

# **THE RESULTS OF THE TREATMENT WITH IRON CHELATORS IN MYELOYDYSPLASTIC SYNDROME - CLINICAL CASE**

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**Background:** Myelodysplastic syndromes (MDS) are clonal disorders of hematopoietic stem cells characterized by ineffective hematopoiesis dysplasia involving one or more cell lines. They are characterized by peripheral blood cytopenias and increased risk of progression to acute myeloid leukemia (AML).

**Material and Methods:** Patient N.M. was admitted at the age of 66 years (January 2008) showing marked physical fatigue felt by many months, fatigue, dyspnea on effort small / medium, tachycardia, mucocutaneous pallor, palpitations, chest pain. In order to establish the correct diagnosis was made biological investigations, cytogenetics (t(7.9)) and imaging.

**Results and discussion:** Initial diagnosis was SMD-AR, which has been tried recovery anemia (+ erythropoietin replacement therapy) treatment was performed biocatalysts (folic acid) and iron chelation therapy (Desferal initial two months later Deferasiroxum) - required by increased titers of serum ferritin. Initial diagnosis was associated with a second malignancy (ADK upper rectum) and questioned whether it was de novo MDS or paraneoplastic in the context ADK. The second issue was whether to put a low serum ferritin level purely due to treatment with iron chelators or was secondary digestive hemorrhage occurred in the context of ADK's.

In MDS treatment is mainly based on blood transfusion. This increase survival, but iron overload occurs in the body. To increase survival and prevent hemosiderosis and hemochromatosis using iron chelators (deferasirox).