P16. THE CLINICAL COURSE AND RESPONSIVITY TO TREATMENT FOR CHRONIC MALIGNANT LYMPHOPROLIFERATIVE DISEASES ASSOCIATED WITH AUTOIMMUNE PHENOMENA.

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INTRODUCTION:

Among the hematologic malignancies, autoimmune phenomena are most commonly associated with B-cell chronic lymphoproliferation . The most frequent manifestation is autoimmune hemolytic anemia (AIHA),it is rarely associated with autoimmune thyroiditis / multinodular goiters, Sjogren's syndrome, rheumatoid arthritis, polyneuropathy. In this presentation we analyzed which is the moment when autoimmune phenomena were associated with lymphoproliferative disease but also clinical and biological parameters with prognostic significance of this combination.

PATIENTS and METHODS:

A group of 42 patients with immune complications associated with chronic lymphoproliferation were taken in a study that lasted between 2002-2013.The diagnosis was confirmed by histopathology and immunohistochemistry of lymph node biopsy or osteo-medulare biopsy..The diagnosis of the autoimmune manifestations was established combinning the clinical with the laboratory data. Patients were followed up in terms of histological subtype, lymphoproliferative disease stage, degree of anemia at the time of diagnosis of autoimmune phenomena, association with adverse prognostic factors such as increased number of lymphocytes, the level of beta micro2globulina / hipogamaglobulinemia at diagnosis, the clinical and laboratory evolution, the degree of the patients.response to the complex treatment .

RESULTS and CONCLUSIONS:

Chronic lymphoproliferative diseases are relatively frequently associated with autoimmune phenomena. Except for 2 patients, the diagnosis was made simultaneously, or as a complication in the course of malignant disease evolution. Most autoimmune complications are hematologic, autoimmune hemolytic anemia is the most common (80%) with reticulocytosis present in 60% cases .Rare it was associated autoimmune thrombocytopenia, autoimmune thyroiditis / multinodular goiter, Sdr.Sjogren, cryoglobulinemia.

Regarding histopathological and immuno-histochemical , the chronic lymphocytic leukemia and small B-cell lymphoproliferation were the majority lymphoproliferation associated with autoimmune complications

Autoimmune diagnosis was associated in 75% of patients with advanced disease stage, 25% of patients associated with medullary determination; it is possible that anemia and / or thrombocytopenia have both dual mechanism, autoimmunity and secondary bone marrow infiltration :60% of patients were presented with Hb. <8g/dl.at the time of diagnosis, 25% with Tr <100.000/mm3 (of them, 6 cases were considered as autoimmune trombocytopenia).

At the diagnosis the autoimmunity was associated with known adverse prognostic factors: important leucocitosis , important peripheral lymphocytosis , beta2microglobulina and LDH increased (indirect sign of extravascular hemolysis but also marker of active disease), and hypogammaglobulinemia.

Regarding the treatment , all patients received injectable corticosteroid during hospitalization, ~ 50% followed by po corticosteroid.at hospital discharge. It remains the most common drug used in combination with autoimmune phenomena, which was added to chemo-or immunotherapy with Rituximab (30%). Regarding anemia, half the patients group was required substitution with ipacked red blood cell izogr.izoRh (CER)., 25% were associated with erythropoietin and a small part - with po iron

In terms of survival, was seen getting a favorable response to patients treatment about 98% complete and partial remissions (2 cases of 39-RC) and only 3 patients with progressive disease. We believe that the association of the autoimmunity did not significantly affect evolution and response to treatment of the chronic limfoproliferative disease, and should be considered an independent prognostic factor, noting the importance of research of the cytopenias etiology of in patients with possible bone marrow infiltration, so that treatment involved the lower risks but the best response of both malignancies.