

## Material and Methods

12 patients with HaT, seen at the UofU Health.

- HaT is confirmed by molecular studies
- excluded patients with concomitant clonal MC disorders: CM or SM (5), CML (1)
- 6 patients were included in this study

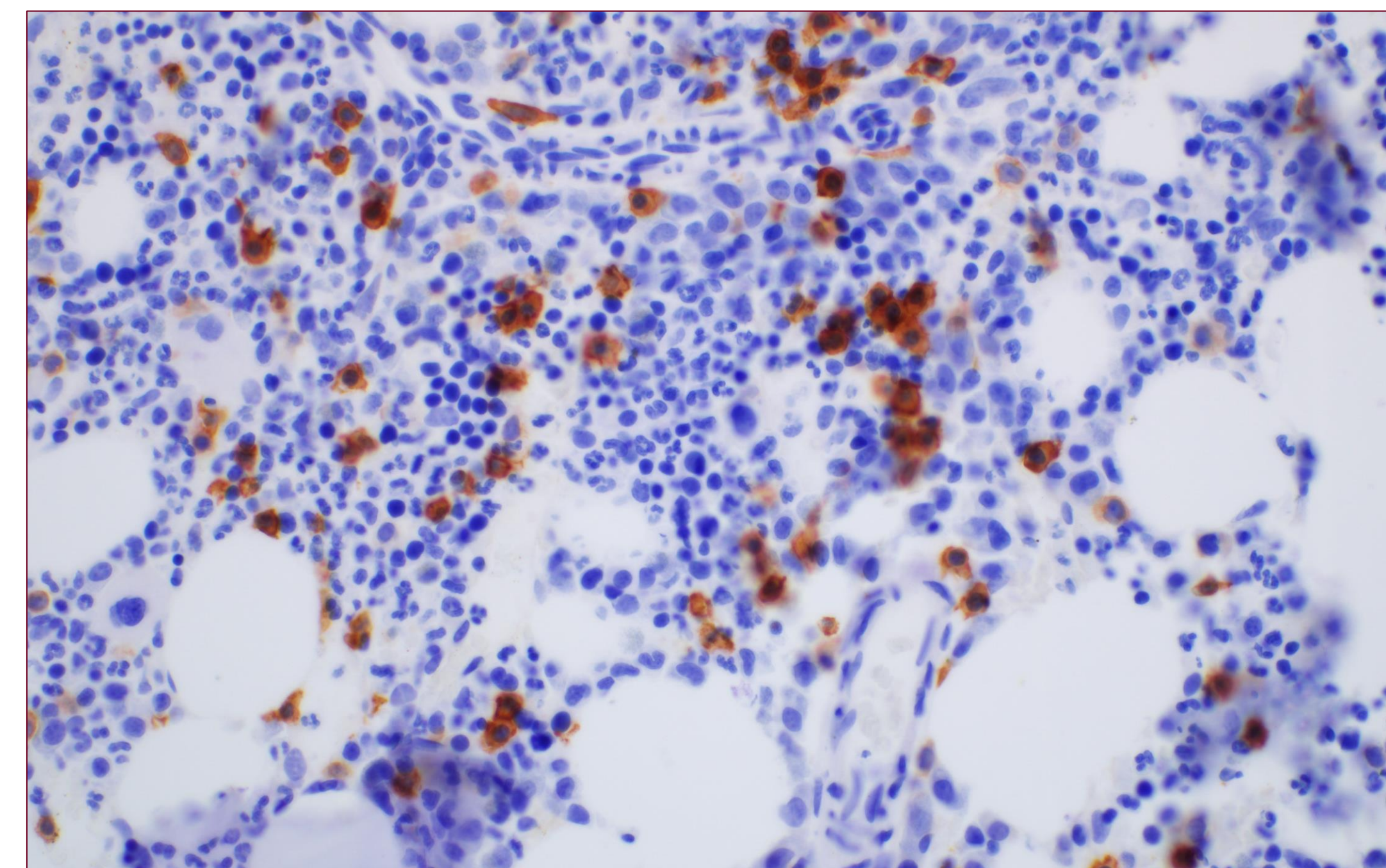
### Assessed

- BM aspirate smears and cores
- Flow cytometry including CD117, CD2, CD25, CD30
- Immunohistochemistry: CD117, tryptase, CD25, CD30
- Molecular studies:
  - KIT* D816V by PCR
  - TPSAB1* copy number analysis by ddPCR,
  - myeloid panel by NGS
- Karyotype analysis

