



Fig(1).drainage of the mastoid abscess with the postauricular incision under GA.

	Result	Flags	Unit
WBC	9.6	H	$10^3/\mu\text{L}$
LYM	5.3	≤H	$10^3/\mu\text{L}$
MID	2.4	≤H	$10^3/\mu\text{L}$
GRA	1.9	≤H	$10^3/\mu\text{L}$
LYM%	55.0	≤H	%
MID%	25.3	≤H	%
GRA%	19.7	≤H	%
RBC	3.48	H	$10^6/\mu\text{L}$
HGB	8.3	H	g/dL
HCT	25.7	H	%
MCV	73.9	H	fL
MCH	23.9	H	pg
MCHC	32.3	H	g/dL
RDW	23.7	H	%
PLT	459	H	$10^3/\mu\text{L}$
MPV	8.3	H	fL

ents: Site : Tibia .

cellularity : Mildly hypercellular Bone Marrow for age .

Leucopoiesis : Mildly depressed, There is marked maturation arrest of the neutrophilic precursors at the promyelocyte and myelocyte stages . There are mild eosinophilia and mild monocytosis .

Erythropoiesis : Relative erythroid hyperplasia . Normal normoblastic maturation of cells .

M/E ratio : 1/1

Megakaryocytes : Increased in number with normal lobulation ,granulations and platelets budding .

Lymphocytes , comprise 42% of the total cellularity, with 4% (hematogones) .

Plasma cells are normal with mild increase of histiocytic monocytic series .

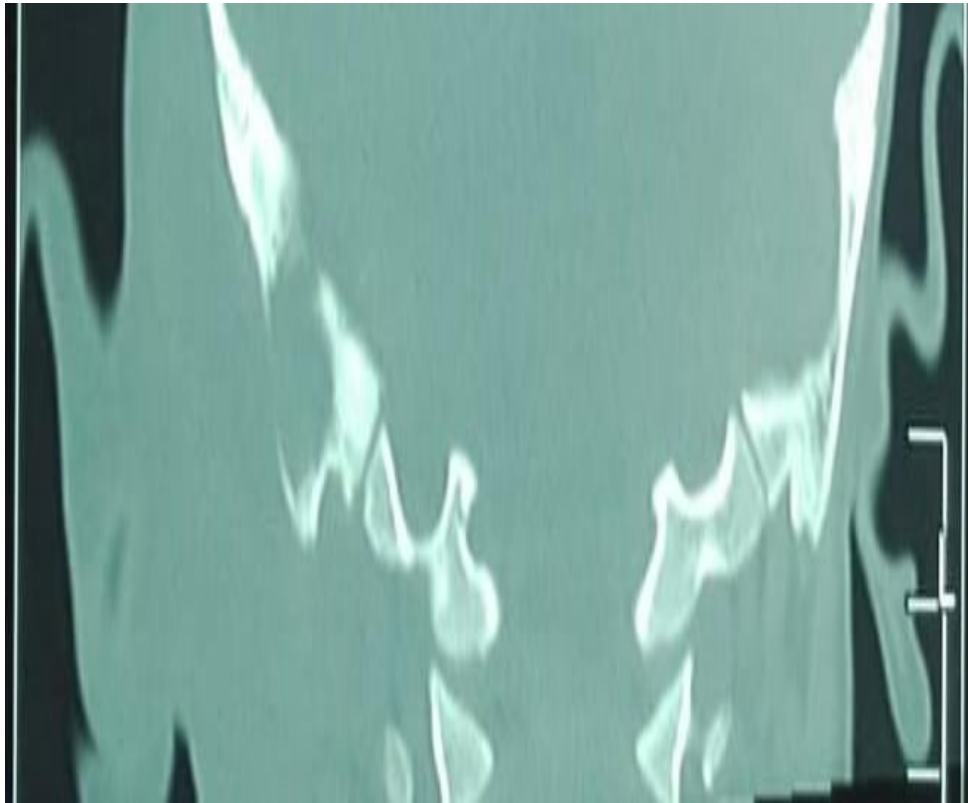
No malignant cells could be seen on scanning .

