Leukemia Cutis as the First Sign of Acute Myeloid Leukemia in an 80 yr old



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INTRODUCTION

Leukemia cutis (LC) is defined as cutaneous infiltration by neoplastic leukemic cells of either myeloid/monocytoid leukemia or lymphoproliferative disorders. Leukemia cutis may follow or occur simultaneously with the diagnosis of systemic leukemia and rarely before. The latter is known as aleukemic leukemia cutis.

CASE REPORT

A 80yr old female presented to the Dermatology OPD with chief complaint of red asymptomatic lesion all over the body.

Initially it started as red pimple like lesion on forearm which then progressed to involve face, b/l legs and dorsum of hand.

On examination multiple discrete confluent erythmatous to violaceous papules with central crusting and non-blanchable purpuric macules were found over b/l hands, forearm, arm and legs.

Skin biopsy was taken from palm and elbow for HPE and DIF.

A bone marrow biopsy and leukemia panel was sent which was suggestive of Acute Myeloid Leukemia. A medical oncology consult was sought, and then the patient was taken over to their side for palliative chemotherapy.

Patient was started on AZACYTIDINE + VENETOCLAX 100mg 7day cycle per month for a year.

Before Treatment





After 1 month therapy





DISCUSSION

LC presenting as the heralding symptom of AML has a very low incidence, ranging between 2.0 and 3.7%. The prognosis for patients with LC is considered poor with studies reporting that 88% of patients diagnosed with LC died within 1 year of diagnosis in spite of aggressive chemotherapy.

Our patient was treated with systemic chemotherapy and survived for more than a year despite the advanced age. The size of the cutaneous lesions diminished as well during the course of treatment. In November 2018, venetoclax in combination with a hypomethylating agent (HMA) was granted accelerated approval by the FDA for AML patients ineligible for intensive chemotherapy or adults >75 years old

CONCLUSION

LC should be considered differential diagnosis in a case of widespread cutaneous lesion. Knowledge regarding this dermatological entity, early clinical suspicion, and detailed hematological workup help to prevent miss or missed diagnosis.

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