VERY SEVERE APLASTIC ANEMIA WITH COMPLEX ETHIOPATHOGENIES. CAS PRESENTATION.

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Introduction. Aplastic anemia is characterized by pancytopenia and marrow hypocellularity in the absence of marrow infiltration. Most cases have no known cause, but there are also known etiological agents such as interferon alfa, used for the treatment of hepatitis virus C infections. Also hepatitis C can be associated to aplastic anemia. Aplastic anemia is a rare disease, but severe with a high mortality rate.

Case presentation. MS, 46 years old, diagnosed for many years with chronic hepatitis C, treated in an internal medicine service for 12 weeks with interferon alfa and ribavirine, with progressive pancytopenia after one month of treatment, treated with filgrastim and erithropoetine, presents in our service in Feb 2012 with altered general state , fever and cough. The clinical examination reveals pallor and petechias of lower limbs. Hematological results show normocytic, normochromic anemia - Hb 9g/dl, moderate thrombocytopenia 38x103/µl, severe leucopenia 0. 5x 103/µl, elevated ESR 78-120. Biochemical: no liver enzyme increase, LDH in normal limits. Molecular biology : RNA for virus C undetectable. Bone marrow aspiration shows dry tap. Bone marrow biopsy shows severe hypocelularity of 5%. We established the diagnosis of very severe aplastic anemia and the antiviral treatment was stopped. Wide spectrum antibiotic treatment and antifungal treatment was started, also granulocytic growing factor. After the resolution of the pulmonary infectious episode we also started cyclosporine. The pacient nedeed substitution with platelets and red cells. After 2 months of immunosupresion with cyclosporine we obtained approval of thymoglobuline which was administered 3,5 mg/kg/day. The pacient's general state was good. 2 weeks after the treatment, considering also the treatment with cyclosporine for 2 months and prolonged severe neutropenia for 5 months, the patient suddenly developed dispneea, oxigen saturation of 60% and a clinical aspect of bronhopneumonia. Emergency treatment with dopamine, noradrenaline, wide spectrum antibiotics and ventilation was started, but the patient dies hours later.

Conclusions. This case report illustrates the complex ethiopathogenies of aplastic anemia. Very severe aplastic anemia still has a high mortality rate. The immunosuppressive treatment needed for the