CONCLUSION ;
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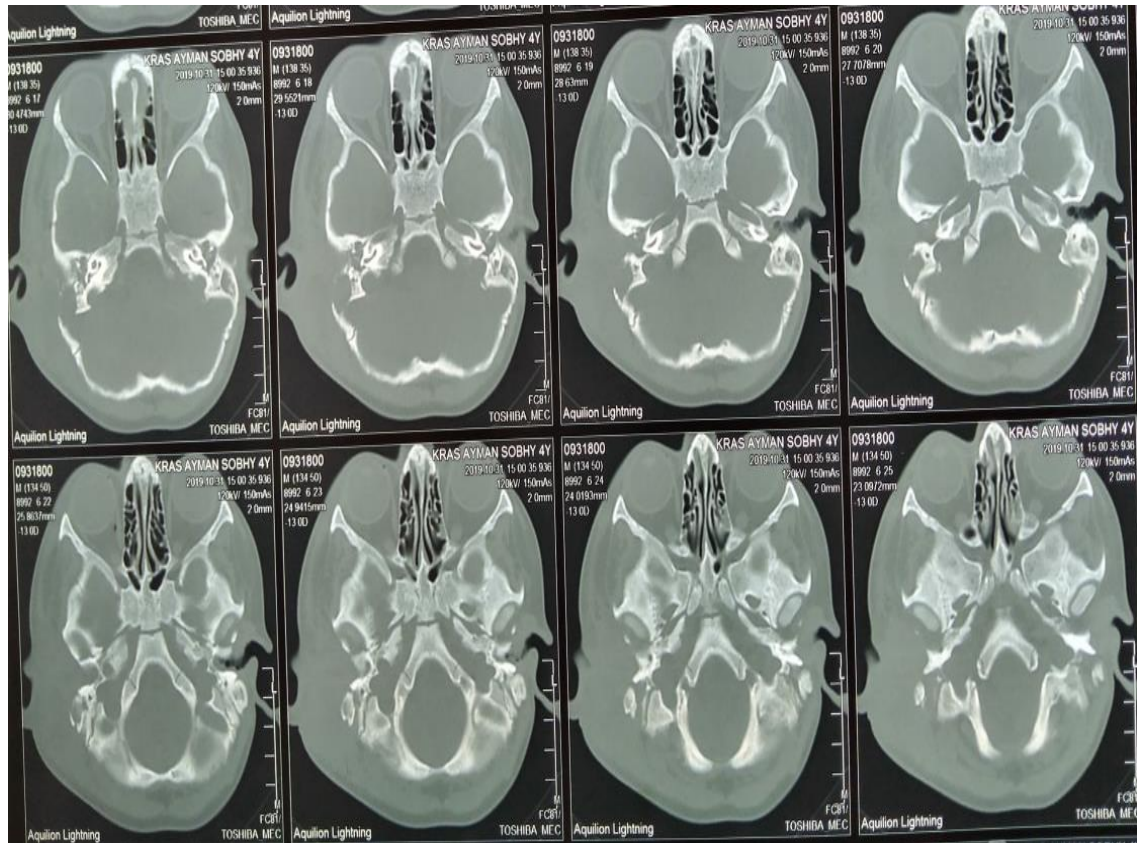
BONE MARROW PICTURE SHOWING MATURATION ARREST OF MYELOID PRECURSORS TOGETHER WITH THE PERIPHERAL SEVERE NEUTROPENIA AND THE CLINICAL PICTURE SUGGEST THE DIAGNOSIS OF COSTMANN SYNDROME .

Thanks for reference
/s/ M. Masri

Fig(2).Haematological evaluation for diagnosis of Kostmann syndrom



Fig(3).CT temporal coronal cuts show soft tissue density in the mastoid and destruction of lateral mastoid cortex & tegmen antri with subcutaneous abscess.



Fig(4).CT temporal axial cuts show soft tissue density in the mastoid and ME cavity with an erosion of the ossicles with the destruction of the lateral mastoid cortex with subcutaneous abscess.

