

childhood is rare and, when diagnosed, implicates an underlying genetic disease. Children with Down syndrome are susceptible to MDS as well as leukemia. A family history may indicate a hereditary form of sideroblastic anemia, Fanconi anemia, or a telomeropathy. Inherited *GATA2* mutations, as in the MonoMAC syndrome (with increased susceptibility to viral, mycobacterial, and fungal infections, as well as deficient numbers of monocytes, natural killer cells, and B lymphocytes), predispose to MDS. Germline *RUNX1* mutations also confer a high risk of MDS and leukemia, often preceded by years of modest thrombocytopenia. A family history is important in all MDS patients, as constitutional mutations may not result in manifest disease until adulthood.

The physical examination in MDS is remarkable for signs of anemia; approximately 20% of patients have splenomegaly. Some unusual skin lesions, including Sweet's syndrome (febrile neutrophilic dermatosis), occur with MDS. Accompanying autoimmune syndromes are not infrequent. In the younger patient, stereotypical anomalies point to a constitutional syndrome (short stature, abnormal thumbs in Fanconi anemia; early graying in the telomeropathies; cutaneous warts in *GATA2* deficiency).

■ LABORATORY STUDIES

Blood Anemia is present in most cases, either alone or as part of bi- or pancytopenia; isolated neutropenia or thrombocytopenia is more unusual. Macrocytosis is common, as in most marrow failure disease. Platelets also are large and lack granules. In functional studies, they may show marked abnormalities, and patients may have bleeding symptoms despite seemingly adequate numbers. Neutrophils are hypogranulated; have hyposegmented, ringed, or abnormally segmented nuclei; contain Döhle bodies; and may be functionally deficient. Circulating myeloblasts usually correlate with marrow blast numbers, and their quantity is important for classification and prognosis. The total white blood cell count (WBC) is usually normal or low, except in CMML. As in aplastic anemia, MDS can be associated with a clonal population of PNH cells. Genetic testing is commercially available for constitutional syndromes.