**Objective**
To describe a clinical case of acute myelogenous leukemia and gestation and to make a review about the effects of this rare disease in a pregnant woman, highlighting the importance of early diagnosis and application of chemotherapy, and the impact this may have on the fetus (prematurity vs harmful effects from chemotherapy).

**Methods**
We followed up the case, as part of our clinical assistance, from the day of the diagnosis. We made a review of the bibliography we found about myeloblastic acute leukemia. The bibliographic review was structured using Pubmed.

**Results**
A 29 year old woman booked under our care in her 27+3 week of a dichorionic-diamniotic twin pregnancy, who attends emergency with a blood test revealing leukopenia, anemia and thrombocytopenia. The patient presents asthenia and marked mucocutaneous pallor and weakness. Commonly with hematology the diagnosis of leukaemia is established. Initially supportive treatment is decided to wait for fetal lung maturity. The supportive treatment includes transfusions and extensive antibiotic therapy. Labor induction is decided in week 29 + 1. Initially it proposed as a technique for induction Foley catheterization. After failure of the same oxytocin induction is decided. It is assisted vaginal delivery without complications. After 15 days the patient dies without begins chemotherapy treatment. She makes a septicemia and a gastric and intestinal bleeding that could not be controlled.

**Conclusion**
Despite the poor prognosis of the disease, we ask that would have improved the performance of diagnosis and earlier treatment. To what extent should delay treatment in order to decrease fetal prematurity. Given the paucity of case management of pregnant patient with leukemia it is difficult with multiple complex decisions to be taken in consensus with a multidisciplinary team always looking for maternal and fetal benefit equally.