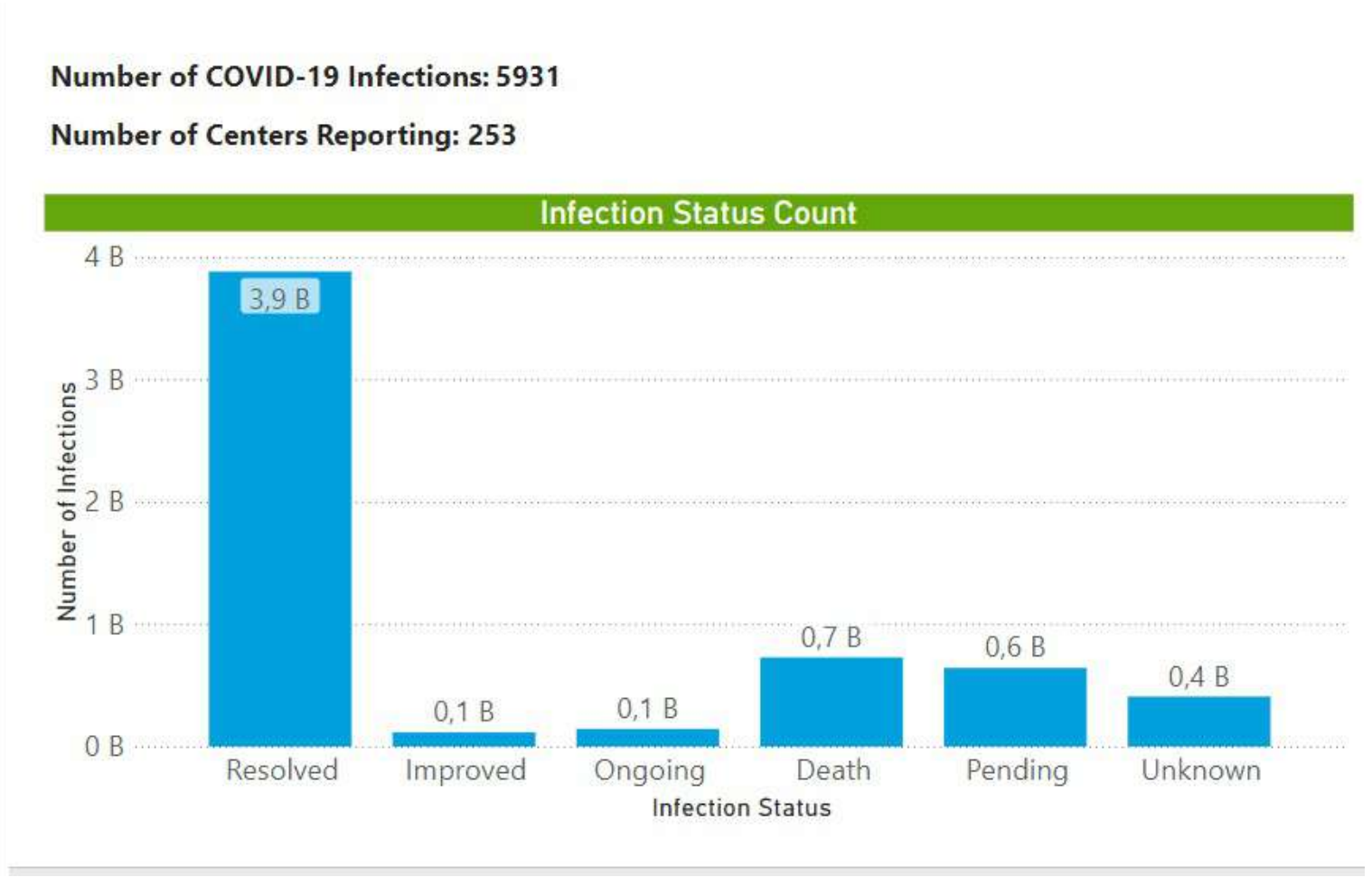
Kemik İliği / Kök Hücre Nakli COVID-19

Dr Öğr Üyesi Güle ÇINAR

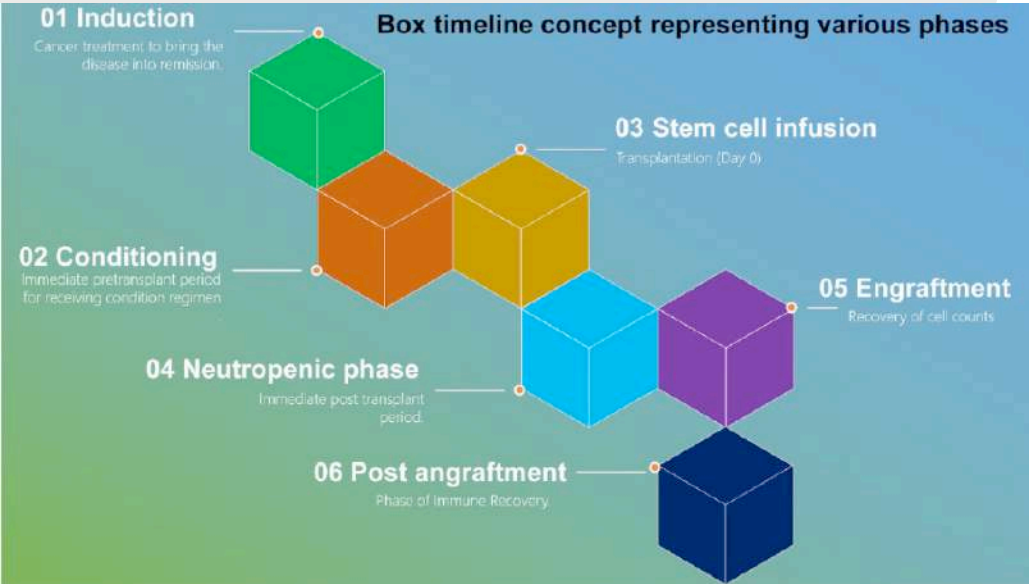
Ankara Üniversitesi Enfeksiyon Hastalıkları ve Klinik Mikrobiyoloji AD

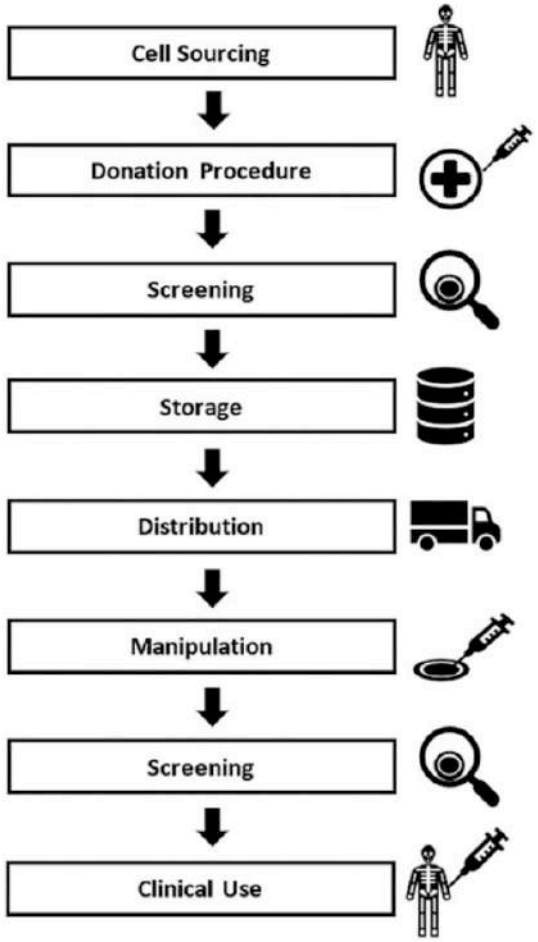
Uluslararası Kan ve İlik Nakli Araştırma Merkezi (CIBMTR)




GETTY IMAGES
SPLASH SHIELD
MARCH 11, 2020:
WHO DECLARES COVID
A GLOBAL PANDEMIC

- Önleme politikaları ve prosedürleri
- Personel
- Poliklinik ziyaretleri ve ziyaretçiler
- Nakil alıcıları





