

T1. LATE COMPLICATIONS AFTER ALLOTRANSPLANTS WITH HEMATOPOIETIC STEM CELLS OBSERVED IN THE FUNDENI CENTER OF BONE MARROW TRANSPLANTATION – BUCHAREST.

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Between 2003 and 2013 in our Center were done 457 auto- and allotransplants with peripheral hematopoietic stem cells (380 and 77 respectively). We report here the observations regarding the adult patients (18 – 60 years) who received allografts. These were collected from HLA-identical donors (60 brothers/ sisters and 2 unrelated). The majority of cases (41) were acute leukemias (myeloblastic > lymphoblastic > biphenotypic). The other cases were severe aplastic anemias (7), lymphomas Hodgkin and non-Hodgkin (5), chronic myelocytic leukemias (4), myelofibrosis with myeloid metaplasia (2), lymphocytic chronic leukemias (2), refractory anemia (1). The late complications after transplantation were considered those who supervene, after 100 days from the transplantation. The conditioning treatments were myeloablatives [BuCy – 25, TBI in association – 12] and, also, nonmyeloablatives – Fludarabine – based. All 7 cases of SAA received ATG-based schedules. The grafting was recorded in 10-14 days. At the boundary of 100 day after the transplantation all patients present 97 – 100% donor chimerism a performance IK of 70 – 100%, normal temperature and received immunosuppression (Cyclosporine, Tacrolimus, Mycophenolate Mofetil). The complications recovered after the day + 101 were the chronic form of graft – versus – host disease) (cGvHD), menstrual d i s f u n c t i o n s , h y p o t h y r o i d i a , malabsorbtion/malnutrition, cataract, xerostomia, xerophthalmia, postcorticotherapy diabetes melitus, hirsutism and dislipidemia. In 7 cases were recorded the reactivation of CMV infection. The most frequent and severe was cGvHD. It supervened in 22 cases independently of the conditioning schedule and drove to exitus in 2 cases. In 7 cases cGvHD arrive de novo. In the other 15 cases at was preceded by the acute form installed immediatly posttransplant. At the end of the study 26 pts. were alive (41%). Other causes of exitus were the relapse of the initial disease (7), the graft rejection (2), the sepsis ± MSOF (9), IFI (1), hepatic failure (2), lung failure (3). All patients in life were in complete remission of the primary malignant disease. The overall survival is 17,2 months.