

RELAPSED ALLOGENEIC BONE MARROW TRANSPLANT PATIENT TRANSFORMED FROM ALL TO AML

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Introduction - Purpose: Secondary and subsequent relapse refractory acute myeloid leukemia (AML) cases are always difficult cases and have worse prognosis. The chance of success is low even if various treatments for induction of remission are used. Allogeneic stem cell transplantation (ASCT) is suitable for treatment in these cases.

Findings: In 2009, four cycles of rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone (CHOP) + L-asparaginase protocol was administered to the patient with the diagnosis of precursor T lymphoblastic lymphoma. After that the patient underwent 2 cycles of cisplatin, cytosine arabinoside, dexamethasone (DHAP) as salvage, subsequently high-dose chemotherapy (cyclophosphamide + busulfan) and autologous stem cell transplantation were performed to the patient. In May 2012, 2 cycles of fludarabine, cytarabine, idarubicin (FLAG-IDA) and 2 cycles of ARA-C treatment were administered to the patient because of AML M0 diagnosis. The patient who was followed in remission after the ASCT from the time February 2012, relapsed on December 2016. Induction of remission was tried by Clofarabine but after the fail of this drug clofarabine+ ARA-C was performed. The patient was determined as refractory disease after the treatment nelarabine therapy, which is a nucleoside analogue was planned. The surveillance and treatment are ongoing for the patient.

Discussion : It is difficult to find appropriate treatment in recurrent AML cases. The chances of remission after treatment is low. After remission front line transplant is one of the appropriate treatment option.

Keywords: ALLOGENEIC BONE MARROW TRANSPLANT, ALL , AML, TRANSFORMED