



Gingival Hyperplasia in Acute Myeloid Leukemia

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Clinical Image

A 51 year-old man with no clinically relevant past medical history presented with enlarged gums (panel A) and fatigue. He reported a 20 pound weight loss and dyspnea limiting his ambulation. His symptoms had been progressive over the preceding 2 months and failed treatment with antibiotics by his dentist. Initial laboratory values demonstrated platelets of 20,000/ μL , hemoglobin of 10g/L, and white blood cell count of 104,400/ μL with 66% monocytes. Peripheral blood smear (panel B) revealed 7% blasts with fine chromatin, occasional nucleoli, and light blue cytoplasm consistent with acute myeloid leukemia with monocytic differentiation. Gingival hyperplasia can be seen as a presenting exam finding of AML, most commonly in monoblastic leukemia. Disproportionate gingival overgrowth can be seen in patients taking chronic medications such as calcium channel blockers, phenytoin or cyclosporine. Our patient underwent induction chemotherapy with cytarabine and idarubicin and attained complete remission with resolution of his gum hyperplasia.



Figure 1:

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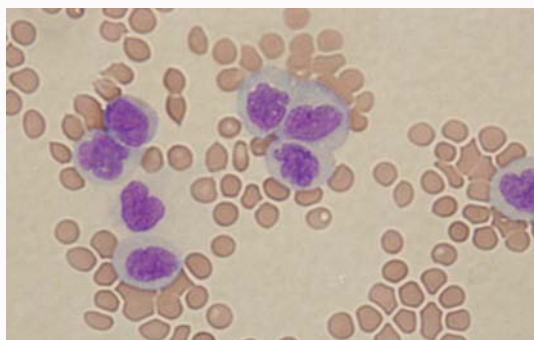


Figure 2: