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Lingual Purpura from Thrombocytopenia in Acute Myeloid Leukemia

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1. Clinical Image

67-year-old female who had originally presented two years prior with pancytopenia. The pancytopenia persisted and she had a bone marrow biopsy a year later which showed acute myeloid leukemia with a MECOM genetic rearrangement. She received six cycles of azacitadine and venetoclax. A subsequent bone marrow biopsy showed persistence of the acute myeloid leukemia. In discussion with her hematologist, she declined pursuing a stem cell transplant or '7+3' treatment and was instead initiated on a hedgehog pathway inhibitor, glasdegib, with low-dose cytarabine treatment. She presented with the lesions in the image 3 days after initiation of this treatment, reporting that it started pin point and painless and progressed to the above size in 24 hours and was now painful. Labs showed a platelet count of 17 (10^3/uL). This was deemed to be lingual purpura secondary to thrombocytopenia and she was planned for a platelet transfusion.