Haemorrhagic Gingival Hypertrophy: A Striking Presentation of Acute Myelomonocytic Leukaemia

Hipertrofia Gengival Hemorrágica: Apresentação Impressionante de Leucemia Mielomonocítica Aguda

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Palavras-chave: Hipertrofia Gengival; Leucemia, Mielomonocítica, Aguda.

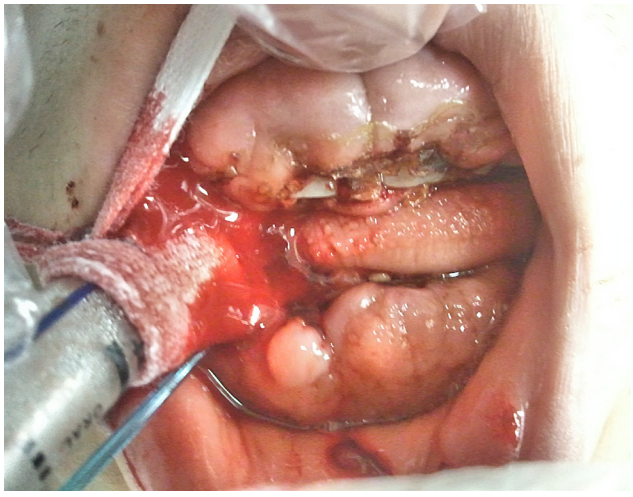

Figure 1 - Haemorrhagic gingival hypertrophy with ulcerated lesions in the labial mucosa

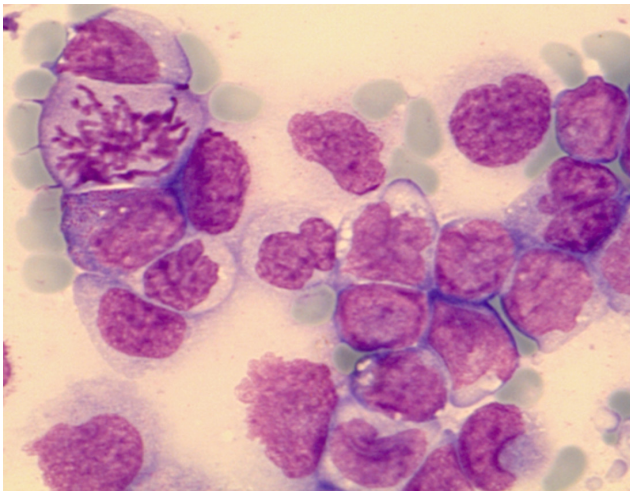

Figure 2 - May-Giemsa stain showing almost exclusively blasts, including one mitosis

A 19 year-old male with unremarkable previous history presented to the primary care physician with gum pain and swelling five weeks before admission. Antibiotics were started considering a dental infection. Since clinical deterioration ensued, he was referred to our hospital presenting cachexia, a Glasgow Coma Scale of 9, dysarthria, left hemiparesis, jaundice, hepatosplenomegaly, enlarged lymph nodes, oral ulceration, and a classical sign: haemorrhagic gingival hypertrophy (Fig. 1).[1,2] Laboratory results: haemoglobin 8.3 g/dL, WBC 359,100 x 10^9/L (70% blasts), platelets 60 x 10^9/L, INR 10.01, uric acid 6.8 mg/dL, total bilirubin 2.34 mg/dL, LDH 4 077 U/L. Brain CT-scan: right frontal and right cerebellar hematomas.

Bone marrow smear presented 89% of myeloperoxidase-positive blast cells, consistent with an acute myelomonocytic leukaemia (Fig. 2). Immunophenotypic analysis showed 60% of monocyte-derived dendritic cells, compatible with an aggressive and rare form of leukemia – acute myeloid dendritic cell leukemia.[3,4]

Despite prompt systemic induction chemotherapy with cytarabine, the patient died 4 days after arrival on the intensive care unit.

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