

## A CASE OF ACUTE MYELOID LEUKAEMIA PRESENTING AS ABNORMAL UTERINE BLEEDING

by

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Haematological profile must be investigated in all cases of puberty menorrhagia to exclude idiopathic thrombocytopenic purpura or acute leukemia because the disease manifests itself for the first time at puberty. This report deals with a case of puberty menorrhagia due to acute myeloid leukemia, and is intended to stress the value of complete haematological investigations to exclude acute leukemia as a rare cause of abnormal uterine bleeding at puberty.

### Case Report

S.L.K., a 14 year old, unmarried girl was admitted in Sir J.J. Group of Hospitals for profuse vaginal bleeding for 1 month and mild fever off and on for 20 days. She had menarche at the age of 12 years, and her menstrual cycles used to be regular (3-4/28-30 days) and pain-

less, with average flow. She had profuse vaginal bleeding requiring four to five pads per day, during the last one month.

Vaginal examination revealed a normal sized mobile uterus firm and nontender fornices. Investigations on admission gave the following results:

Haemoglobin—3.1 gm%; WBC count 51,300/c.mm., differential WBC count—myeloblasts more than 80%, lymphocytes 14%, neutrophils 5%; platelet count—36000/c.mm. After 8 days. After several blood transfusions haemoglobin rose to 12.1 gm%, WBC count rose to 1,10,000/c.m., and platelet count dropped to 10,000/c.mm. Bone marrow aspirate was hypercellular with marked myeloid hyperplasia including more than 90% myeloblasts; some containing an Auer rod. The coagulation profile was within normal limits except a prothrombin time of 26 seconds.

With a diagnosis of acute myeloid leukaemia, the patient was put on cytosar 30 mg intramuscular daily for 3 weeks, with other supportive treatment. The patient however succumbed to the disease on 20th October 1984, 3 months after the diagnosis of acute leukemia.

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See Fig. on Art Paper IX