Clinical Case - MSD

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P.E, 65 years of age, female, retired person
07.08.2010-18.08.2010
Hospitalization reasons:

- Astheno-adynamic Syndrome
- Profuse sweating

Background:
Patient 65 years of age with cardiovascular APP (HTAE,CIC) and digestive (gastroduodenitis, vesicular lithiasis and cholecystitis) diagnosed on:

- February 24, 1988 - Biermer Anemia considering the:

— hemoleucogram (moderate macrocitary anemia)
— Medulogram (bone marrow intensely hyper-cellular; white series intensely hyper-cellular, neutrophil myelocytes neutrofils, very many giant meta-myelocytes; whites series- hyper-cellular, basophilic erythroblasts in nests with kariorexis nucleus with Jolly bodies, megalocytes with Jolly bodies; very frequent mitosis at 1-2 fields, 2-3 basophilic megaloblasts; megakariocyte series at 300 elements one megakariocyte);

Therapy answer at vitamin B12 according to the usual scheme

- 2006 - anemia which becomes progressively refractory to treatment (initially she responded when treatment was re-administered with doses 1000 gamma B12); medulogram : megaloblast bone marrow
- 2008- Hb values Hb became stationary (Hb=14 g/dl)
- 2009- Hb decrease no matter the doses administered (Hb=12,8 g/dl-10,5 g/dl) June 10, 2010- Hb=10,5 g/dl
- August 07, 2010- she complains of vertigo, physical asthenia accompanied by profuse sweat

Clinical objective

- Pallor of skin and sclera
- Liver at the costal margin
- Spleen impalpable
- ECOG 2

Para-clinic

HLG	**Fe seric-256ug/dl**	**Urine culture (+) E.coli**
Hb-6,5g/dl	**Feritina-422ng/dl**	**EDI- internal hemorrhoids**
VEM-93,8fl	**VSH-139mm/1h**	**EDS- gastroduodenitis**
CHEM – 33,3g/dl	**Fib – 498mg/dl**	**EKG Vesicular lithiasis and**
Retic-0,26%	**LDH-217u/l**	**cholecystitis**
GA-4480/mmc	**BT-0,75mg/dl**	**Ag HBs, AcHVC (-)**
Leukocitary Formula	**BD-0,28 mg/dl**	
Neutrophils = 49,45	**B12=2000pg/ml**	
Lymphocytes= 39	**Jak 2 kinaza (-)**	
Monocytes = 9,5	**ACE-normal**	
Eosinophils = 1,5	**AFP-normal**	
Basophils = 0,5	**FR-abs**	
	PCR-12	

Medulogram (August 12, 2010)

The marrow cellularity is poor. Very many free nucleuses.

The erythroblasts are macrocytary and very rare : 6-7/100 granulocytes

The granulocytary series have normal maturation, some segmented neutrophils have a hypogranular cytoplasm.

Promyelocyte =12%, myelocyte =17%, metamyelocyte =15%,non-nesegmented+ segmented=42%, lymfocytes =20%

Megakariocytes are very rare but morphologically normal

Platelets have normal morphology

Reticular cells= 2-3/100 granulocytes

Differential Diagnosis

- Neoplasia process (supp. digestive) with MDS sec. (DENIED after EDS and repeated colonoscopy)
- Infectious / Inflammatory Syndrome – cholecystectomy;
- SD.MDS de novo

Positive Diagnosis

- Myelodysplastic syndrome like refractory anemia IPSS 0

Treatment and evolution in dynamics

- Substitutive Treatment with ME
- Antibiotherapy with large spectrum for the inter-current infections
- Treatment with Erythropoietin - inefficient
- **Treatment with Exjade starting with January 2011 because at the hospitalization of December 21, 2011 the fertin value was of 1764 ng/dl**
- **Evolution of the fertin values:**
  - **April 2011- 2016 ng/dl**
  - **May 2011- 2373 ng/dl**
  - **June 2011- 1965 ng/dl**
  - **July 2011- 1300 ng/dl**