Introduction
Involvement of the uterus and cervix with acute lymphoblastic leukaemia is extremely rare.

The patient was referred to clinic due to prolonged haemorrhage ex utero, ten months after caesarean section, to complete the diagnostic tests. Serum levels of human chorionic gonadotropin and human placental lactogen were negative. Endocranial X ray examination revealed no abnormalities. Papanicolaou test group 5. Explorative curettage was performed-endometrial stromal carcinoma.

On the ultrasound examination the unusual perimetrial hypoechogenic ring was detected of 32 mm in thickness.

The subtotal hysterectomy with the bilateral adnexectomy, omental biopsy and drainage of the abdominal cavity were performed. Histopathology revealed secondary infiltration of gynecologic organs and omentum with the primary malignant haematologic disease. Immunohistochemistry was consisted with B lymphoblastic lymphoma (leukaemia) in about eighty percent of malignant cells.

After the operation the patient received six cycles of chemotherapy. No compatible bone marrow donor was found. The death occurred ten months after the operation as a result of the relapse of the primary disease.

Conclusion
The patients with acute leukaemia have thrombocytopenia in majority of cases, thus female may present with abnormal uterine bleeding as a feature of leukaemia. Menorrhagia is common in females with acute leukaemia and is usually overlooked. The case is presented due to its rarity.