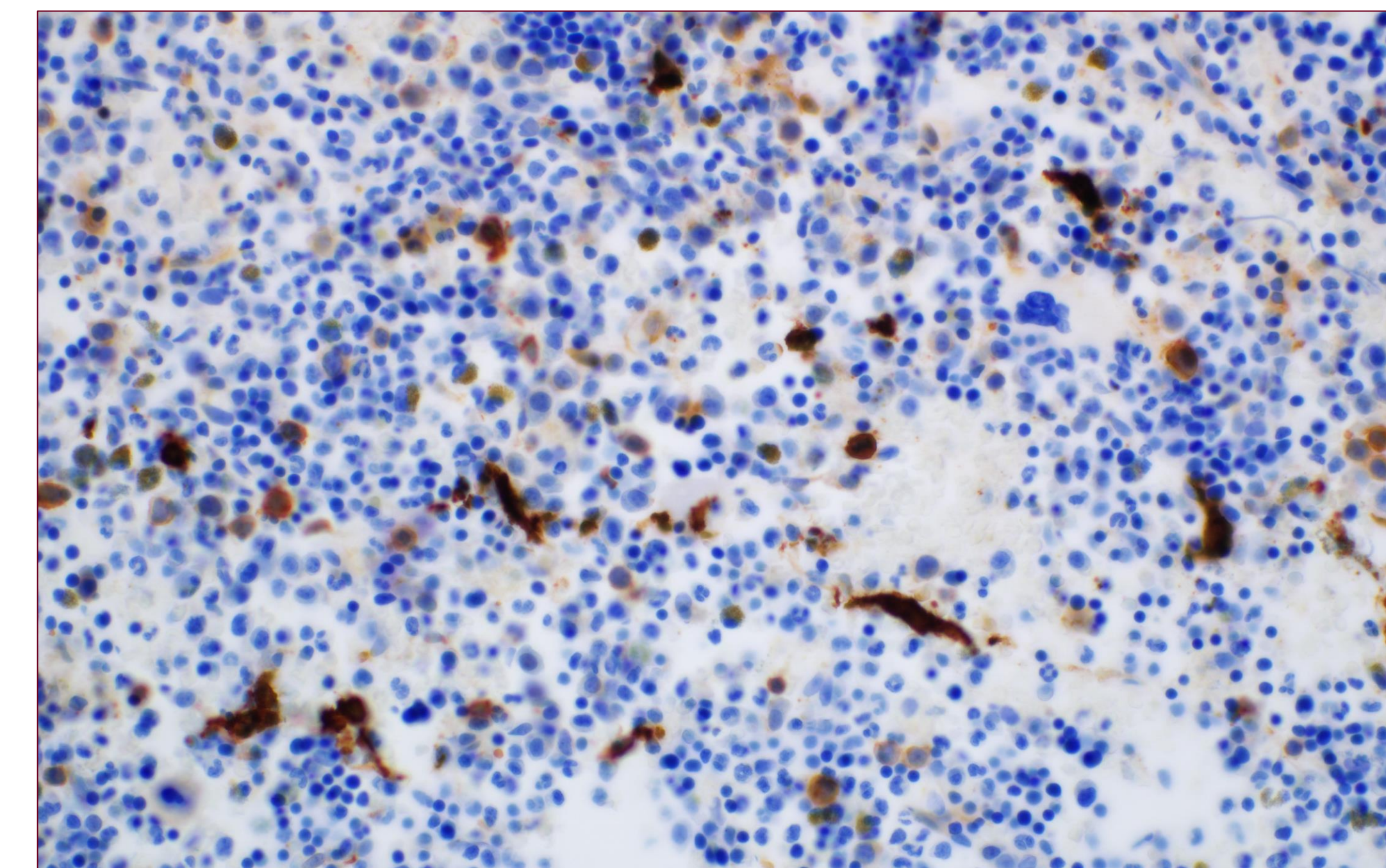
## Results and Conclusions

Pt	Age/ Gender	BST ng/mL	<i>KIT</i> <sup>D816V</sup>	MCs in aspirate	MC # per HPF	MCs in core Distribution	Spindled vs. round	Immuno phenotype
1	20F	25.5	Neg	not identified	12	Random interstitial	0/100	Normal
2	30M	21.7	Neg	round/oval, well-granulated	1	Random interstitial	10/90	Normal
3	40F	25.5	Neg	round/oval, well-granulated	10	Mostly random interstitial, rare clusters	2/98	Normal
4	50F	22.5	Neg	round/oval, well-granulated	6	Random interstitial	15/85	Normal
5	56F	37.5	Neg	round/oval, well-granulated	20	Random interstitial	5/95	Normal
6	72F	21.7	Neg	round/oval, well-granulated	10	Mostly random interstitial, rare clusters	10/90	Normal

- In aspirate smears, the MCs were rare (<0.1%), appeared mature, and had normal cytoplasmic granulation;
- In the core, 4/6 individuals had an increased number of MCs (>4-6 MCs per HPF); 2/6 patients showed focal cluster formation ( $\leq 15$  MCs, loose, not meeting criteria for dense MC aggregates);
- Spindle-shaped MCs were present in 5/6 cores, their fraction did not exceed 15%;
- Paratrabeular or perivascular concentration of the MCs was not appreciated;
- MCs in one case were moderately enlarged in size (x2 in relation to lymphocytes);
- None of the cases showed immunophenotypic aberrancies of the MCs, or the presence of *KIT* D816V mutation by digital PCR



Patient 3, BM core, Tryptase, 20x:  
Increased number of MCs, focal clusters



Patient 4, BM core, CD117, 20x:  
Increased number of MCs, a subset of spindled-shaped MCs

Our cohort demonstrated an increased number of predominantly round/oval and well-granulated MCs, with a low number of spindled MCs, and occasional loose MC clusters ( $\leq 15$  MCs). We, however, did not appreciate perivascular or paratrabeular MC localization or decreased cytoplasmic granulation. Our investigation is limited by a small number of participants. Additional studies of the expanded cohort are warranted.

## References

1. Robey RC, Wilcock A, Bonin H, et al. Hereditary Alpha-Tryptasemia: UK Prevalence and Variability in Disease Expression. *J Allergy Clin Immunol Pract* 2020;8:3549-56.
2. Hamilton MJ, Zhao M, Giannetti MP, et al. Distinct Small Intestine Mast Cell Histologic Changes in Patients With Hereditary Alpha-tryptasemia and Mast Cell Activation Syndrome. *Am J Surg Pathol* 2021;45:997-1004.
3. Giannetti MP, Akin C, Hufdhi R, et al. Patients with mast cell activation symptoms and elevated baseline serum tryptase level have unique bone marrow morphology. *J Allergy Clin Immunol* 2021;147:1497-501 e1.
4. Horny HP, Valent P. Diagnosis of mastocytosis: general histopathological aspects, morphological criteria, and immunohistochemical findings. *Leukemia research* 2001;25:543-51.