

Clinical Image

Isolated Extramedullary Relapse in T-Acute Lymphoblastic Leukemia

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Received: July 13, 2023**Accepted:** August 29, 2023**Published:** September 05, 2023**Keywords:** Leukemic infiltration; T-cell aLL; Acute lymphoblastic leukemia

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Isolated extramedullary acute lymphoblastic leukemia is a rare phenomenon. This event is more common in acute myeloid leukemia as myeloid sarcoma. This terminology is near the lymphoblastic lymphoma. Isolated extramedullary presentations hasn't bone marrow involvement morphologically. Submicroscopic bone marrow involvement confirmed by a high-resolution flowcytometry detection method.

But, we present a 7-y old boy with T-ALL, who involved by isolated leukemic relapse in bucal cavity. The bone marrow infiltration wasn't detect morphologically.

The sub-microscopic involvement of bone marrow on extramedullary precursor lymphoma is cause of this event. Lymphoblastic leukemias/lymphomas are neoplasia of precursor T cells (20%) and B lymphoblasts (80%). This patient was a rare case and candidate for stem cell transplant after salvage chemotherapy by ICE protocol (Cycles of ICE therapy were administered every 21 days as an outpatient and consisted of ifosfamide 5000 mg/m² intravenously (i.v.) fractionated into three equally divided doses over 3 days, carboplatin [mg dose = 5 x area under the curve (AUC)] i.v. on day 1 and etoposide 100 mg/m² i.v. daily for 3 days.)



Figure 1: Leukemic infiltration in oral space without bone marrow involvement.