16. CLINICAL FEATURES, DIAGNOSIS AND TREATMENT OF CHRONIC LYMPHOCYTIC LEUKEMIA

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Introduction. Chronic lymphocytic leukemia (CLL) is a primary lymphatic tissue disease characterized by the proliferation and accumulation of a malignant clone of lymphocytes stuck in maturation and immunologically incompetent. Morbidity in the Republic of Moldova is 1.2 cases per 100,000 population. Thus, the reason for studying this pathology has served as an increase in morbidity in recent years, frequent relapses, the development of infectious and immune complications, leading to inability to work, sometimes even the death of people with chronic lymphocytic leukemia.

Aim of study. Study of clinical aspects, diagnostic methods and the principles of treatment at patients with chronic lymphocytic leukemia.

Methods and materials. A group of 60 patients (35 men and 25 women) aged 40-76 years (average age 64.2) were studied, who were under the evidence of hematologists inside the Hematology Consultative Center of the Oncological Institute from the Republic of Moldova. The clinical diagnosis of CLL was confirmed by morphological examination.

Results. The disease has developed mainly in people aged 60-79 years. In stage A, 32 (53.3%) patients were diagnosed. In the evolution of CLL in 7 (11.7%) patients, the disease evolved to stage C, sarcomatization, with the development of Richter syndrome. At the objective examination were found: lymphadenopathy and hepatomegaly (85.7%) splenomegaly (57.1%). In the peripheral blood the leukocytes varied between 12-505 109 / L, and the lymphocytes between 55-97%. As a treatment, in stage A, chlorambucil therapy was initiated in only 10 (6%) patients, the rest were monitored ("watch and wait"). In stage B, chlorambucil, rituximab, vincristine, ibrutinib were used and in more advanced cases, FCR (fludarabine, cyclophosphamide, rituximab), R-CP (rituximab, cyclophosphamide, prednisolone), R-CVP (rituximab, cyclophosphamide, vincristine, prednisolone). Autoimmune haemolytic anemia was detected in 6 (10%) patients, autoimmune thrombocytopenia in 6 (10%) patients, and (5%) were associated with both autoimmune complications, patients with infectious complications 19 (31.6%). The overall survival rates over one year, 3 and 5 years were 97.4%, 90.2% and 74.1%, respectively.

Conclusion. Chronic lymphocytic leukemia develops more frequently at the age of 60-69, mainly in men. Most patients were diagnosed in clinical stage A. In stage B in the clinical picture, peripheral lymphadenopathy, splenomegaly and hepatomegaly predominated. Infectious complications were recorded in 31.6% of people. Overall survival over 5 years was 97.4%.