



Intro

What is Acute Myeloid Leukemia?

•Cancer of hematopoietic stem cells •Can coexist as a spectrum of diseases arising from high-risk myelodysplastic syndromes or develop independently

•Most common type of leukemia in adults •Average age of diagnosis is 68

•Risk factors: benzene, ionizing radiation, smoking, alkylating agents, Down syndrome

Case

•68-year-old patient with a past medical history of hypertension, seizure disorder, dementia, and tobacco use disorder

•Presented to the emergency department with a chief complaint of generalized fatigue and increasing shortness of breath

•Patient is an auto mechanic and suffered a traumatic injury three months prior – a vehicle fell off the car jack and pinned him down

•Physical examination demonstrated a lump on his left rib and leg and diffuse bruising all over the patient's body

Hospital Course

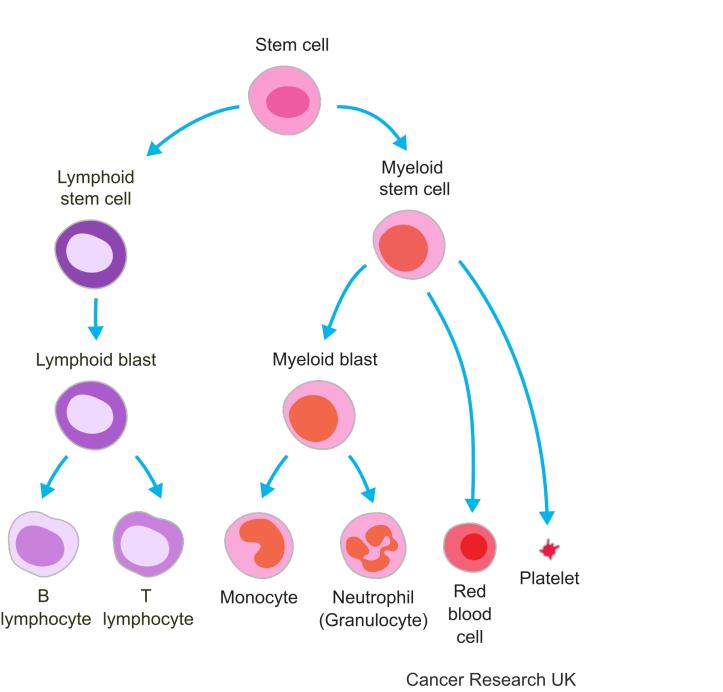
- Emergency department work up included a complete blood count, metabolic panel, and diagnostic imaging
- Lab findings prompted hospital admission for suspicion of hematologic malignancy
- Blood transfusion initiated due to severe pancytopenia
- Urgent hematology/oncology consult for bone marrow aspiration – started on chemotherapeutics following diagnosis

Trauma Obscuring Leukemia – A Unique Case Presentation Celine Adriano, Spencer Gilbert, Harika Doddi MD, M. Ammar Hatahet, MD, MPH, FACP

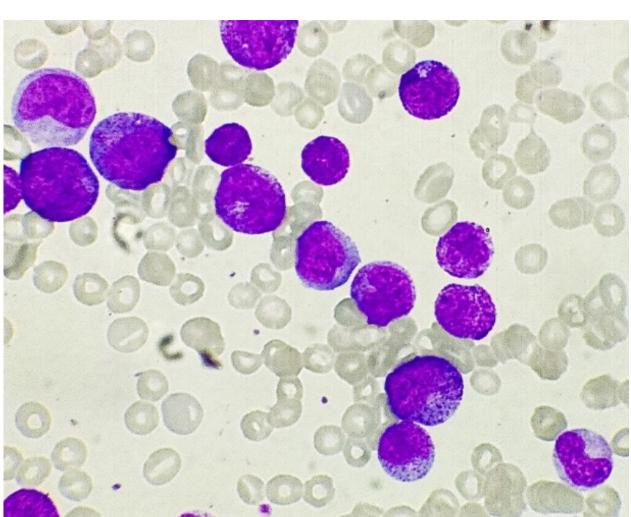
Michigan State University; McLaren Oakland, Pontiac, MI

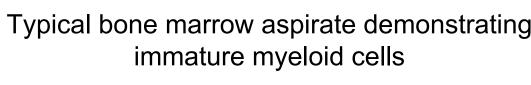
Labs/Imaging

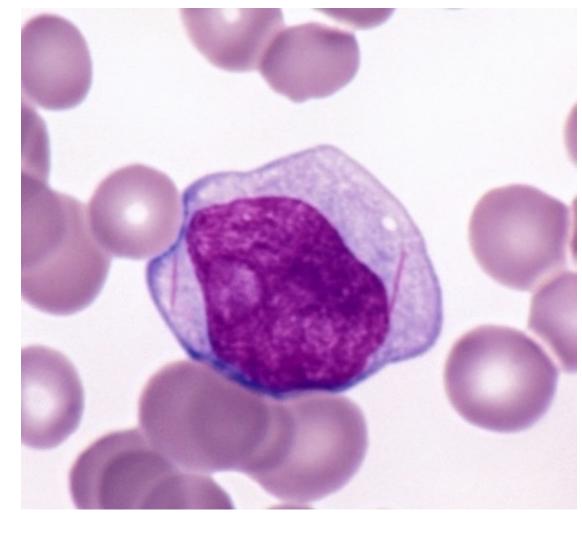
•EKG, chest x-ray, CT angiography of the chest, abdomen, and pelvis demonstrated no acute process •CBC was significant for anemia, leukocytosis, and severe thrombocytopenia No source of infection was found •Bone marrow aspirate consistent with high-grade myelodysplastic syndrome, with blasts approaching almost 20% – high concern for evolvement into acute myeloid leukemia



