Bilateral Proptosis in a Child with AML

A 3.5 year old male child was brought to the emergency. He was febrile, pale and had bilateral proptosis (Fig. a) and cervical adenopathy. Investigations. Blood Hb 3.5G %, WBC 70,000/cmm, DLC 80 % blasts with auer rods (Fig. b) Bone marrow examination confirmed the diagnosis of AML –M2 (Fig. c). Cytogenetics was not done. Lymph node aspiration revealed presence of blasts (Fig. d).

Proptosis is an uncommon presentation in children. Common causes of bilateral proptosis include – granulocytic sarcoma due to AML/MDS, and metastatic neuroblastoma. Rhabdomyosarcoma is the most frequent cause of unilateral proptosis followed by retinoblastoma (frequent in India), granulocytic sarcoma and neuroblastoma.

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