Menarche Unmasking Leukaemia - Case Report

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Miss. L, a 13 year old girl who attained menarche 11 days prior to admission was brought to the emergency room at our hospital on 30.7.1997 at 4 pm with profuse bleeding per vaginum since 4 days and exertional dyspnoea and palpitation of 2 days duration. There was no history of cough, hemoptysis or fever.

She was a known case of chronic rheumatic heart disease with severe mitral regurgitation and moderate pulmonary arterial hypertension. She also gave history of mild epistaxis in the past 6 months

She was the youngest of four siblings, the others were all normal. On general examination she was comfortable at rest. She was thinly built with gross pallor and clubbing. There was no cyanosis or pedal edema. JVP was not raised. There was no evidence of bleeding from other sites. Lymph nodes were not palpable and there was no thyromegaly. Her secondary sexual characters were normally developed. Her vital data revealed a pulse rate of 130/min. regular, and a raised temperature of 100°F. Her BP was 120/60 mmHg and the respiratory rate was 30/min.

The cardiovascular system assessment revealed normal S1,S2 and a pansystolic murmur heard all over the precordium. The lungs were clinically clear. There was no organomegaly on abdominal palpation. On gynaecological examination, the external genitalia were normally developed. Vulva was normal and bleeding was seen along the hymenal orifice. On per rectal examination the uterus appeared to be of normal size and no other pelvic masses were felt. A provisional diagnosis of pubertal menorrhagia with severe anemia in a case of chronic rheumatic heart disease was made and investigated. Her Hb-3gm%, total WBC count 900/mm differential count was not possible due to very few cells and no platelets were seen. Her PCV was only 9%, blood group-AB positive; and smear was negative for malarial parasite. Coagulation profile revealed BT 10mts. CT 5mts, prothrombin time was raised 26sec control 18sec. Other routine investigations were within normal limits. Ultrasonogram of abdomen and pelvis was normal. 2D Echocardiogram confirmed severe MR, moderate PVH with good LV function.

The preliminary treatment given was 4 units of packed cells and 3 units of fresh whole blood. This improved her Hb to 8.6gm%. Her uterine bleeding was arrested with Tab. Duoluton 3 tab per day and later tapered. Decongestive therapy with Tab. Lasix 40mg/d with potassium supplementation was started; Tab. Lanoxin 0.25mg/d was given. IV Taxim was given for 7 days.

As the coagulation profile was abnormal with no platelets, the possibility of Idiopathic thrombocytopenic purpura was considered and bone marrow biopsy was done. This revealed Acute Myeloid Leukaemia M3 Hypergranular type. After her general condition was stabilized the patient was discharged on 7.8.97 from our Department, and was referred to the Medical Oncology Department for further treatment of Leukaemia. Duoluton was continued.

Cytosine arabinoside, idorubicin, daunorubicin, etoposide are various treatment modalities. Of late all-trans retinoic acid has been proved to have the highest remission rate.

This case is being presented as a rare cause of puberty menorrhagia.