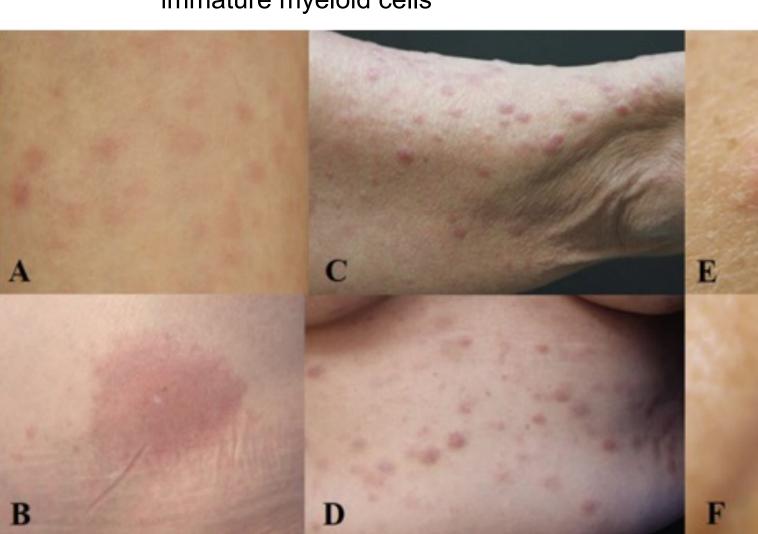
Hematogenesis flow chart





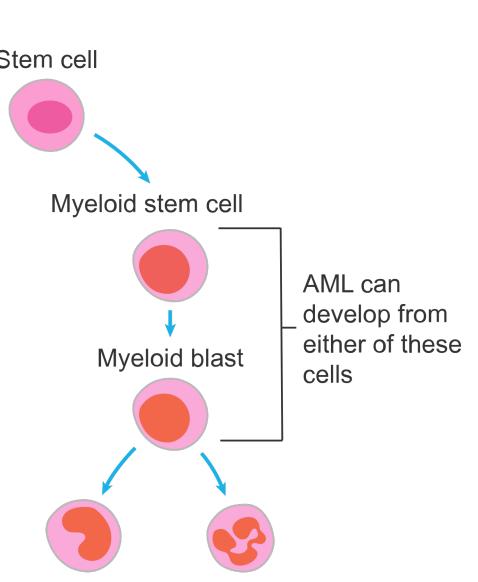


Auer rods – commonly seen in myeloid blast cells of patients with myelogenous leukemias



Common cutaneous findings known as leukemia cutis





Cancer Research UK

Pathogenesis of acute myeloid leukemia



•Pathophysiology is related to myeloblast cells proliferating to the point where the bone marrow cannot function, leading to symptoms of pancytopenia •Often presents with nondescript fatigue or malaise, therefore typically first detected on routine blood work •Cutaneous findings may also be present •Confirmatory diagnosis can be made with bone marrow biopsy showing >20% myeloblasts •Systemic chemotherapy remains a mainstay of treatment

•The patient's exposure to workplace chemicals and history of cigarette smoking could have contributed to the development of their malignancy

Conclusion

•Case of missed diagnosis and the need to emphasize holistic workup

•Though the patient experienced a traumatic event that could have accounted for his symptoms, he was seen by several facilities without thorough care •AML has a very poor five-year prognosis – 28.3% survival rate

•Delay in diagnosis could have proved costly to the patient

•However, due to changes in the patient's insurance, follow-up care was interrupted, also reflecting systemic issues within the healthcare framework

- myeloid-leukaemia

- hub/acute-myeloid-leukemia/

Statewide Campus System **College of Osteopathic Medicine** MICHIGAN STATE UNIVERSITY

Discussion

References

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Short, N. J., Rytting, M. E., & Cortes, J. E. (2018). Acute myeloid leukaemia. Lancet (London, *England*), 392(10147), 593–606. <u>https://doi.org/10.1016/S0140-6736(18)31041-9</u> Yook, H. J., Son, J. H., Kim, Y. H., Han, J. H., Lee, J. H., Park, Y. M., Chung, N.-G., Kim, H. J., & Bang, C. H. (2022). Leukaemia cutis: Clinical features and outcomes of 56 patients. Acta Dermato-Venereologica, 102. https://doi.org/10.2340/actadv.v102.1123 Shekhar, P. (2022, November 9). Acute myeloid leukemia. Optimists. https://optimists.in/health-