Invasive Pulmonary Aspergillosis(IPA) in Patients With Acute Myeloide Leukemia(AML) in Morocco

Ilham.Moukrim, Mouna.Lamchahab
Department of Paediatric Haematology and Oncology, 20 August 1953 Hospital, Ibn Rochd University Centre, Casablanca, Morocco

Introduction

IPA is a common fungal infection compromised patients with AML.

Aim

Describe the epidemiological, clinical, biological and radiological profile, as well as the various risk factors and therapeutic management.

Patients and methods

- Retrospective study from January 2015 to January 2022.
- The data were collected from the patients' files and analysis was performed using Excel 2019 software.
- We included 49 patients aged between 18 to 60 years with AML who presented with IPA according to EORTC criteria.

Results

Our patients were isolated in the protected unit on the AML side in the hematology departement of the 20 august Hospital.

Results				
Past history	10%of pulmonary tubeculosis	6% of SARSCOV2 infection	6%of cannabis	8%of corticosteroid therapy
Respiratory symptoms	20% of chest pain	60% of dyspnea	30% of cough	
Antifongic prophylaxis	79% was taken fluconazole and 21% no prophylaxis at all.			
Neutropenia	All patients had neutropenia grade 4			
Onset of infection	18 days in postchemotherapy aplasia		Mean time between neutropenia and infection of 19 days	
Aspergillosis antigenemia	Positive with an average of 1.5			
Chest computed tomography	24% of pulmonary nodules	24% of ground glass areas	42% of pulmonary condensation	14%of bell shaped image
Treatement	Voriconazole for total of 6 weeks			
Evolution	61% of improvement		36% of worsening	

Figure 1: table summarizing all results

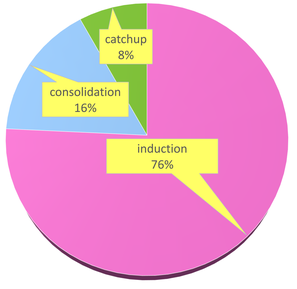


Figure2 : chemotherapy cures at time of infection

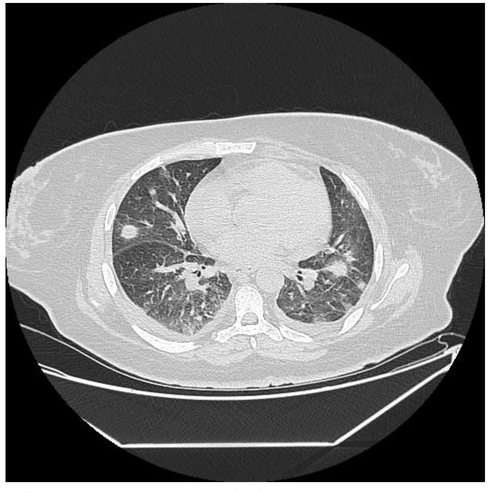


Figure 2: scanographic image in favor of API in patient with AML.

Conclusion

Good outcomes depend on reversal of immunosuppression, early administration of antifungal therapy in IPA with AML.

References

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Contact information

ilhamoukrim94@gmail.com