P22. VIDAZA THERAPHY IN MYELODYSPLASTIC SYNDROMES: CASE PRESENTATION.

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We report the case C.R. of 70 years old male with medical history: permanent atrial fibrillation, Heart Failure NYHA II, high blood pressure, prostate hyperplasia. He was admitted in January 2012 to Gastroenterology Fundeni Clinic for investigations of anemic syndrome. The laboratory investigations showed anemia and thrombocytopenia and severe inflammatory syndrome (Fbg 574 mg/dl, VSH 60 mm/1h). Upper endoscopy and colonoscopy did not identify the source of bleeding. In February 2011 the patient presented to Haematology Fundeni Clinic with altered general status, asthenia, palpitations, dizziness, dyspnea at medium effort. Hematologic findings: Hb 9g/dl Ht 29% VEM 93.3 fl HEM 31.4pg CHEM 33.78 g/dl Ret 1.2% L 11.010/µl Mbl 1 Pro 1 Mi 10 Mt 8 N 10 S 54 Li 10 Mo 5 hypogranular granulocytes Plt 78.000/µl.

Bone marrow aspirate- hypercellularity; SG 56% Mbl 3-5%, hypogranular granulocytes; SE 42% common forms macrmegaloblastoid; erythroblasts in mitosis, basophilic stippling, bi and multinucleate forms, megakaryocytic dysplasia with polymorphic forms, round and separeated nucleus.

Bone marrow biopsy- pancytosis, SG deviation to the left, ALIP absent, macromegaloblastoid forms, hyperplasia megakaryocytic with MK small, dysplastic, hypolobulate or denudated. Conclusion- myelodysplastic syndrome.

Cytogenetic analysis- 10 of 11 metaphases showed absence of chromosome Y. During 5 months the patient experienced repeated episodes of infections: interstitial pneumonia, acute enterocolitis difficile Clostridum positive, acute prostatis, perianal abcess and lesions of erythema. The patient received repeated red cell and platelet packed transfusions, treatment with antibiotics. Due to increased ferritin 1000 ng/dl (secondary to repeated red cell packed transfusions) the patient received treatment with Deferasirox. The therapy also included human recombinate erythropoietin (Epoetinum Beta). A new evalution after 6 months with bone marrow biopsy showed increased percentage of myeloblasts (7%) and progression of myeloid dysplasia. A new assessment of cytogenetic analysis showed absence of y chromosome and monosomy 22 (in 3 metaphases). New assessment included the patient in myelodysplastic syndromes AREB I (WHO). IPSS score included the patient in intermediate risk class. From June 2012 he started treatment with Azacitidine 75 mg/m2/day sc 7 days every 21 days, in total 14 cycles. Last hematologic evaluation in July 2013: Hb 13.5 g/dl L 1000/µl S 38 E 4 B 1 L 52 M 3 Plt 140.000/µl. In conclusion therapy with Vidaza determined transfusion independence and quality of life.