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 hyperferritinaemia (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
Con

Conflicts of interest

The author declares no conflicts of interest.

REFERENCES


Figure 1. Bone marrow aspirate showing hemophagocytosis by (A) histiocytes, (B) macrophages and (C, D) infiltration with hemophagocytosis by monocytic blasts (Wright-Giemsa stain, 100x).