

A CASE OF ACUTE LYMPHOBLASTIC LEUKEMIA ASSOCIATED WITH ACUTE PANCREATITIS AT ONSET.

Felicia Mihai, Cornel Dragan, Meilin Murat, Viola Popov, Daniela Georgescu, Oana Patrinoiu, Mihaela Popescu, Marius Balea, Mihaela Tevet
Clinical Hospital Colentina – Bucharest / Hematology Departament

Introduction: Acute lymphoblastic leukemia is a (LAL) clonal, malignant disease characterized by the proliferation of immature lymphoid cells in the bone marrow, peripheral blood or other organs and by the supression of normal haematopoiesis, which leads to medular failure, clinical manifested by anemia, hamorrhage , infections . LAL represents 75 to 80% of acute leukemias among children and only 20% of all leukemias among adults.

Acute pancreatitis can be one of the associated complications in acute leukemias, frequently associated with Asparaginaze administration.

Acute pancreatitis is one of the most common disease of the gastrointestinal tract, beeing a severe disease characterised by sudden inflammation of the pancreas . Acute pancreatitis is a common complication which occurs in patients sufferig from vesicular biliary lithiasis or chronical alcoholism. Other possible causes incriminated : drug reaction , iatrogenic (post ERCP),lipidic metabolism disorders, idiopatic.

Case report . A 23 year old patient, without any previous patologic or hereditary antecedents, diagnosed in april 2015 with acute lymphoblastic leukemia with B lineage, to whom chemotherapy was not initiated, develops in 48 hours of hospital admission acute pancreatitis. The diagnosis was supported by clinical simptomatology, biological status (amylase 995 UI/L, lipase 1196 ui/L), imagistic results.

After gastrointestinal and infectious disease consults, but also after further more investigations we excluted as possible causes : vesicular biliary lithiasis, sistemic infectious diseases (viral, bacterial, fungal). remainig as possible etiological factors: drug related (the patient was receving Dexamethazone treatment) or secondary to the haematology disease.

The evolution after suportive, symptomatic treatment was favorable with remission of clinical symptoms and normalization of pancreatic enzymes , without beeing necessary the termination of Dexamethazone , only reduction of the dose. This advocates for the secondary infiltration do to the acute leukemia as the main etiologic factor. After the administration of Asparaginase the patient did not developed any pancreatic affectation.

The patient after received chemotherapy according to UKALL XII/ECOG 2993 protocol leading to complete remission of the disease.

Case particularity: acute lymphoblastic leukemia in a young patient, without associated comorbidities complicated by acute pancreatitis at onset , probably by secondary determination of the haematology disease.