Isolated Cutaneous Relapse of Acute Myeloid Leukemia

19 years old, male was diagnosed as a case of acute myeloid leukaemia (AML M5). Subsequent to standard induction chemotherapy (daunorubicin and cytosine-arabinoside) and consolidation with high-dose cytosine-arabinoside, he developed non-pruritic, papulo-nodular erythematous lesions localised over the chest (Fig. 1). The differential diagnoses considered were Drug rash, Cutaneous infections, Sweet's syndrome (neutrophilic dermatosis) and leukemia cutis. Microscopic examination of biopsy tissue from the skin lesion revealed perivascular, perineural, and periadnexal dermal infiltrate by atypical cells, (Fig. 2) which were positive for chloracetate esterase (Fig. 3) and CD43, confirming the diagnosis of leukaemia cutis. He was evaluated for systemic relapse, but Bone marrow and CSF were in Complete Remission. With confirmed isolated cutaneous relapse, suggesting aggressive nature of underlying leukemic disease, patient is started on High dose chemotherapy and is being planned for stem cell transplantation.

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