FOLLOW UP

The patient was given chemotherapy followed by bone marrow transplantation. The patient responded well and is symptom free for last three months.

DISCUSSION

Myeloid sarcoma (MS) also known as Granulocytic sarcoma, is a rare neoplasm characterized by extramedullary involvement of immature myeloid proliferation (myeloblasts). An isolated MS is defined as a myeloblastic tumor when it arises without any concomitant circulating disease. Myeloid sarcoma turns green when exposed to air, so it is also known as chloroma. This change occurs due to the presence of peroxidase, however, not all myeloid sarcomas are green and certain tumors are white in color.[1]

Primary MS has been described in virtually every anatomic location, with a particular predilection for skin, soft tissue, bone, periosteum, cervix, mediastinum and lymph nodes. Gastrointestinal involvement is infrequent with a predilection for small bowel.[2,3] The reason for small bowel tropism is unclear, but it may be due to the large vascular and lymphatic supplies of the absorptive portion of the gastrointestinal tract.[3] Infiltration of any site in the body by myeloid blasts in leukemic patients is not considered MS unless it presents with tumor masses in which the architecture is effaced.[3] In the majority of cases, myeloid sarcoma is an extramedullary presentation of leukemia, and in a few cases, it can develop prior to onset or following the remission of leukemia, presenting as a solitary extramedullary neoplasm known as a solitary myeloid sarcoma or primary myeloid sarcoma.[4]

The incidence of myeloid sarcoma is only 1-2% of all acute myeloid leukemia cases, and only 6.5% of myeloid sarcomas derive from the gastrointestinal tract.[1,5] These patients usually present with non-specific symptoms, including abdominal discomfort, nausea, vomiting, partial or complete bowel obstruction or gastrointestinal bleeding without bone marrow involvement, thus being easily misdiagnosed.[6,7]