A 63-year-old man with acute myeloid leukemia (AML) and treated with venetoclax and azacytidine, presented to the emergency department with fever, shortness of breath and gum bleeding. Laboratory evaluation showed pancytopenia; prolonged thrombin time with hypofibrinogenemia, elevated D-dimer and hyperferritinemia (29,000 μg/ L). Bone marrow smear revealed blastic infiltration with hemophagocytosis by histiocytes (panel A), macrophages (Panel B) and blasts (Panels C and D), (Figure 1).

Salvage chemotherapy was initiated, but the patient died 28 days after presentation. Hemophagocytic lymphohistiocytosis can be diagnosed in up to 10% of patients with AML, and is associated with poor outcomes.1,2

2. https://doi.org/10.1016/j.htct.2023.08.001

* Corresponding author at: Department of Hematology, Hospital Central Norte Petróleos Mexicanos, Campo Matillas 52, Azcapotzalco, México City, Mexico.
E-mail address: luis.fernando.perez@pemex.com (F. Pérez-Jacobo).
Conflicts of interest

The author declares no conflicts of interest.

REFERENCES