



# Lightning Learning: Acute Myeloid Leukaemia



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East Midlands Emergency Medicine Educational Media

## STOP!

There are 50-60 new cases a year in Leicester, UK – often curable but **some will die in the first 24-48 hours** of admission.

In 2015 there were 3126 cases in the UK alone.

**Peak incidence is 85-89 years.**

Many will initially present through the ED, but not all are critically ill on presentation. Think of acute leukaemia in patients with:

**New onset fatigue**

**Anaemia**

**Unresolving infection & fever**

**Unexplained bone pain**

**Abnormal bruising & bleeding**

## LOOK

Patients may present with severe sepsis or DIC – manage as per the Sepsis 6 whilst awaiting haematology doctors.

**Bloods:** FBC, Blood film, Renal function, Electrolyte, Clotting including Fibrinogen, CRP.

### Neutropenic? Isolate the patient

If anaemic then transfuse with caution – giving packed red cells to a patient with a high WCC can cause hyperviscous stroke → Discuss with Haematology.

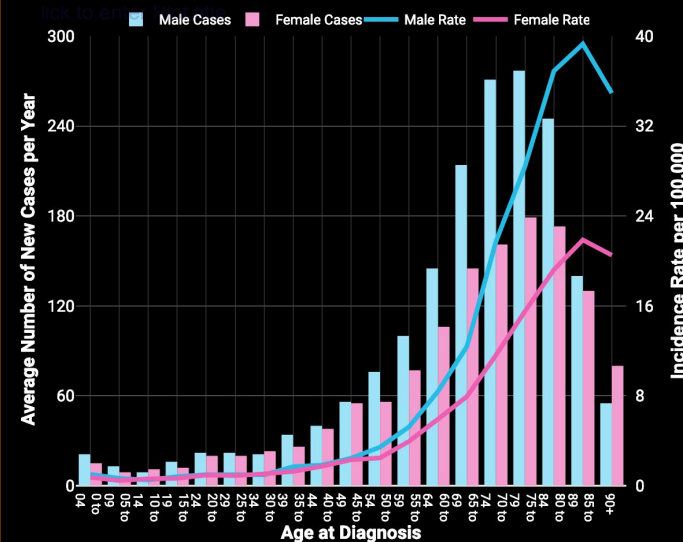
In frail co-morbid patients, treatment may not be possible and good palliation is key.

## LEARN

**Acute Myelogenous Leukaemia (BMJ)** <http://bit.ly/2ty3aQI>

**Haematological Emergencies (LITFL)** <http://bit.ly/2U17BPK>

**Acute myeloid leukaemia (AML) incidence statistics (Cancer Research UK)** <http://bit.ly/2ltjigU>



AML Incidence in the UK (2013-15)

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