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ABSTRACT

Abstract is not required for Letter to Editor

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To the Editors,

Oral manifestations are frequent seen in immunocompromised patients. In some cases, *Entamoeba gingivalis*, was isolated and described by Gros G. [1], is found in periodontal disease [2], under chemotherapy [3], HIV(+)/AIDS patients [4] and acute osteomyelitis [5]. To our knowledge, this is the first case report of oral amoebiasis in immunocompromised patients with acute myeloblastic leukemia (AML). A 63-year-old male had painful refractory palatal and lower gingival ulcers (Figure 1A–B). Each ulcer was filled with necrotic tissue and had a 5-mm induration. Some large and enhanced cervical lymph nodes were detected on computed tomography (Figure C) scan. Brush cytological examination revealed oral amoebiasis without malignancy (Figure D). Vitamin B12 and folic acid were administrated for anemia. Blood examination revealed the following values: white blood cells 990/ μl , red blood cells $1.32 \times 10^6/\mu\text{l}$; and hemoglobin 4.8 g/dl, with higher hemoglobin F level. The patient was

Figure 1: Oral ulcers are seen in lower gingiva (A) and palate (B) at first visit, (C) Cervical lymph nodes with rim enhance are seen (C, arrowheads) in computed tomography, (D) Brush cytological examination of ulcers showing amoebiasis.

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referred to the hematology department, where he was diagnosed as having AML (M2) after bone marrow biopsy. Remission induction treatment (idarubicin hydrochloride and cytarabine) was initiated. Aspergillus pneumonia, bacteremia in trichosporonosis, and tuberculous cervical lymphadenitis were also treated. After two months of remission, agranulocytosis and recurring AML were detected. During chemotherapy for AML, the patient died of trichosporonosis-related pneumonia. *E. gingivalis* is rare in healthy gingival pockets [5]. The presence of *E. gingivalis* may suggest some immune deficiency. In this case, detection of *E. gingivalis* by brush cytology and blood examination revealed immune deficiency. If malignancy or immune deficiency is expected, these two methods are considerable in early stage.

Keywords: Acute myeloblastic leukemia, *Entamoeba gingivalis*, Immunocompromised, Oral amoebiasis

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Authors declare no conflict of interest.

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