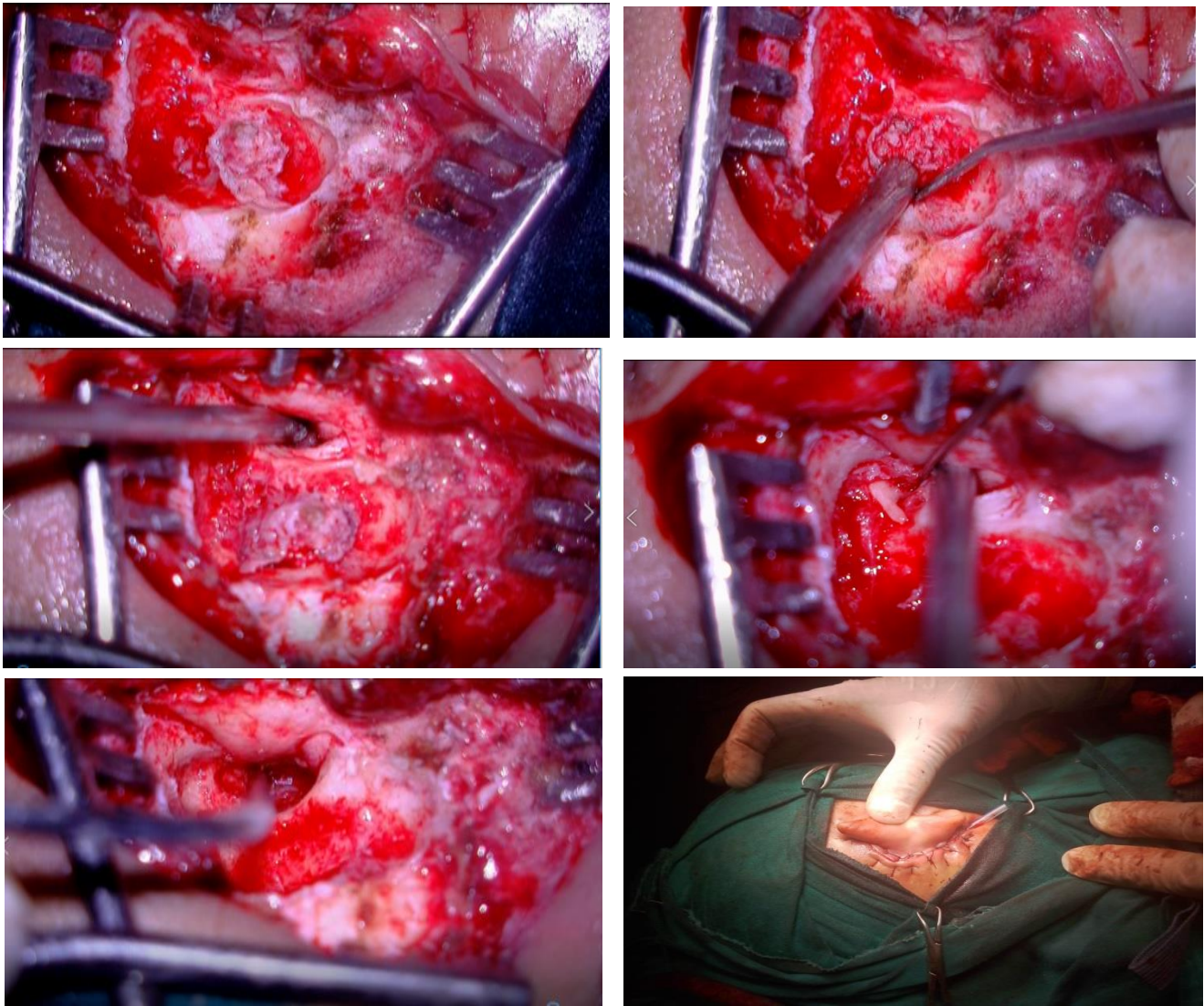


Fig (5) Operative findings show granulation tissues in the mastoid cavity (1) extended to the attic wrapping the ossicles (2) and ME cavity (3) .radical mastoidectomy (4) was done with the clearance of ET orifice(5).double aeration of mastoid was done (6)



Fig (6) post-operative findings of healed postauricular wound and healed ME and mastoid cavity.