

ANADOLU MEDICAL CENTER

Patient Nr. : 239569
V-1004653
Patient Name-Surname : RACHO KIRILOV KOLEV
ZAFER GÜLBAŞ
Date of Birth : 03/06/1977
21/12/2011

Visit ID :
Primary Physician :
Report Date :

Date of Hospitalization : 19-12-2011 16:04
DISCHARGE SUMMARY
Date of Discharge : 21.12.2011

COMPLAINT : THE PATIENT TREATED FOR TRANSITION FROM MDS TO AML IN BULGARIA APPLIES FOR THE SECOND OPINION.

HISTORY/

CAUSE FOR HOSPITALIZATION : ERYTHROID HYPERPLASIA DETECTED IN BONE MARROW IN JULY 2011 WITH DYSPLASIA IN EACH OF 3 SERIES AND BLAST RATE OF 10%. -5,-9,-13,-16 DETECTED IN THE CYTOGENETIC ANALYSIS. SPLEEN 15 MM. SINCE THE 7TH MONTH: 12-8-2011: FOLLOWING CYTARABINE 7X200 MG: 16% BLAST. BLAST 16% FOLLOWING 2 CI RI: ZAFEDOS-CYTARABINE 3+5 BLAST 16%; 3RD RI CYTOSAR-MITOKSANTRONE; FINALLY CLOFARABINE AND CYTOSAR ADMINISTERED FOR 5 DAYS AT THE BEGINNING OF NOVEMBER. NO RESPONSE RECEIVED. STILL 40 CI/DAY FOLLOWING CHEMOTHERAPY. A SWELLING OCCURRED ON THE LEFT OF HIS NECK BEFORE THIS CHEMOTHERAPY HOWEVER RECOVERED AFTER THE CHEMOTHERAPY. HE STILL DOES NOT HAVE FEVER BUT FEELS WEARY. HE RECEIVED ES OVER 20 UNITS AND MANY THROMBOCYTES. BM (BONE MARROW) ADMINISTERED ON THE 12TH DECEMBER AND NO RESPONSE RECEIVED. THIS BONE MARROW WAS EXAMINED. THERE IS ERYTHROID HYPERPLASIA AND PARTIAL BLAST. THERE IS PROMINENT DYSPLASIA IN THE ERYTHROID SERIES. THE PATIENT WITH LOW THROMBOCYTE LEVEL IN LOW BLOOD COUNT WAS HOSPITALIZED FOR ADMINISTRATION OF ERYTHROID SUSPENSION.

FAMILY HISTORY : NO FEATURES
BACKGROUND- : Disease: HAD

BRUCELLA AT THE AGE OF 13.
DIABETES DETECTED IN 2010. USED METFORMIN.

CLINICAL FINDINGS : WEARY AND PALE
NORMAL RESPIRATORY SOUNDS
TACHYCARDIC HEART.
LIVER AND SPLEEN CANNOT BE PALPATED.
NO OEDEMA.

EXAMINATIONS : CYTOMETRIC FLOW; ERYTHROLEUKEMIA CONSIDERED AS A RESULT OF BONE MARROW ASPIRATION.
DUE TO RESISTANCE IN THE PREVIOUS TREATMENTS, FLAG-IDA REGIME WAS RECOMMENDED AND IN CASE OF RESISTENCE TO THIS TREATMENT TOO, VIDAZA OR DEKOGEN WAS PLANNED AS THE 2ND ALTERNATIVE.

DIAGNOSIS (DIAGNOSES) : TRANSITION FROM MDS TO ERYTHROLEUKEMIA
SURGERY/PROCEDURE : BONE MARROW

ASPIRATION

CLINICAL PROCESS and MEDICATION : (CYTOMETRIC FLOW; ERYTHROLEUKEMIA CONSIDERED AS A RESULT OF BONE MARROW ASPIRATION.

DUE TO RESISTANCE IN THE PREVIOUS TREATMENTS, FLAG-IDA REGIME WAS RECOMMENDED AND IN CASE OF RESISTENCE TO THIS TREATMENT TOO, VIDAZA OR DEKOGEN WAS PLANNED AS THE 2ND ALTERNATIVE.)

RECOMMENDED THERAPY/ : FLAG-IDA
PROTOCOL

FOLLOW-UP RECOMMENDATIONS : ALLOGENIC TRANSPLANTATION IS REQUIRED AS SOON AS THE PATIENT GOES INTO REMISSION. PREPARATION FOR NON-RELATIVE DONOR OR HAPLOIDENTIC DONOR DURING ADMINISTRATION OF FLAG-IDA THERAPY IS HIGHLY CRITICAL.

CONTROL APPOINTMENT DATE : -

STATE OF DISCHARGE : Discharged
without recovery

Name and Surname of the Physician : ZAFER

GÜLBAŞ
Signature