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ACUTE LEUKEMIA IN ICU

Epidemiological Profile and Outcomes of Patients Admitted to the Intensive Care Unit at Yeolyan Hematology and Oncology Center: A Retrospective Study

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INTRODUCTION

“Yeolyan” Hematology and Oncology Center serves as the primary referral center for hematologic diseases in Armenia, catering to a diverse population. Understanding the epidemiological profile and outcomes of patients admitted to the intensive care unit (ICU) in this center is crucial for optimizing patient care and resource allocation.

AIM

To analyze demographic characteristics, primary hematologic diagnoses, and outcomes of patients admitted to the ICU at “Yeolyan” Hematology and Oncology Center between January 2022 to December 2023 years

METHOD

We conducted a retrospective study of patients admitted to the ICU at “Yeolyan” Hematology and Oncology Center between January 2022 to December 2023 years. Data were collected from medical records and analyzed for demographic characteristics, primary hematologic diagnoses, and outcomes

RESULTS

A total of 342 adult patients 40 of which with acute leukemia were admitted to ICU. The mean age was 53 years (range 30-77), with a slight female predominance (52.5%). The most common primary hematologic diagnoses leading to ICU admission were acute myeloid leukemia (AML) (72.5%), acute lymphoblastic leukemia (ALL) (15.0%), acute leukemia not specified (AL) (10%) and promyelocytic leukemia (PML) (2.5%). The majority of patients required ICU admission due to complications related to their underlying hematologic condition, such as respiratory failure (35%), sepsis (17,5%), disseminated intravascular coagulation syndrome (12.5%), stroke (7.5%), hypovolemic shock (5%) acute coronary syndrome (5%), hemorrhagic shock (2.5%), pulmonary hemorrhage (2.5%), pancreas necrosis (2.5%), mesenteric thrombosis (2.5%), and other causes (7.5%). 77,5 % of patients died in the ICU, 10% refused further treatment and 10% were taken home or to a palliative care center, and 2.5% discharged from ICU and continued treatment.

CONCLUSIONS

This retrospective study provides valuable insights into the epidemiological profile and outcomes of patients admitted to the ICU at Yeolyan Hematology Center. The findings underscore the complex clinical course and high mortality associated with hematologic disorders requiring critical care intervention. Further research is warranted to identify strategies for improving outcomes and enhancing patient care in this specialized setting.

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