Bone Marrow Transplantation (2020) 55:2071–2076
https://doi.org/10.1038/s41409-020-0919-0

PERSPECTIVE

The challenge of COVID-19 and hematopoietic cell transplantation; EBMT recommendations for management of hematopoietic cell transplant recipients, their donors, and patients undergoing CAR T-cell therapy

Per Ljungman[1,2] · Malgorzata Mikulska[3] · Rafael de la Camara[4] · Grzegorz W. Basak[5] · Christian Chabannon[6] · Selim Corbacioglu[7] · Rafael Duarte[8] · Harry Dolstra[9] · Arjan C. Lankester[10] · Mohamad Mohty[11] · Silvia Montoto[12] · John Murray[13] · Régis Peffault de Latour[14] · John A. Snowden[15] · Ibrahim Yakoub-Agha[16] · Bregje Verhoeven[17] · Nicolaus Kröger[18] · Jan Styczynski[19] · for the European Society for Blood and Marrow Transplantation

Pandemi Günlüğü

Kan bağışı gönüllü sayısında azalma

Bone Marrow Transplantation
https://doi.org/10.1038/s41409-020-0913-6

CORRESPONDENCE

COVID-19 pandemic and impact on hematopoietic stem cell transplantation

Kamal Kant Sahu[1] · Ahmad Daniyal Siddiqui[1] · Jan Cerny[2]

24 Hematoloji ve Onkoloji merkezi

- 11 Mart-31 Mayıs 2020
- 51 hasta
- 31 hematolojik malignite
- 32 (60.4%) hastanın KT'sine ara verilmiş
- Ort. 15 (3-45) gün gecikme

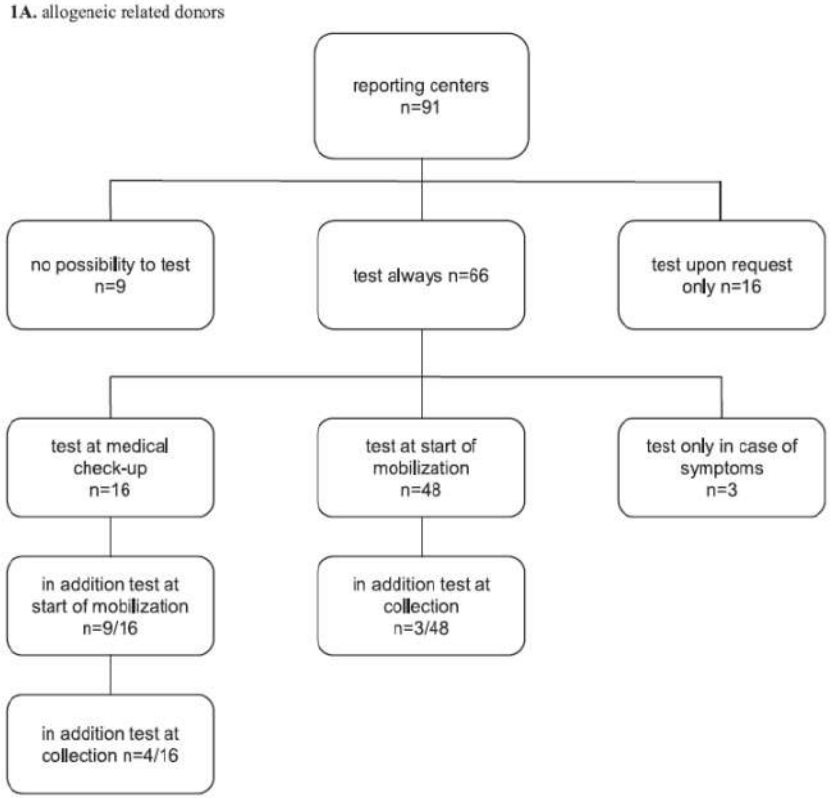
JCO Oncology Practice > List of Issues > Volume 17, Issue 6 >

LETTER TO THE EDITOR

Delays in Treatment Because of COVID-19 Infection in Children With Cancer and Stem-Cell Transplant Recipients in Turkey

Rejin Kebudi, MD, Nilgün Kurucu, MD, and Deniz Tuğcu, MD

Show More



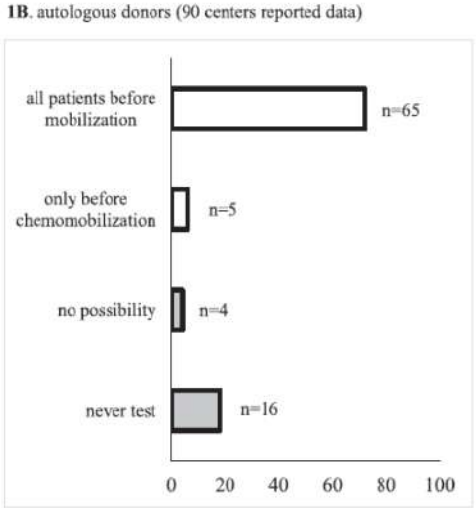


Figure 1. The algorithm for SARS-CoV-2 testing in allogeneic related (n = 91) (A) and autologous (n = 90) (B) HPC donors. 1A. allogeneic donors (91 centers reported data).

- 6 kıta / 91 merkez
- %72 donör PCR testi
- %80 dondurarak saklama
- 19 pozitif örnek
- Büyüme faktörü uygulaması sırasında herhangi bir beklenmeyen (örn., hiperinflamatuar sendrom) advers olay veya reaksiyon yok

Transplantation and Cellular Therapy 27 (2021) 270.e1–270.e6

ELSEVIER

Transplantation and Cellular Therapy

journal homepage: www.tctjournal.org

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Full Length Article

Analysis

Changes in Hematopoietic Cell Transplantation Practices in Response to COVID-19: A Survey from the Worldwide Network for Blood & Marrow Transplantation

Nina Worel[1,*], Bronwen E. Shaw[2], Mahmoud Aljurf[3], Mickey Koh[4,5], Adriana Seber[6], Daniel Weisdorf[7], Joseph Schwartz[8], Sebastian Galeano[9], Yoshihisa Kodera[10], Paul W. Eldridge[11], Shahrukh Hashmi[12,13], Yoshiko Atsuta[10], Jeff Szer[14], Wael Saber[2], Dietger Niederwieser[15], Hildegard T. Greinix[16] for the Worldwide Network for Blood & Marrow Transplantation

- 7397 hasta

- HLA-uyumlu akraba PKH donörleri (n = 1051)
- HLA-uyumlu akraba dışı PKH donörleri (n = 678)

- HLA-uyumlu akraba/akraba dışı kemik iliği donörleri (n = 154)
- Çok değişkenli analizlerde Kİ greftlerinin dondurularak saklanmasıyla gecikmeli engraftman, nüks ilişkili/ilişkisiz mortalite riskinde bir artış yok
- PKH donör greftleri trombosit geri kazanımında azalma (Hazard ratio [HR], 0.73; %95 güven aralığı [CI], 0.68-0.78; P < .001) ve Grade II-IV (HR, 1.27; %95 GA, 1.09-1.48; P = .002) ve grade III-IV (HR, 1.48; %95 GA, 1.19-1.84; P < .001) GVHD riskinde artışla uyumlu
- Daha yavaş engrafman

Transplantation and Cellular Therapy 27 (2021) 507 - 516

Transplantation and Cellular Therapy

journal homepage: www.tctjournal.org

Full Length Article
Analysis

The Effect of Donor Graft Cryopreservation on Allogeneic Hematopoietic Cell Transplantation Outcomes: A Center for International Blood and Marrow Transplant Research Analysis. Implications during the COVID-19 Pandemic

Jack W. Hsu MD[1], Nosha Farhadfar MD[1], Hemant Murthy MD[2], Brent R. Logan PhD[3,4], Stephanie Bo-Subait MPH[5], Noelle Frey MD, MS[6], Steven C. Goldstein MD[7], Mary M. Horowitz MD, MS[3], Hillard Lazarus MD[8], Joshua D. Schwank[5], Stephen R. Spellman MBS[5], Galen E. Switzer PhD[10], Steven M. Devine Bronwen E. Shaw MD, PhD[3,*], John R. Wingard MD[1]

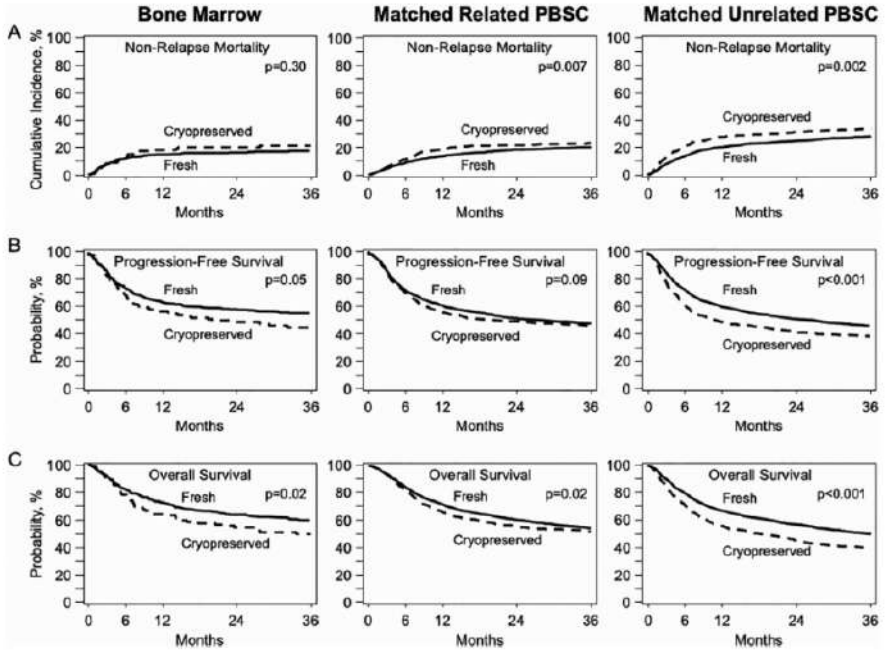

Figure 1. Kaplan-Meier curves in BM, MRD, and URD grafts. (A) Treatment-related mortality. (B) PFS. (C) OS.

- Nisan-Eylül 2021
- 191 örnek

- Çözülme sonrası CD34 geri kazanımı %78 (%25-%176 aralığında) ve CD34 canlılığı %87 (%34-%112 aralığında)
- Nötrofil iyileşmesine kadar geçen medyan süre 17 gün (10-24)
- 6 hastada (%4) greft yetmezliği
- Taze örnek sonuçları ile benzer
- Örneklerin %29'unda hasar/sorun
- Transit sırasında hasar, düşük hücre dozu, yetersiz etiketleme, ilişkisiz donör hemopoietik progenitör hücre ürünlerinin dondurularak saklanması

Transplantation and Cellular Therapy 000 (2021) 1–6

ELSEVIER

Transplantation and Cellular Therapy

journal homepage: www.tctjournal.org

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Good Engraftment but Quality and Donor Concerns for Cryopreserved Hemopoietic Progenitor Cell Products Collected During the COVID-19 Pandemic

Duncan Purtill[1,2,*], Cheryl Hutchins[3], Glen Kennedy[3], Andrea McClean[3], Chris Fraser[4], Peter J Shaw[5,6], Paul Chiappini[2], Helen Tao[7], David DF Ma[7,8], Karieshma Kabani[9], Lijun Bai[10], Matthew Greenwood[11,12], Ashish Bajel[13,14], Elizabeth O'Flaherty[13], David J Curtis[15,16], Leanne Purins[17], Travis Perera[18], Sarah Tan[19], Andrew Butler[20], Ken Micklethwaite[21,22], Vicki Antonenas[22], David Gottlieb[21,23], Nada Hamad[7,8]

- Evde hemşire ziyareti ile takip

- Teletıp görüşmeleri

TO THE EDITOR:

House calls for stem cell transplant patients during the COVID-19 pandemic

Anthony D. Sung, Krista R. Nichols, and Nelson J. Chao

Division of Hematologic Malignancies and Cellular Therapy, Department of Medicine, School of Medicine, Duke University, Durham, NC

