Prevalence of complications in patients with aplastic anemia using the standard treatment protocol

I.V. Berger and A.D. Makhmudova
Scientific Research Institute of Hematology and Blood Transfusion of the Ministry of Health of the Republic of Uzbekistan

During the last 3 years, new data on the therapy of aplastic anemia (AA) with standard treatment protocols have been obtained. In the treatment of patients, AA severity criteria developed by the International Study Group AA are still widely used, which have prognostic value and allow comparison of the treatment methods of patients with similar severity of the disease. Retrospectively, 85 case histories for the period 2013-2015 were analyzed and the most frequent complications of AA were identified. Women made up 41% (35 people), men - 59% (50). The prevalence of patients aged 18 to 36 years, living in Andijan -27% (23 people), Fergana-21% (18 patients), Surkhandarya -13% (11 people), in other areas from 1 to 5%. Age characteristics are presented in the table. According to the international classification of AA, all patients in severity were divided into groups with severe - 58% and non-severe - 42%. In all patients, the diagnosis of AA was confirmed by the results of the myelogram, which showed a decrease in the cellularity of the bone sprout, a predominance of lymphocytes and adipose tissue, and was also confirmed by the study of the cytokine status of patients such as erythropoietin, tumor necrosis factor, interleukins 1,4,6,8. In the treatment of patients according to standard protocols, mainly glucocorticosteroid used 65%, in a dose of 8 to 20 mg of dexamethasone and from 30 to 90 mg of prednisolone in combination with a hemocomponent correction. Cyclosporine A at a dose of 5 mg/kg, together with substitution therapy was used in 48% of cases. Splenectomy was performed in 26% of cases.

Conclusion: Thus, the analysis of the occurring complications has shown that the greatest effectiveness and the least number of complications is the use of immunosuppressive therapy with Cyclosporin A. In non-severe form of AA, glucocorticosteroids can be used. The use of splenectomy gave a small% of complications, but also did not show the results of the cure, the patients had to subsequently take glucocorticoid therapy.

humariaz82@yahoo.com