



Case Reports & Reviews

Mouth ulcer: More than an oral lesion

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Introduction

Girl aged 2 years consulting for ulcer in palate after 4 days of progress. Worsening during the last 24 hours with an increase of its size, necrotic aspect and bad smell (Figure 1). Partial ingestion rejection with a non-quantified weight loss during the last month. Presenting with fever for the last 12 hours, skin paleness and haematomas in different progress stages.

Blood analysis

Anaemia (Hb 6.6 g/dL), leukopenia (100 total neutrophils) and trombopenia of 19.000. Blood smear: 8% of blasts. Lesion culture: *Candida Albicans* and *klebsiella pneumoniae*. The diagnosis of acute leukaemia in bone marrow is confirmed (Acute Monocytic Leukaemia LMA-M5B). The computed tomography shows a mouth affectionation of soft parts without bone lesion. Acute myeloid leukaemia (AML) represents 15% of childhood leukemia [1]. Extramedullary myeloid leukaemia (EML), also known as sarcoma or chloroma myeloid is an uncommon, localised tumour formed by immature granulocytic blood cells. In the majority of cases there are two subtypes of AML: Monocytic M5 (25-30%), and Myelomonocytic M4 (10-20%). In about 24% of cases, a lesion in the subcutaneous cellular tissue

can be the first sign of AML [2]. However, in light of a skin lesion in leukaemia debut, an infectious origin in the context of immunodepression needs to be ruled out. Early diagnosis and intense supportive care during induction phase can result essential in order to improve the survival of those patients, as higher death rates because of induction are described in pediatric patients with EML [3].

References

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Figure 1. Necrotic ulcer of 1.5cm in the upper right dental arch which encompasses mucosa and teething, greyish brown colour, painful and friable during palpation.

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