

leukaemia (M6b) and acute lymphocytic leukaemia (ALL). M0, M6b and ALL are all generally negative for expression of myeloperoxidase in immunohistochemistry (IHC), as is AMKL. The neoplastic cells in AMKL occasionally have a lymphoblast-like appearance similar to M0 and ALL (Brunning *et al.*, 2001). Furthermore, neoplastic multinucleate cells are observed in both M6b and AMKL, and are often positively stained by PAS (Brunning *et al.*, 2001). Megakaryoblasts do not express myeloperoxidase, but are labelled by one or more of the megakaryocyte-associated antigens CD41, CD61 and Von Willebrand Factor (Brunning *et al.*, 2001; Daniel and Arber, 2001). The cytological and immunohistochemical features of the neoplastic population in the present case were not consistent with M0, M6b or ALL.

Further differential diagnoses for AMKL with myelofibrosis, as described in the present case, include acute panmyelosis with myelofibrosis (APMF), blastic transformation of chronic myeloid leukaemia (CML) or idiopathic myelofibrosis (IMF). APMF is characterized by multi-lineage myeloid proliferation, with a less numerous population of blast cells than in acute megakaryoblastic leukaemia (Orazi *et al.*, 2005). The cells in APMF do not express megakaryocyte-related antigens, which is inconsistent with the findings in the present case. CML is a clonal bone marrow stem cell disorder with proliferation of mature granulocytes (Travis *et al.*, 1987; Bourantas *et al.*, 1998) whereas IMF is a clonal myeloproliferative disorder that is characterized by abnormal deposition of collagen within the bone marrow (Hirose *et al.*, 2001). Human patients with CML or IMF also develop terminal blastic transformation, and these blast cells have frequently been identified as megakaryoblasts (Travis *et al.*, 1987; Bourantas *et al.*, 1998; Hirose *et al.*, 2001). Although the present case most likely represents AMKL with myelofibrosis, it is difficult to entirely exclude the alternative interpretation of blastic transformation of CML or IMF. For this reason, the present case has been described as an AMKL (M7)-like disease.

To our knowledge, this is the first case of spontaneously arising AMKL-like disease in non-human primates. The affected monkey had SRV/D infection, which may have contributed to the development of the neoplastic disease (Guzman *et al.*, 1999). Alternatively, a genetic mechanism may be proposed as humans with Down's syndrome have predisposition to the development of AMKL associated with a somatic mutation in the gene encoding the GATA1 transcription factor protein (Shimizu *et al.*, 2008). Further cases of such leukaemia in non-human primates should be subject to genetic investigation.

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