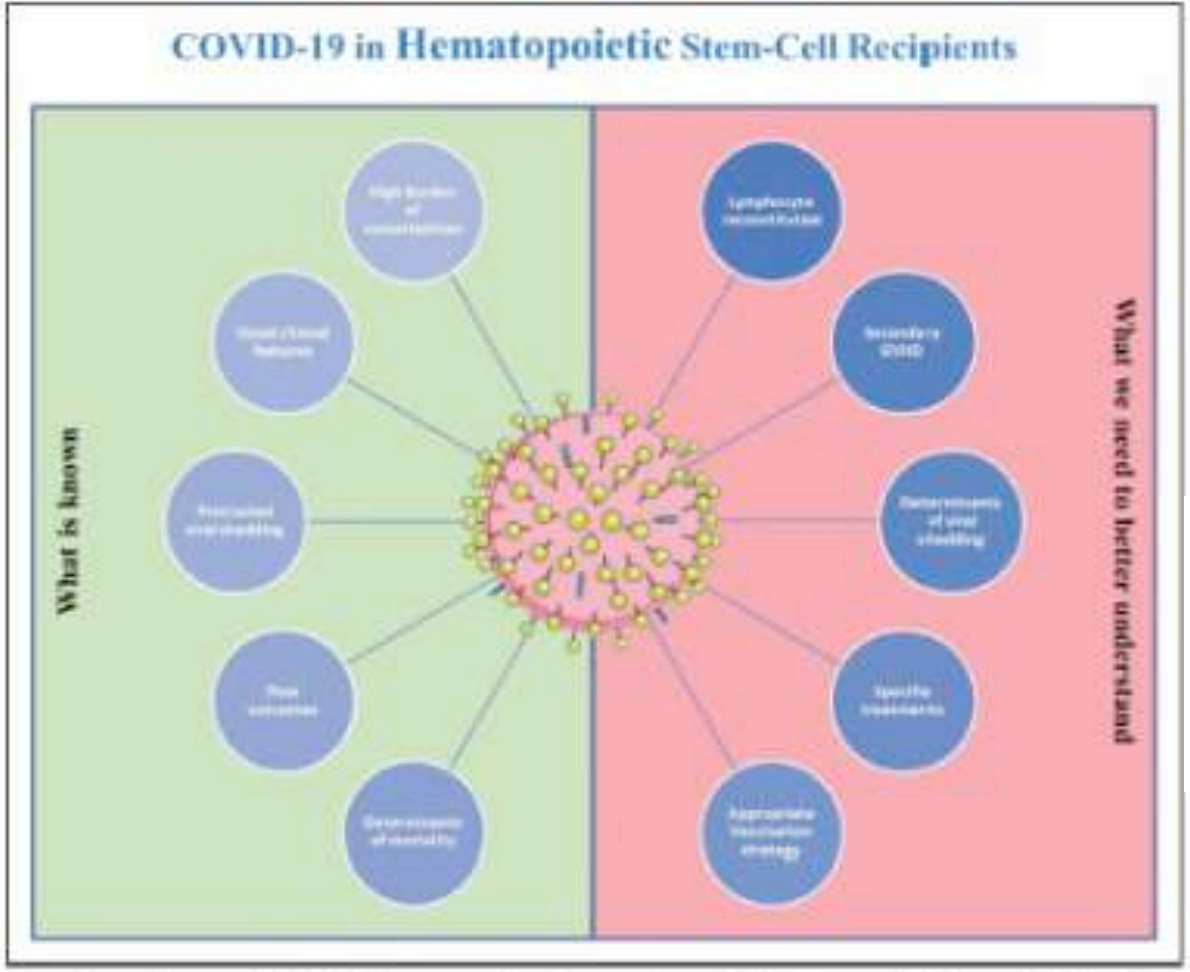


FIGURE 1. Coronavirus disease 2019 features and outcomes in autologous and allogeneic hematopoietic stem cell transplantation recipients. Left panel: recent findings suggest that HSCT recipients exhibit a high burden of comorbidities and COVID-19 clinical features almost similar to the general COVID population. HSCT recipients exhibit a protracted SARS-CoV-2 shedding, prolonging duration of symptoms and promoting the generation of highly mutated viruses. Most of the studies report a higher COVID-19 mortality in HSCT recipients, mainly driven by age, comorbidities, time from transplantation, and immunosuppression because of both treatments and underlying hematological malignancy. Right panel: further studies are warranted to evaluate COVID-19-related hematological outcomes, to determine the proper impact of HSCT-related immune disorders on COVID-19 outcomes, and to evaluate directed therapeutic strategies in this high-risk population. COVID-19, coronavirus disease 2019; HSCT, hematopoietic stem-cell recipients; SARS-CoV-2, severe acute respiratory syndrome coronavirus 2.

