Rapidly Progressing, Diffuse Violaceous Nodules as a Presenting Symptom for Aggressive Acute Myeloid Leukemia

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Case Presentation:

History of Present Illness: The patient was initially seen at our acute care clinic in May 2010 for evaluation of diffuse lumps/thickening and shortness of breath. LC was noted and confirmed by skin biopsy. The patient also reported difficulty with shortness of breath and changes in her skin. The patient also had a history of asthma, atopic dermatitis, and allergic rhinitis.

Physical Examination:

Physical examination revealed the following:

- Multiple violaceous nodules on the face, neck, and trunk
- Shortness of breath
- Changes in skin color
- Difficulty with breathing

Laboratory Data:

- CBC with diff: WBC 20,000, Hb 11, Platelets 150,000
- ESR 120
- CRP 120
- LDH 1000

Diagnosis: Leukemia cutis (LC) diagnosed by skin biopsy.

Discussion:

Leukemia cutis (LC) is defined as cutaneous infiltration by malignant leukocytes of myeloid or lymphoid lineage. LC is a rare complication of myeloid leukemia, typically occurring in patients with acute myeloid leukemia (AML). LC is characterized by the presence of violaceous nodules, plaques, or papules on the skin, which are often associated with systemic involvement. The diagnosis is typically made by skin biopsy, which shows infiltration of malignant leukocytes into the dermis and subcutaneous tissue. Treatment of LC involves chemotherapy and/or targeted therapies, depending on the underlying leukemia subtype.

References: