

THE MANAGEMENT OF ACUTE LEUKEMIA – THE EXPERIENCE OF COLENTINA HEMATOLOGY DEPARTMENT.

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Introduction: Patients with acute leukemia constitutes a major proportion of the cases hospitalized in the Hematology Department of Colentina Clinical Hospital. These patients are admitted in emergency either from internal medicine departments of Colentina Hospital, from emergency units of hospitals in Bucharest or from territorial hematology departments.

Materials and methods: It will be analyzed the group of patients with acute leukemia hospitalized in the Colentina Hematology Department in the last 2 years. We present demographics, distribution by type of acute leukemia considering the 2008 WHO classification of myeloid neoplasms and acute leukemia, types of therapy and response to therapy, prognostic factors, evolution, mortality data that will be compared with those in the literature.

There will also be presented particular cases as concerning presentation, complications, response to treatment, such as a case of acute lymphoblastic leukemia with acute liver failure at onset, a case of acute myeloid leukemia secondary to myelodysplastic syndrome with persistent partial response after 3 cycles of 5-azacytidine, a case of acute myelo-monocytic leukemia complicated by severe hypokalemia in post-chemotherapy aplasia phase.

Regarding the causes of death, it is found almost exclusively the role of sepsis, whose incidence and severity increases with the duration of neutropenia, the number of previous infectious episodes and prolonged broad spectrum antibiotics use. It can be found cases of sepsis evolving rapidly with death within hours despite preventive measures, including isolation, hygienic-dietary measures and use of antibiotics, antifungals and antivirals in prophylaxis scheme, quick delivery of empirical broad spectrum antibiotics and intensive care measures.

Conclusions: It requires better management of infectious complications, which are the leading cause of death in patients hospitalized with acute leukemia in Colentina Hematology Department. The main measures identified are increasing the level of training of medical staff involved in care of patients with severe neutropenia, judicious use of broad spectrum antibiotics, development of national protocols for treatment of febrile neutropenia in patients with acute leukemia, multidisciplinary hematology - infectious disease - intensive care management of septic patient with acute leukemia.