

## Alterations in Blood Formation and Hemostasis

Part 5 Case Study

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### Case

- 1/01 Seen by MD for routine post-bone marrow TX w IV Amphotericin B and IV Gamma globulin
- Mom noted this 14 y.o male had several days of inc. resp. rate w/ some distress, fatigue, 1 day non-productive cough. Pt c/o chest pain, l shoulder pain w deep inspiration. Other hx negative.

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- Exam: thin male in NAD. Vs 38, 110, 30, 100/50. Alopecia, dec. R breath sounds, bilateral basilar rales.
- PMH 7/99 Previously healthy male presented w recurrent URI. Exam-mild distress, tachycardia, tachypnea, pallor, multiple ecchymotic areas, dry mucous membranes, lymphadenopathy. C/o mouth ulcers and bleeding gums, fatigue unrelated to activity. Pain in shoulders, knees, mediastinum, Recent epistaxia and difficulty w hemostasis.

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- Labs-normochromic, normocytisc anemia, thrombocytopenia, leukopenia. BM aspirate-hypercellular marrow w > 60% myeloblasts and Auer rods.
- Past tx-total body irradiation, systemic chemotherapy in prep for BM transplant from mother. BMT 9/99 routine post-BMT course returned home in 2 mos. Maintained on immunosuppressive therapies and electrolytes.

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- 1/01-hospital course- IV rehydration. CXR-bilateral infiltrates. Labs-anemic, thrombocytopenic; WBC differential-normal WBC, polys high, bands nl, lymphs low, monocytes high. Pulse ox 85% on room air. O2 started. BC drawn. NP swabs for viral studies, CMV, sputum cultures. Legionella urine sent. Pt. Desat., O2 inc., IV abx. Bronch-hyperemia w/o edema. R/O RSV. Started stress doses of Solumedrol for immune suppression to tx suspected graft vs. host disease. Continued to decompensate.

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- Day 3-CXR-bilateral pleural effusions, cardiomegally
- Day 4-CV unstable, intubated. Rapidly deteriorated.
- Day 5- arrested and died.

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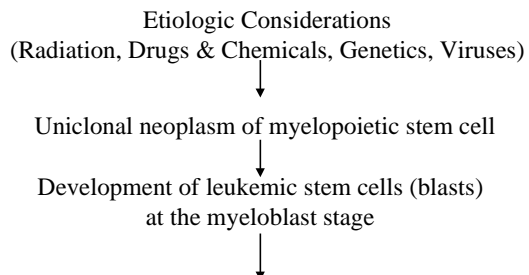
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## Pathogenesis of Myelogenous Leukemia – Flow Diagram




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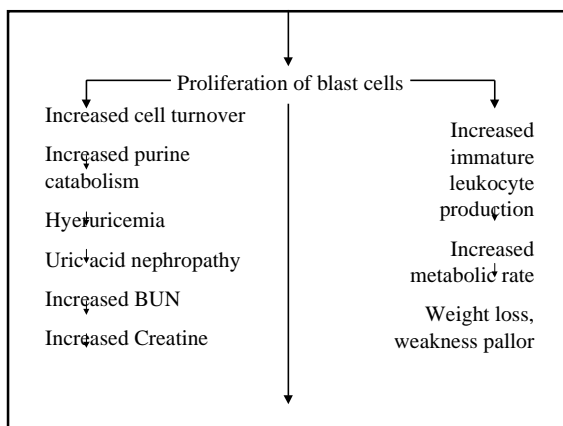
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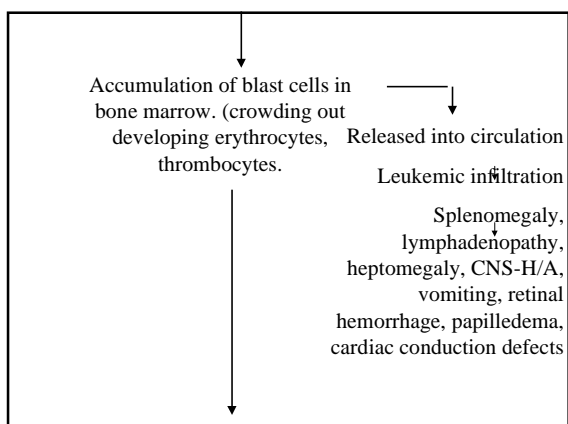
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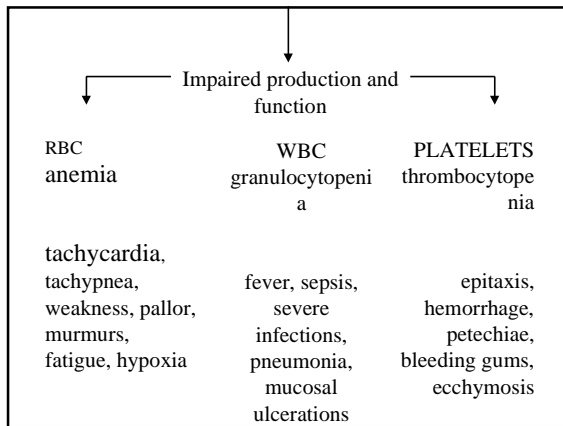
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