A 40-year-old man was diagnosed with acute myeloid leukemia (AML-M2). After admission, he suffered from grossly bloody stool. Computed tomography revealed extravasation (Picture 1) and retrograde double-balloon endoscopy (DBE) revealed multiple shallow ulcers with irregular margins in the ileum (Picture 2). Histological findings in the ulcer lesion showed monocytes infiltrating the mucosal layer, and immunohistochemistry revealed that the atypical cells were positive for MPO and CD15 but negative for CD68 (Picture 3). The patient was diagnosed with extramedullary invasion of AML in the ileum and achieved remission after induction chemotherapy against AML. Myeloid sarcoma (MS) is an extramedullary solid tumor of myeloblasts that accounts for 2-7% of AML cases. MS usually occurs in the lymph nodes, bones, and skin but rarely in the gastrointestinal tract (1). Although MS in the intestine is rare, the direct invasion of leukemia cells should be considered in AML case with gastrointestinal bleeding.

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Reference