CASE REPORT

Children with Acute Lymphoblastic Leukemia (ALL) often manifest cutaneous and mucosal bleedings due to chemotherapy induced thrombocytopenia [1-3]. However, tongue bleeding as the initial finding of thrombocytopenia is rare in children with leukemia [2].

CASE

A 7 year old girl was diagnosed with ALL. She presented only with bleeding in the mouth after reinduction ALL-BFM (Berlin-Frankfurt-Munster) 95 - chemotherapy. The most prominent lesions were petechiae and 5-10 mm purpuric macules as red spots on her tongue without fever and trauma (Figure 1). Her platelet count was less than 5000/mm³ and her coagulation tests were normal. She responded quickly to intravenous platelet transfusion. Informed consent was obtained.

DISCUSSION

Oral complications during leukemia are more common in children than in adults [1]. However, the frequency of oral bleeding is 14.6% for adults and very rare for children [2,4]. The most common bleeding sites are lips, gingiva and rarely tongue [4]. Bleeding in patients with leukemia can be related to acquire causes of low platelet count, platelet dysfunction or coagulation cascade disorder (e.g. heparin, vitamin K deficiency) [1]. Otherwise, tongue bleeding as the initial finding of thrombocytopenia is rare in children but potentially serious complication of upper airway obstruction. The presented patient admitted to our hospital with tongue bleeding and she recovered with platelet transfusion. Thus early intervention with platelet transfusion can decrease the morbidity and mortality of tongue bleeding. Therefore, physicians should be alert for this rare complication following each chemotherapy cycle in children with leukemia.

REFERENCES