

Leukemia Presenting As Menorrhagia

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Mrs. L., aged 24 years, P. L., coming from low socio economic status, came to our OPD on 08.03.2000 with bleeding PV since 17.02.2000.

Her menstrual cycles since 6 months were 8-9/28 days with increased flow and clots. Her previous menstrual cycles were 2-3/28 days with normal flow. Cu-I was removed 3 months back due to menorrhagia. There was nothing contributory in her past and family history.

Patient was admitted in a Nursing Home during the last 3 consecutive months for menorrhagia and was transfused 1 unit of O+ve blood each time. Papsmear and D & C done then, showed Candidiasis and proliferative endometrium respectively.

O/E : - Vitals stable. Pallor +. CVS/RS-NAD, PA-NAD.

Pelvic examination was normal. Patient was put on MPA 10 mg OD x 5 days and was advised investigations.

Investigations : Hb⁹⁰ - 6g%; Platelets - 30,000 /cumm; Peripheral smear -- abnormal leucocytes with 60% blast cells; ESR - 65 mm/hour; TC - 3600 cells /cumm.

A diagnosis of autoimmune proliferative problem was made by the immunologist. Bone marrow biopsy revealed AML-M₂ with karyotype 47XX18. Trisomy 8 is a most frequent abnormality in AML, found in almost all subtypes.

This case is reported because of its unusual presentation. Early diagnosis was missed, with delay in initiation of treatment, causing morbidity to the patient.