

*Education-Family Physician Corner*

## **A Trisomy 21 Neonate with CMV Infection Mimicking Acute Myeloid Leukemia Fab-M5**

Dalal Hasan Burshaid, MBBCh, SSBP\* Yosra Abdulla, MD, MSc\*\* Emadeldin Shatla, MD, MRCPCH, FRCPCCH\*\*\* Rehab Helmy Ibrahim, MD, MSc, PhD\*\*\*\*

**Hyperbilirubinemia could be a part of Down syndrome; some will develop Transient Abnormal Myelopoiesis (TAM), which present with hepatosplenomegaly. TORCH screening is a group of blood tests which include testing for congenital cytomegalovirus (cCMV) infection, toxoplasma, rubella, cytomegalovirus, and herpes simplex virus.**

**We present a case of Down syndrome who had symmetrical intrauterine growth retardation, intrauterine growth restriction (IUGR), anemia, leukocytosis, thrombocytopenia, hepatosplenomegaly and blast cells in the peripheral smear. A diagnosis of TAM was confirmed initially. TAM had resolved spontaneously in a month and the patient developed direct hyperbilirubinemia and progressive hepatosplenomegaly with elevated liver enzymes and persistent thrombocytopenia with no blast cells. A diagnosis of cCMV infection was confirmed. Congenital infection in Down syndrome may mimic leukemia. It is important for cCMV to be diagnosed and treated early to avoid the complications.**