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Ovarian involvement at initial presentation of precursor B-cell acute lymphoblastic leukemia in an adult: a rare case.



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Introduction

B-cell acute lymphoblastic leukemia (B-ALL) is a rapidly progressive hematological malignancy that rarely presents with extramedullary disease (EMD), typically affecting lymph nodes, spleen, and testes. Ovarian EMD is uncommon and usually associated with relapse in pediatric patients.

Case Presentation

A 28-year-old female presented to the emergency department with a one-year history of low back pain and progressive extremity weakness. Initial evaluation revealed pancytopenia, and abdominal ultrasound demonstrated hepatosplenomegaly with multiple adenopathies, suggesting a lymphoproliferative disorder. A bone marrow aspirate confirmed precursor B-cell acute lymphoblastic leukemia (B-ALL).

Ultrasound Findings

Pelvic ultrasound demonstrated an anteverted uterus (60 × 23 × 35 mm) with smooth contours and homogeneous echotexture, and a uniform, linear endometrium (0.4 mm). The right ovary (figure 1) measured 60 × 23 × 35 mm (144 mL), appeared hypoechoic with a vascular score of 3, and contained a unilocular anechoic area measuring 41.5 mm (34 mL) with a vascular score of 1. The left ovary (47 × 29 × 40 mm; 28 mL) was hypoechoic with a vascular score of 3.

Findings were suggestive of bilaterally enlarged ovaries with increased intraovarian vascularity, raising concern for gonadal EMD. Computerized tomography findings were consistent with ultrasound.

Management/Follow-up

Exploratory laparoscopy with ovarian biopsy was performed. Histopathological analysis confirmed B lymphoblastic lymphoma.

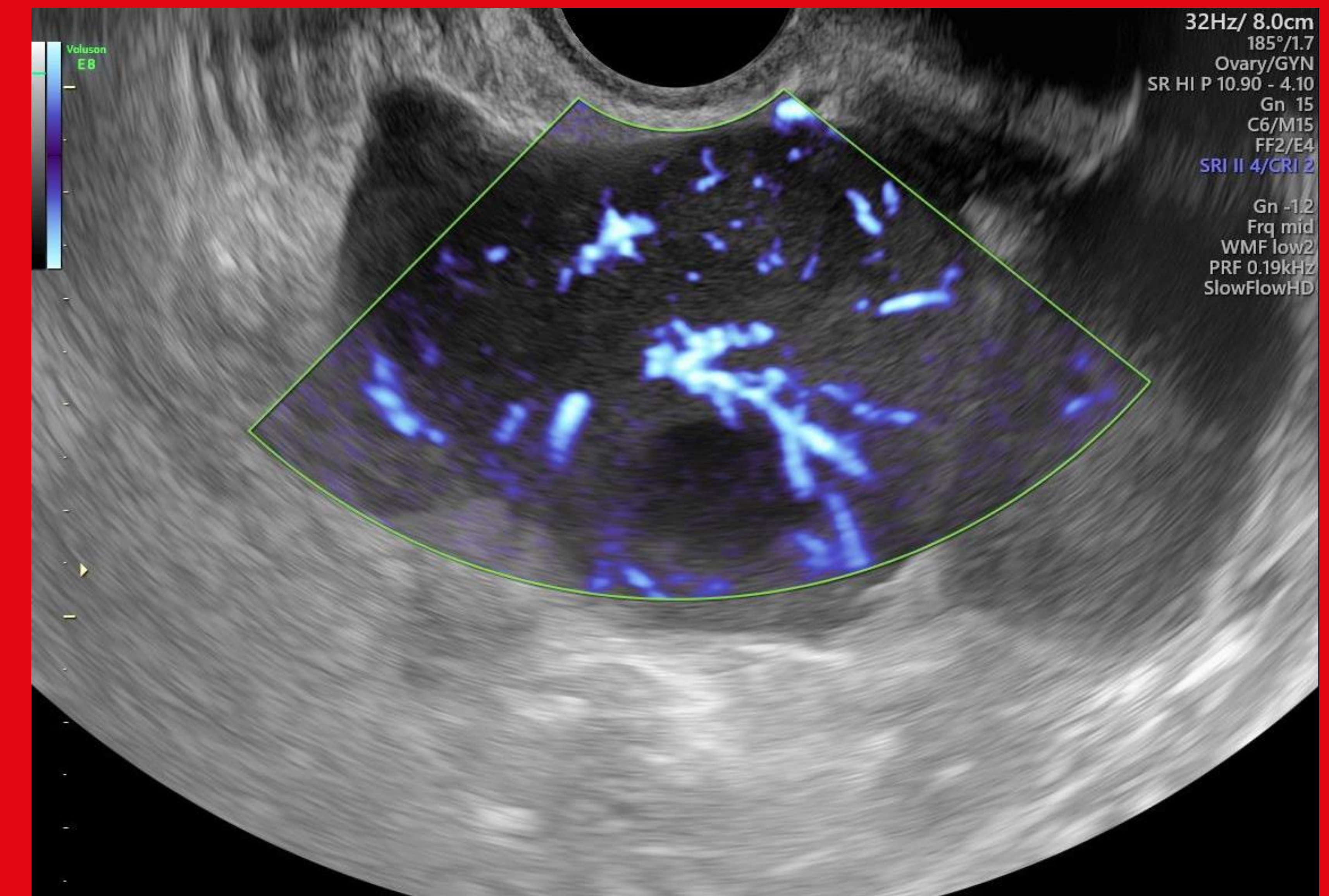


Figure 1. Color Doppler Ultrasound showing increased intraovarian vascularity.

Conclusion

Ovarian involvement at initial presentation of B-ALL in adults is rare and may be underrecognized, highlighting the potential role of ultrasound in raising early suspicion for gonadal extramedullary disease.