

CASE PRESENTATION

By

MAHA YOUSSEF KAMAL

Assistant lecturer

of Pediatric Haematology

Patient data

Age : 7 years

Sex : female.

D.O.D: 4/5/2008

COMPLAINT & HISTORY

FEVER

NECK SWELLING

ARTHRALGIA OF
RIGHT KNEE



TWO MONTHS

One month before diagnosis of leukemia ,child had (fever , cervical lymphadenopathy, hepatosplenomegaly ,EBV IgM positive) corticosteroids were prescribed for 5 days and the child improved but hepatosplenomegaly persisted

TWO weeks later child had a vesicular rash which was diagnosed as chicken pox and was treated with **ACYCLOVIR..**

Two weeks later cervical lymphadenopathy recurred and patient started to have right knee arthritis .

Complete blood picture and bone marrow were done showing that this is a case of ALL .

INVESTIGATIONS

CBC on admission:

Hgb: 8.6 g/dl

Platelets :209 m/mm³.

WBCs :10.4 m/mm³.

N :32 %

L:56 %

Blasts: 8 %

Bonemarrow :

Markedly hypercellular with depressed granulopoiesis, erythropoiesis and megakaryocytes.

A case of ALL (L1).

Immunophenotyping:

CD 10,19,34 positive

CD 2,7,13,33 negative

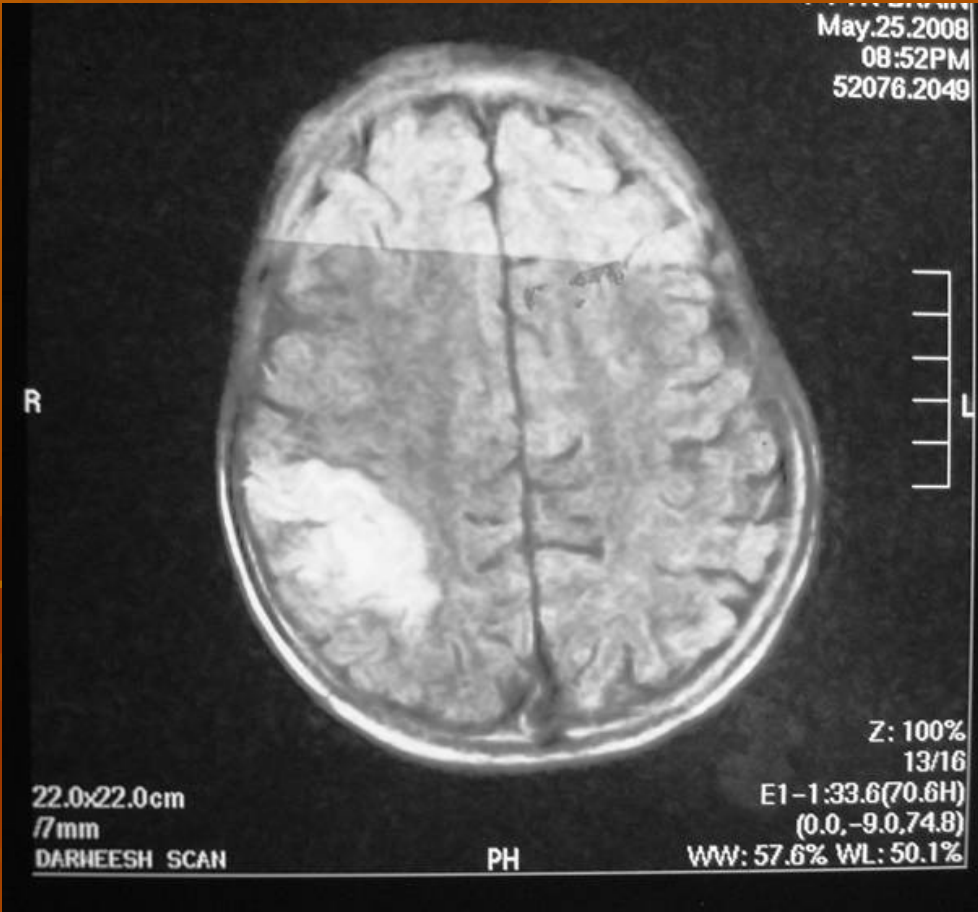
Child was treated according to the modified CCG 1991, standard risk protocol.

During induction therapy (D21) ,patient experienced unilateral tonic clonic convulsions with upward gaze of the eye.

MRI:

Evolving veno-occlusive phenomenon targeting the anterior 2/3 of the superior sagittal dural sinus with evolution of a considerable degree of localized oedema involving the cortical and subcortical white matter substance.

This is consistent with evolving **VENOUS INFARCT**.



May.25.2008
08:52PM
52076.2049

R

L

22.0x22.0cm
7mm
DARWESH SCAN

PH

Z: 100%
13/16
E1-1:33.6(70.6H)
(0.0,-9.0,74.8)
WW: 57.6% WL: 50.1%



Treatment in the form of adequate hydration ,
antiepileptic and **NO anti- thrombotic** was
given .

Then child resumed the rest of induction .

Two days later convulsions recurred ,**MRV**
was done and revealed recanalization of old
thrombus and a new one in high convexity
aspects of left frontal lobe.

The child was given low molecular weight heparin for 72 hours.

Consolidation was resumed and after first **ONCOVIN** given , child started to complain from dysequilibrium , so EMG was done which revealed mild motor polyneuropathy affecting both lower limbs.



THANK YOU