

## **P5. MANAGEMENT OF INFECTIOUS COMPLICATIONS IN HAIRY CELL LEUKEMIA–CASE REPORT–POSTER**

***Budai Ema, Ioniță Ioana, Sorica Cristina, Potre-Oncu Ovidiu, Hategan Cătălina, Cornea Liliana, Sima Raluca, Pescaru Monica, Ioniță Hortensia***

University of Medicine and Pharmacy “Victor Babes”, Timisoara, Department of Haematology, Timisoara

Hairy cell leukemia (HCL) was first described in 1958 under the name of leukemic reticuloendotheliosis, and in 1970 was recognized as well defined clinical entity. HCL is a malign lymphoproliferation characterized by pancytopenia existing on the periphery smear and bone marrow and the occurrence of untypical lymphocytes with cytoplasmic extensions which associate an enhanced infection risk.

Between 2004 -2014, at the Clinics of Haematology - Timisoara, there were diagnosed 30 cases of HCL, 22 male patients (73,33%) and 8 female patients (26,67%), of whom 21 (70%) patients developed infectious complications.

It is hereby presented the case of a 36 years old female patient diagnosed with HCL in May 2013 and treated with Litak (Cladribina) 0.1 mg/kgb/day for 7 days. The treatment was well tolerated, post –chemotherapy reconstituted the red cells and platelets series, but with the persistence of neutropenia. The control bone marrow biopsy revealed a reduced tumoral infiltrate, considering it a partial remission, a new cycle of chemotherapy was initiated which led to marrow aplasia. At the end of the treatment, the patient showed prolonged feverish syndrome, dry irritating cough, dyspnea with orthopnea, tachycardia and the patient's general condition became progressively worse. The inter-disciplinary investigations corroborated with the radio-imagistic and computed tomography scan established the diagnosis of acute broncho-pneumonia with acute breathing deficiency. The patient's progress under therapy was slowly favorable, the therapeutic scheme being repeatedly adjusted. The chest X-ray investigation performed at the discharge did not show any sequellary lesions. A new bone marrow biopsy was performed and it showed a minimum lymphoid infiltration. The patient is periodically re-evaluated and she did not develop any other infections.

The infectious complications occurred at patients with HCL are life threatening and require a multi-disciplinary approach and a complex treatment administrated in very early stage.