IMAGES IN CLINICAL MEDICINE

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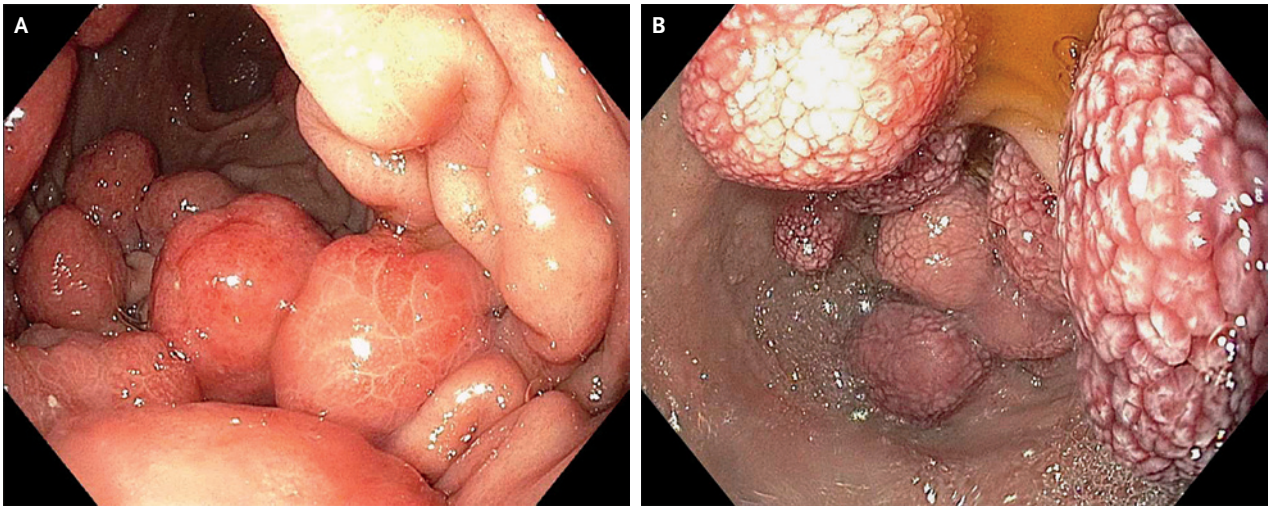
Gastrointestinal Myeloid Sarcoma



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A 59-year-old man presented to the primary care clinic with a 3-month history of abdominal pain after eating. He had a history of immune thrombocytopenia and acute myeloid leukemia and had undergone allogeneic hematopoietic stem-cell transplantation 2 years before presentation. Analysis of a bone marrow–biopsy sample performed 4 months before presentation had revealed 100% donor chimerism. Physical examination of the abdomen showed diffuse tenderness on deep palpation. Findings from laboratory studies included a white-cell count of 3640 per cubic millimeter (normal range, 4500 to 11,000), a hemoglobin level of 10.6 g per deciliter (normal range, 13.5 to 17.5), and a platelet count of 16,000 per cubic millimeter (normal range, 150,000 to 400,000). Esophagogastroduodenoscopy was performed, and multiple polypoid masses were observed in the stomach (Panel A) and duodenum (Panel B). A biopsy specimen was obtained, and histopathological findings were consistent with myeloid sarcoma; the diagnosis was confirmed by flow cytometry and immunohistochemical staining, which showed evidence of disease relapse. Additional genetic testing revealed *TP53* variants, which were detected in a previous bone marrow sample, and new somatic mutations with *NF1* and *ASXL1* variants. Myeloid sarcoma is a solid tumor manifestation of acute myeloid leukemia and can occur without blood or bone marrow disease. The patient started treatment with azacitidine and venetoclax at a local cancer center.

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