COMPLICATIE SEVERA HEMORAGICA INTR-UN CAZ DE LEUCEMIE ACUTA- STUDIU DE CAZ

Andrei Dorin Bica[1], Oana Stanca[2] ,Irina Tryantafyllidis[2], Anca Ciobanu[1], Cristina Vasiliev[1], Mihai Lapadat[1] , Gabriela Spatariu[1] , Eveline Elena Chirvasiu [1] , Doina Barbu[1], Valeriu Gaman[1] , Anca Roxana Lupu[2]

[1] Spital Clinic Coltea- Clinica de Hematologie

[2] UMF "Carol Davila"Bucuresti- Hematologie Coltea

Abstract

Leucemia acuta promielocitara reprezinta 10% din totalul leucemiilor acute mieloblastice si se caracterizeaza prin proliferarea celulelor blastice si a promielocitelor preponderent in maduva si in sangele periferic iar o caracteristica principala este asocierea cu un sindrom hemoragipar sever. Relatam cazul unei paciente in varsta de 37 de ani, fara antecedente personale patologice sau heredocolaterale importante la care debutul bolii hematologice a fost in luna noiembrie 2017 cand pacienta a prezentat echimoze spontane diseminate iar la internare in clinica noastra pancitopenie si hipofibrinogenemie. Examenul frotiului de sange capilar si al aspiratului de maduva osoasa cu prezenta blastilor si a promielocitelor ne-au facut sa ne orientam catre diagnosticul de leucemie acuta promielocitara, diagnostic confirmat de prezenta mutatiei PML RAR alfa si de coloratiile citochimice specifice-mieloperoxidaza intens pozitiva. La 5 zile dupa inceperea curei de chimioterapie tip AIDA pacienta intra in aplazie severa cu mucozita, odinodisfagie, bule hemoragice lingual si angina pultacee la nivelul amigdalei stangi urmate de un deficit motor paretic la nivelul membrului inferior drept, deviere laterala spre dreapta a limbii, tulburari de deglutitie, examenul neurologic ridicand suspiciunea de sindrom Wallenberg. Se efectueaza CT cerebral pentru excluderea unei hemoragii cerebrale avand in vedere tulburarile de coagulare. Se deceleaza hematom corticosubcortical frontal de partea dreapta cu AVC ischemic in teritoriul ACM stangi. In acelasi timp analizele efectuate evidentiaza scaderea progresiva a fibrinogenului , trombopenie accentuata, hemoragie subconjunctivala ochi drept , stabilindu-se diagnosticul de CID. Evolutia cazului s-a complicat si mai mult deoarece pacienta a asociat metroragie in cantitate moderata si hematurie macroscopica iar apoi amenoree secundara chimioterapiei, insuficienta ovariana prematura. Sub tratament medicamentos complex, substitutie cu masa eritrocitara si derivate de sange evolutia pacientei este buna cu remisiune hematologica si moleculara. Particularitatea cazului este data de tulburarile de coagulare ce au condus la tulburari neurologice grave, managementul terapeutic al acestora constituind o adevarata provocare pentru noi.Datorita riscului crescut de deces la pacientii cu leucemie acuta promielocitara care asociaza CID si sindrom hemoragipar activ se impune un diagnostic prompt si interventie rapida.

SEVERE HEMORRHAGIC COMPLICATION IN A CASE OF ACUTE LEUKEMIA- CASE STUDY

Andrei Dorin Bica[1], Oana Stanca[2] ,Irina Tryantafyllidis[2], Anca Ciobanu[1], Cristina Vasiliev[1], Mihai Lapadat[1], Gabriela Spatariu[1], Eveline-Elena Chirvasiu [1],Doina Barbu[1], Valeriu Gaman[1] ,Anca Roxana Lupu[2]

[1] Spital Clinic Coltea- Clinica de Hematologie

[2] UMF "Carol Davila"Bucuresti- Hematologie Coltea

Abstract

Acute promyelocytic leukemia represents 10% of acute myeloid leukemias and it is characterized by blast cells and promyelocytes proliferation, especially in the bone marrow and peripheral blood, a main feature beeing the association with severe hemorrhagic syndrome. We report the case of a 37 years old female, with no significant personal physiological and pathological history, which had the onset of the disease in november 2017. At the time of admission, the patient presents disseminated spontaneous ecchymoses, with pancytopenia and hypofibrinogenemia. The presence of blast cells and promyelocytes on the peripheral blood smear examination and bone marrow aspirate led us to the diagnosis of acute promyelocytic leukemia. This diagnosis was confirmed by the presence of PML RAR alpha mutation and the specific cytochemical dyes- intensely positive myeloperoxidase. After 5 days of AIDA chemotherapy protocol, the patient presents severe aplasia with mucositis, odynophagia and dysphagia, oral blood blister, tonsilliyis, followed by lower right limb motor paralysis disorder, lateral tongue deviation- neurological examination indicates Wallenberg syndrome. Cerebral CT is performed to exclude cerebral hemorrhage given the bleeding disorders. Right frontal cortico-subcortical hematoma with ischemic stroke was detected in the left MCA (middle cerebral artery) territory. Meanwhile, the laboratory results showed the progression of hypofibrinogenemia, accentuated thrombopenia, right subconjunctival hemorrhage, establishing the diagnosis of DIC (disseminated intravascular coagulation). The patient's evolution was further complicated because of the association with moderate metrorrhagia, macroscopic hematuria, subsequent amenorrhea-secondary to chemotherapy and premature ovarian failure. Under complex drug treatment, red blood cell and plasma transfusions, the patient's evolution was favorable, with hematological and molecular remission. This case particularity was the bleeding disorder that led to serious neurological disorders, their therapeutic management being a real challenge for us.Due to increased risk of death in patients with acute promyelocytic leukemia associated with DIC and active hemorrhagic syndrome, prompt diagnosis and treatment are required.