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Microscopy in the diagnostic hematology oncology

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Microscope remains the main scientific instrument for the diagnosis of diseases where morphological characteristics of cells and tissues show the difference between health and disease as it is the case of oncological blood diseases. A specific circumstance for the clients using this instrument in a few nations is that they just know about administration not about microscopy observations carried out often features subtle deficiencies such as adequate appreciation of granulations, cromatinica laxity and even tones which are stains that are modified if the illumination of the sample is not adequate. Therefore, not only knowledge of the concepts of numerical aperture, power of resolution, amount of light, light intensity is necessary but to know, interpret and understand the meaning of them. This result in observations correctness taking advantage of the maximum power of resolution that we provide our teams, as well as in the correct captures of photomicrographs that are always important to document our results, it can be used for teaching and as references for diagnostics future. Situated in this circumstance know brief, however viably these ideas and laws will give it translation amend that we will permit know them settings proper to the magnifying instrument for its perception of sucked of marrow bone, blood fringe and woven, since while these learning not are novel, its absence of your application keeps being obstructed for a determination righ

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Outcomes of hematopoietic stem cell transplant and patients with MDS and myelofibrosis

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Background: Myelodysplastic syndrome with concomitant bone marrow fibrosis is associated with a dismal prognosis with conventional therapy. Allogeneic stem cell transplant has been utilized in young fit patients with this disorder. However, the data on the outcomes of an older patient population is unknown.

Design & Methods: Patients with myelodysplastic syndrome with known bone marrow histology (n=11) who underwent hematopoietic stem cell transplantation at our center were reviewed and classified according to the degree of bone marrow fibrosis and analyzed regarding cytogenetic abnormality, Jak2, engraftment, treatment-related mortality, relapse and overall survival.

Results: The cytogenetic abnormality, age, degree of bone marrow fibrosis and conditioning regimen was not associated with inferior survival in invariant analysis. The total frequency of engraftment accomplished at day +30 neutrophil and the middle time to platelet engraftment. The combined occurrence of backslide at 3 years was bringing about practically identical 3-year sickness free survival rates in. There were no patients who developed graft failure after HSCT.

Conclusions: Among patients with myelodysplastic syndromes and concomitant bone marrow fibrosis, even with advanced age, higher grade of marrow fibrosis or cytogenetic abnormality did not affect overall survival after hematopoietic stem cell transplantation. This therapeutic modality should be considered in patients even with advanced age and significant fibrosis.

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