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ELEVENTH ANNUAL MEETING

Acute Myeloid Leukemia During Pregnancy: A Very Rare Presentation With Bilateral Breast Masses

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INTRODUCTION

Acute myeloid leukemia (AML) is a heterogenous disease that arises from uncontrolled proliferation of clonal hematopoietic cells.It is the most common form of acute leukemia in adults, with a median age at diagnosis of 68 years.The estimated 5-year OS is 30% (1)

AIM

This case report highlights unusual presentation of AML by bilateral breast masses.

PATIENT

23-year-old Egyptian female patient, pregnant at 6th months, who was presented in 2022 with bilateral malignant looking breast masses at oncology center ,Mansoura Faculty of Medicine.

METHODS

Our patient presented with bilateral breast masses which increased in size during her 6th month of pregnancy, so she sought medical advice. Sonographic evaluation revealed a multiple bilateral breast masses with multiple suspicious axillary LNs. The patient underwent tru-cut biopsy of mass which revealed acute leukemic infiltrate confirmed by IHC. Patient suddenly developed paraparesis and presented to our ER unit. MRI lumbosacral reveled and intramural extra medullary lesion of abnormal SI extending opposite D10 down to D12, compressing/displacing distal cord and conus anteriorly 1.5X1.5X7 cm. CBC analysis revealed white blood cell count of 55 k/µL, normocytic normochromic anemia with 11.9 g/dL, platelets count of 52 k/µL. Bone marrow aspiration revealed a normocellular 63 % blasts. Flowcytometry showed AML (M2). Cytogenetics were negative for t(8;21) and also negative for inv.16.

RESULTS

The patient underwent laminectomy. Postoperative pathology showed leukemia infiltrate. Gynecological consultation was done then patient start standard induction with 3 days anthracyclin with 7 days cytrabine followed by bone marrow re-evaluation that revealed complete remission (normocellular 2% blasts). The patient then underwent cesarean delivery of a full term viable baby. She started consolidation (HDA) for 4 cycles and HLA matching was done. MRI lumbosacral and breasts re-evaluation were negative. The patient is still in complete remission till now



Figure 1 :Mammogram shows bilateral breast masses

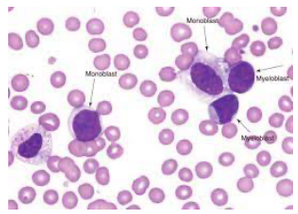


Figure 2 :Myeloblast morphology

CONCLUSIONS

AML may be presented initially with extra medullary infiltrate like breast masses which mimics breast carcinoma

REFERENCES

1-SEER data base: Cancer Stat Facts: Leukemia — Acute Myeloid Leukemia (AML). Accessed August 15 2022

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