

Leukemia cutis, chloroma or suspender-induced dermatosis?

A 23-year old karate teacher was referred for bone marrow transplantation as consolidation treatment of AML FAB M4. Three weeks prior the first complete remission had been diagnosed by bone marrow aspiration. At evaluation he presented with a suspender-like green-colored skin reaction (Figure 1) of unknown etiology and peripheral pancytopenia. Skin biopsy showed subepidermal infiltration with leukemic blast cells (Figure 2), HE stain, $\times 20$), which were negative in naphthol AS-D chloracetate esterase staining (not shown) but positive for antilysozyme (Figure 3, $\times 100$). Consecutive bone marrow examination revealed 60% blast cells. Later the patient died in aplasia following salvage treatment. The clinical appearance of leukemia cutis includes papules, nodules, plaques, ecchymoses, ulcers and combinations of these, which are mostly red-colored and/ or purpuric lesions.¹ Chloromas (Greek: chloros, green-yellow) are regarded as extramedullary tumor masses of leukemic cells, and are therefore also called granulocytic sarcomas.^{2,3} The tumors are of green color in most cases. Both types of extramedullary lesions of leukemia are often associated with aggressive disease with poor prognosis.

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Figure 1.

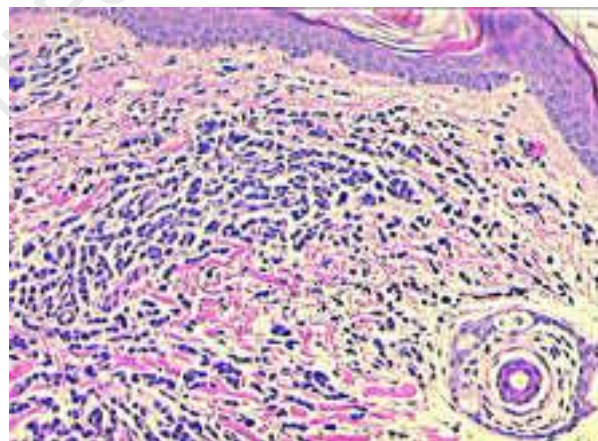


Figure 2. Hematoxylin-eosin stain, $\times 20$.

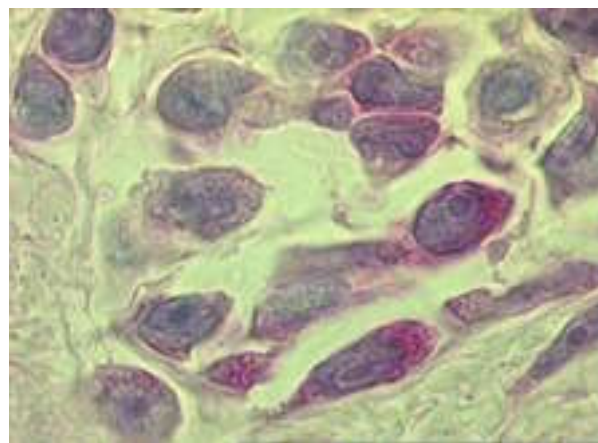


Figure 3. Hematoxylin-eosin stain, $\times 100$.