



**Figure 1:** **A:** An 89-year-old woman with a painful neck mass (5 cm × 3 cm). **B:** A biopsy of the mass showed massive infiltration of the subcutaneous connective tissue by eosinophilic cells (original magnification × 220), with intensely positive staining for myeloperoxidase (insert: original magnification × 440). **C:** The tumour regressed 4 months after treatment.

## Granuloctytic sarcoma of the skin

An 89-year-old woman with refractory anemia presented with a painful neck mass that measured 5 cm × 3 cm (Figure 1A). Her peripheral leukocyte count was ( $118 \times 10^9/L$ ), with 98% immature blood cells. A biopsy of the mass showed massive infiltration of the subcutaneous connective tissue by eosinophilic cells (Figure 1B). Clusters of these cells stained intensely positive for myeloperoxidase (Figure 1B insert), which confirmed the diagnosis of granuloctytic sarcoma.

Granuloctytic sarcomas are extramedullary tumours associated with acute myeloid leukemia. They are also known as chloromas because they express myeloperoxidase and therefore appear green or turn green in the presence of dilute acid.

For our patient, cytoreduction was achieved with a low-dose oral etoposide, and the neck mass was controlled by electron beam radiotherapy. Four months later, the patient remained in fair condition. Figure 1C shows complete regression of the neck lesion, which was replaced by a pigmented scar.

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