
IMAGES

Hematomas, petechiae and noninfectious fever

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A 27 year-old woman attended the emergency department for spontaneous hematomas of 10 days evolution. After a trip to Tunisia the week before, the size of these hematomas had increased and she also reported the appearance of spontaneous petechiae, continuous headache and fever of 38°C.

Physical examination showed fever, limb petechiae and mucous membranes, bruising and redness of a congenital nevus on the right thigh (Figure 1). CBC showed marked anemia, leukocytosis and thrombocytopenia. A smear of peripheral blood showed 97% blasts. After admission to

the department of hematology, bone marrow aspiration led to the diagnosis of acute myeloid leukemia (AML) type M3.

Early signs of AML may mimic those produced by infections: signs of hemorrhage (bruises or petechiae), pallor and anemia, fever and musculoskeletal pain. AML is initially diagnosed after a thorough physical examination and high clinical suspicion. This is confirmed with complementary blood tests as described here. Usually, AML-M3 also presents with disseminated intravascular coagulation.

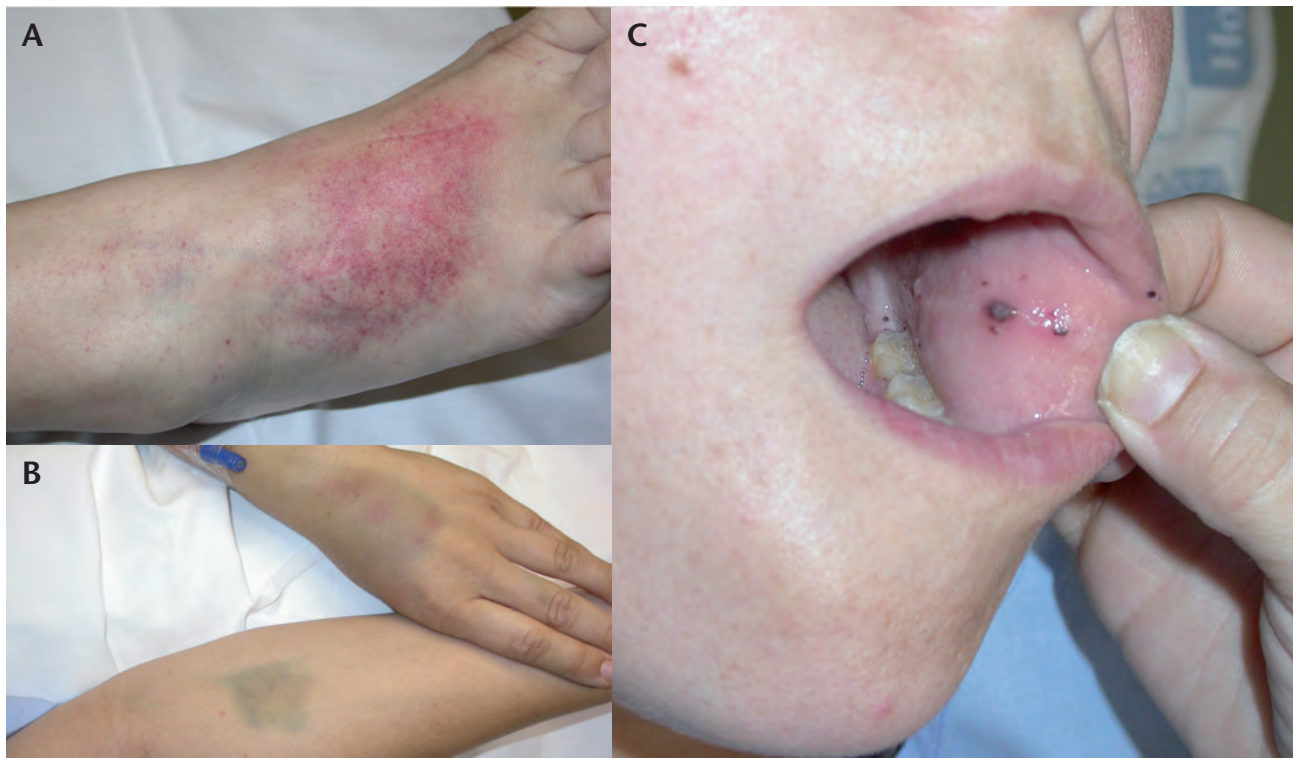


Figure 1. Photograph of the clinical case showing petechiae on the foot (A), hematomas on the forearm (B) and petechiae on the oral mucosa (C).

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