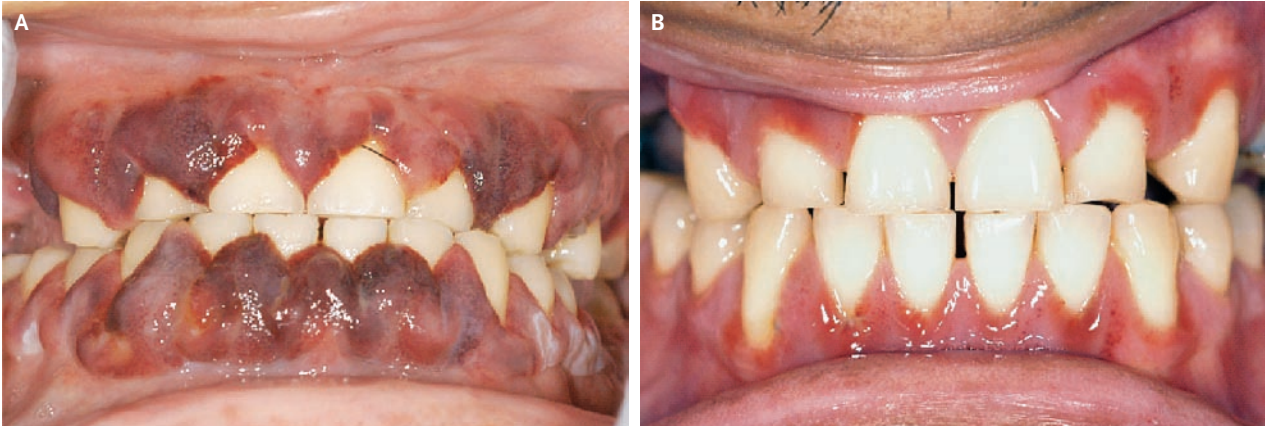


IMAGES IN CLINICAL MEDICINE

Leukemic Gingival Infiltration



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AN OTHERWISE HEALTHY 36-YEAR-OLD MAN PRESENTED WITH A 6-DAY history of bleeding gums and abdominal pain in the left upper quadrant. He reported having had fevers, fatigue, decreased appetite, and unintentional weight loss of 10 lb (4.5 kg) during the previous month. On physical examination, red, swollen gingivae (Panel A), tender submandibular lymph nodes, and a palpable spleen were noted. Laboratory evaluation revealed a peripheral-blood white-cell count of 194,100 per cubic millimeter, with 44% blasts, and a peripheral-blood platelet count of 12,000 per cubic millimeter. Examination of a bone marrow–biopsy specimen showed acute myelomonocytic leukemia with dysplastic eosinophils with a deletion of chromosome 16q and trisomy 22, karyotypic abnormalities (variant M4E). Leukemic infiltration of the gingivae has been associated with monocytic variants of acute myelogenous leukemia. After emergency treatment with plasmapheresis and induction chemotherapy with cytarabine and doxorubicin, the gingival infiltration resolved (Panel B; image obtained 3 weeks after that in Panel A). The patient subsequently completed three cycles of consolidation chemotherapy and remains in remission 1 year later.

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