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SKIN MANIFESTATIONS OF INTERNAL DISEASE

## A CASE OF ORAL ULCERS AS FIRST MANIFESTATION OF ACUTE LYMPHOBLASTIC LEUKEMIA

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Background: Dermatologists often deal with oral ulcers as part of many dermatologic disease manifestations. Differential diagnosis of oral ulcers is quite widespread, including infections, bullous diseases, recurrent aphthous stomatitis, erosive lichen planus, trauma, gluten-sensitive enteropathy, inflammatory bowel disease, vitamins deficiency, squamous cell carcinoma and Behçet syndrome.

Observation: A 64-year-old woman was referred to our dermatology clinic because of ulcers of oral mucosa, tongue and nasal choanae. In the light of a suspected diagnosis of bullous pemphigoid, systemic treatment with corticosteroid was initiated, resulting in a rapid improvement of lesions. Prior to treatment, a biopsy of one of the oral ulcers was made and revealed a massive lympho-histiocytic and eosinophilic infiltrate reaching the deep layer of mucosa. Given the good response, treatment with steroids was stopped resulting in recurrent lesions of oral mucosa and larynx. The medical history was unremarkable and blood tests for bullous diseases were negative. Repeated blood exams demonstrated only a constant monocytosis. A second biopsy was performed 25 days the first event and showed atypical cells of medium and large size with prominent nucleoli and several mitotic figures. Immunohistochemistry prompted the hypothesis of lymphoproliferative disease. As a consequence, the hematologist decided to perform a biopsy of the medulla, that appeared indicative of a chronic myeloproliferative syndrome. Because it was unclear whether or not systemic steroids could have altered the biopsy, the treatment was stopped and a second biopsy of the medulla was performed. To that time, histopathology was diagnostic for acute lymphoblastic leukemia B.

Key message: Our case is particularly interesting as an acute lymphoblastic leukemia B presented with oral and nasal ulcers as first site of manifestation. In fact, the ulcers were infiltrated by the neoplastic clones and represented as such the only and first site of the











hematological disease without initial alterations of peripheral lymphocytes.





