

عنوان مقاله:

Management of GVHD in a case of AML with Haploidentical SCT

محل انتشار:

هجدهمین دوره کنگره انجمن میکال آنکولوژی و هماتولوژی (سال: 1398)

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خلاصه مقاله:

Introduction: Bone marrow transplant is replace healthy bone marrow with unhealthy bone marrow, which is used to treat many diseases that affect one s bone marrow, such as thalassemia and cancer. The common types of transplantation are: - Autologous transplantation: During this transplant the patient receives a transplanted tissue (bone marrow) from himself. - Allogeneic transplantation: The patient receives transplanted tissue from a person other than himself or a similar twin (such as a sister, brother or any parent or person who has no relationship to the patient). - Haploid transplantation: Transplantation from a donor with HLA is semi-similar to pateint, which the donor and recipient immune systems are involved in severe immune responses and cause severe complex effects. **Case Report:** The patient is a 26-year -old male known case of AML who is a candidate for Haploidentical allogeneic stem cell transplantation. Before Haplo-Hsct planning he received six corse consolidation since one course induction. In complete remission he was selected for Haplo-Hsct because he didn t have FDM. Therefore we decided to choose his sister as a donor with HLA typing 5/10 and ABO miss match. He was admitted in BMT ward of Kermanshah Imam Reza hospital complex with 5 years experience, on Jun-13, 2019 Mobilization of donor cells was preformed with Tina peg amp Conditioning protocol included Busilvex and Cyclophosphamaid chemotherapy regimen. At the same time, he received IST with corticosteroids (Hydrocortisone and methylprednisolpn), Cyclosporine, cellcept. Also he received T cell depletion drugs including Thimoglobulin 150mg/3days (pre transplant) and Endoxan 3gr/2days (post transplant). He was prophylactically treated with Antifungal (Fluconazol) Antibacterial (Cotrimoxazol) Antiviral (Valgancyclovir) medications. HSCT was done in Jun -20 ,2019. After infusion donor s stem cell he had acute shock syndrome that was controlled by Cortny and fluid therapy. During the transplantation phase he suffered Mocositis and Pharyngitis , who was treated with Caspofongin, mouthwash and Meropenem (1gr /TDS). Also in the neutropenia phase , GCSF was administered to the patient. He had a fever (T=39) on the eleventh days of HSCT who was treated with Linazolide and the dose of Meropenem increased to 2gr/TDS. The day after fever , engraftment happened. Also he received Hydrocortisone for 48 hours to treat engraftment syndrome. The Coombs (Direct -In direct) test was also checked , which was negative. During hospitalization , blood cultures , Urine cultures , Stool cultures and Cmv were checked , ... fortunatel

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