P11. **THROMBOTIC AND HEMORRHAGIC COMPLICATIONS IN POLICITEMIA VERA.**

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Introduction. Polycythemia vera (PV) belongs to the bcr-abl negative group of myeloproliferative disorders, characterizated throw the JAK2V617F mutation. Thromboembolism and bleeding events are complications with a negative impact on overall survival.

Aim. We studied thrombotic and hemorrhagic complications for a group of patients diagnosticated with PV in accordance with the WHO 2008 and the possible correlations between the thrombotic/bleeding events and clinical and laboratory variables of PV.

Method. We retrospectively analized the incidence of arterial and venous trombosis and hemorrhagic events and their connection with the clinical and laboratory variables and overall survival.

Results. We evaluated 132 patients: 78 patients were female and 54 patients were male. At diagnosis 38% were asymptomatic, 24% had splenomegaly anf 15% hepatomegaly. A thrombotic episode was reported at 35 patients (26,5%) during the evolution of the disease, and 11% patients were with bleeding episods. The most frequent were the arterial episods. Median time and the median curve between diagnosis tratament and the thrombotic event was 190 and 149 days. Median values of Ht, Hb, MCV, lWBC and PLT were 53,8%, 17,5g/dl, 82, 8fl, 1105x 109/L si 620x109/L. Also LDH level was elevated in 41% patients. Median value of serum erytropoetin level was 6,75µ/ml. Bone marrow biopsy revealed panmyelosis in 58%, fibrosis in 28%. Antiplatelet and anticoagulant therapy was administrated in 69% and 7% respectively.

Platelets, leukocytes and hematocrit level at diagnosis was not statistically significant between patients who presented a thrombotic/bleeding event and the patients without this events. Values of the hemogram parametres presented significant differences between thrombotic/bleeding events and their level at diagnosis. Median fallow-up time was 40 months (0,5-148). 16 deaths were recorded and the survival at 5 and 10 years wae 87%, 68% resectively. Age >65 years and the presence of a thrombotic / bleeding event were unfavorable prognostic factors for overall survival.

Conclusions. It was revealed a high incidence of thrombotic/bleeding complications in PV patients. Leukocytosis has been suggested as a risk factor for thrombosis, but in our study no parameters analyzed did not influence significantly the occurrence of bleeding/ thrombotic event.