

**Acute MI caused by leukostasis:**  
**A Peculiar Presentation of Chronic Myelogenous Leukemia**

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**Abstract:**

Chronic Myelogenous Leukemia boasts of a rather standardized set of features that the patient presents with, the foremost on the list being massive splenomegaly, which is uncommon otherwise. Atypical presentations of such conditions can therefore delay diagnosis and further delay treatment.

Here, we present the case of a 66 year old male hailing from Southern Karnataka who complained of breathlessness associated with cough since 1 day. Patient was a known case of hypertension and type 2 diabetes mellitus for 8 years. ECG pointed to an acute MI which was confirmed by increased cardiac markers. Chest x-ray revealed pulmonary edema and 2D echo showed LV systolic dysfunction with reduced ejection fraction. PTCA was done and revealed no clots. No sign of organomegaly was noted in USG Abdomen. Blood investigations revealed high leukocyte count. A simple peripheral smear done thereafter showed increased myeloid lineage of cells indicating myeloproliferative neoplasm. Suspected CML was confirmed by BCR-ABL mutation analysis, and patient was referred to oncology and started on imatinib.

This case is of immense clinical significance as the primary presentation was acute MI, which is not uncommon in a patient with uncontrolled BP and sugars. The unremarkable PTCA is highly significant as combined with the leukocytosis, it points to the MI being caused by leukostasis. This case therefore prompts us to suspect unorthodox etiologies even in a seemingly clear cut case of MI.