

TRANSFUSION THERAPEUTIC SOLUTIONS IN MULTIPLE MYELOMA

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Blood Bank Ploiesti

Introduction

Transfusion is always saving in a very simple context: when given the right patient at the right time, for the right diagnosis, the right product, but find the right adjective for many nouns, something not always so simple.

Case Presentation Material

Patient 67 years without a pathological history, hospitalized on 21/09/2013 in Hospital MS, Department of Hematology, the symptoms more pronounced in the last two weeks: malaise, asthenia and fatigue intense, marked pallor, without bleeding syndrome, and without organomegaly. Complementary examinations show: important inflammatory syndrome, severe pancytopenia, hyperproteinemia, hypersideremia. On peripheral blood smears are seen with severe leucopenia difficult because some plasma and several blasts. Managed marrow puncture extracting a minimal amount of material to be examined, which reveals an important plasmocytosis.

Biological values of the patients: Hb -5.1 g / dl, WBC - 1800 / mmc, platelets - 40,000 / mmc, ESR -140 mm / 1h, bilirubin -1.3 mg / dl, Fe - 239 mg / dl, urea -37 mg / dl, creatinine - 0.7 mg / dl, ALT- 45 microns / L, AST-36U / l, GGT-98U / l, total protein -8,7mg / dl, and blood smears show: erythrocytes in wrapping machines with the following formula WBC: B1 3%, 52% S, E 2% Lf 36%, 2% Mo, Plasmocite5% EBL 4/100 items.

After the first consultation and biological evaluation of hospitalization, to diagnosis, treatment administration hematologist decide symptomatic with packed red blood cells to treat anemia. The red cells in order Transfusion Unit of the hospital. When performing blood typing are difficulty in defining group, both in point of transfusion and hospital laboratory where blood group is found discordant at Beth Vincent and Simonin, presenting both samples panagglutination. Blood-grouping and verifying the compatibility required immunohematology Laboratory of CTS, which receives pretransfusional patient samples. Indeed, both Beth Vincent and the agglutination finds Simonin also positive allo witness, the witness AB positive, positive self-control. For verifying the Beth Vincent, washed red cells 3 times with saline and after washing, the result block is A + C + c + E - e-, K-, and for the test Simonin patient serum diluted to 1/4 and the result group A + is obtained. It makes you patient research irregular antibodies, also with 1/4 diluted serum, resulting absent irregular antibodies. Initial test compatibility with patient serum, result incompatibility bags tested, but with 1/4 diluted serum is found compatible red blood cells. It manages four CER group A + C + c + E - K-, which corrects anemia. Later on radiographs, bone lesions characteristic indicating the spine, it is diagnosed multiple myeloma. For now discharged improved patient following to be readmitted in Colentina Hospital.

Conclusion

Sometimes blood grouping difficulties may delay the administration of blood products. Even if establishments or hospital laboratory, fail to determine the patient's blood group, immunohematology Laboratory Transfusion Center has available and can give appropriate transfusion solution.