RISK ASSESSMENT OF THROMBOEMBOLIC DISEASE IN PATIENTS TREATED FOR MULTIPLE MYELOMA

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INTRODUCTION

Thromboembolic disease is considered a major complication of treatment of MM.The risk for VTE appears higher during the first months of myeloma treatment and decreases over time.

Exposure to immunomodulatory drugs (IMIDs) such as thalidomide or lenalidomide in association with high doses of dexamethasone or anthracyclin-based chemotherapy is associated with a four-fold increased risk for VTE (1).

OBJECTIVE

Evaluate the risk of VTEt in patients being monitored for MM using the 2 two scores: Kkhorana and IMPEDE VTE.

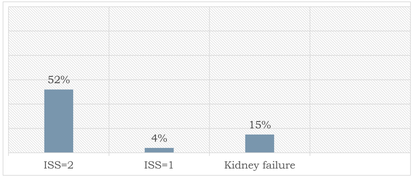
METHOD

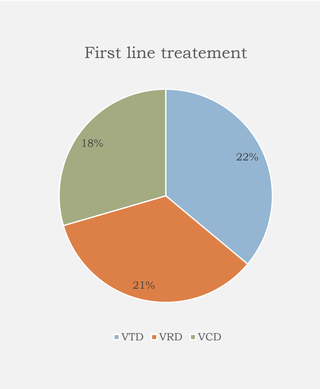
- We conducted a prospective, descriptive study of patients treated for MM in the clinical hematology department at CHU Ibn Rochd in Casablanca between January 2023 and December 2023.
- The diagnosis was made by bone marrow aspiration; electrophoresis and immunofixation of serum proteins,
- Patient were classified according to the ISS score.
- We followed- up with patients at 3 and 6 months after diagnosis.

RESULTS

Sixty-four patients with MM were included in our study.

Age>60	IMC>25	ECOG 3-4
77%	40%	52%





	Low Risk	Intermediate Risk	High Risk
Khorana score	78%	3%	19%
IMPEDE VTE score	34%	23%	43%

- 61patients were put on prophylactic dose aspirin, whereases only 3 patients were placed on LMWH.
- Only one patient presented a thromboembolic complication after an assessment at 3 and 6 months.

CONCLUSIONS

Risk assessment is a crucial step in the therapeutic management of patients with MM

It allows for the selection of thromboprophylaxis for high-risk patients and the avoidance of anticoagulants in those with a low risk of venous thromboembolism (VTE),

In our study, we conclude that Khorana score is more significant than IMPEDE VTE score

REFERENCES

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