CURRENT OPINION

Coronavirus disease 2019 in immunocompromised patients: a comprehensive review of coronavirus disease 2019 in hematopoietic stem cell recipients

Antoine Lafarge, Asma Mabrouki, Elise Yvin, Swann Bredin, Yannick Binois, Raphael Clere-Jehl, and Elie Azoulay

Table 1. Nine studies focusing on adult autologous and allogeneic hematopoietic stem cell transplantation recipients with coronavirus disease-19

Author	N	Demographics	Common symptoms	Follow-up	Time from HSCT to COVID-19	Viral shedding (days)	COVID-19 directed therapies	Outcomes	Risk factors
Balsky *et al.*, meta-analysis	Auto: 7 Allo: 23	Age range: 10.5–64 years	Fever: 56% Dyspnea: 56% Cough: 56%		77 days to 3 years		Corticosteroids: <1% Convalescent plasma <1% Tocilizumab <1% Remdesivir <1%	Severe COVID-19: 32.2%	IS Pneumonia Thrombopenia
Camargo *et al.*, USA	Auto: 12 Allo: 15	Age: 67 years (50–67) Male: 57%	Fever: 71% Cough: 54% Dyspnea: 33%	59 days (44-88)	21.5 months (10.6-41.8)	26 (7–64)	IS reduced/discontinued: 45% Corticosteroids: 67% Remdesivir: 60% Convalescent plasma: 27% Tocilizumab: 27% MG: 7%	Severe: 36% ICU: 25% MV: 25% Secondary infection: 25% Overall mortality: 25%	Age ≥50 Time from HSCT <12 months ≥2 IS
El Fakih *et al.*, Middle East	Auto: 39 Allo: 52	Age: 35 years Male: 58% GVHD: 13%	Fever: 56% Cough: 41% Dyspnea: 24%		14.9 months (16.3–38.9)	37 (14–116)		Severe COVID-19: 15% ICU: 16% MV: 10% Overall mortality: 4.4%	Time from HSCT <12 months

Table 1 (Continued)

Author	N	Demographics	Common symptoms	Follow-up	Time from HSCT to COVID-19	Viral shedding (days)	COVID-19 directed therapies	Outcomes	Risk factors
Mushtaq et al., USA	Auto: 23 Allo: 32	Age: 58 years (24–77) Male: 64% GVHD: 22%		6.1 months (0.5–13.[illegible])	17.7 months (0.2–201.9)	14 (14–131)	Remdesivir: 41% Convalescent plasma: 35% Corticosteroids: 22% Monoclonal antibodies:	Overall mortality: 16.3% Severe COVID-19: 28% ICU: 19% MV: 10%	Allogeneic HSCT IS Prior GvHD
Passamonti et al., Italy	Auto: 51 Allo: 31	Age: 56.4 years (± 11.2)		20 days (10–34)					Progressive disease status
Sharma et al., USA	Auto: 134	Age: 60 years (49–65) Male: 60%		25 days (12–35)	23 months (8–51)				Underlying lymphoma
	Allo: 184	Age: 47 years (30–60) Male: 58% GVHD: 33%	Fever: 57%	21 days (8–41)	17 months (8–46)				Age ≥50 Male sex Time from HSCT <12 months
Shah et al., USA	Auto: 37 Allo: 35	Age: 62 years (25–78) Male: 64% GVHD: 17%	Cough: 65% Fever: 58% Fatigue: 39%	23 days (14–35)	25.6 months (11.6–52.6				Number of comorbidities Chest infiltrates Neutropenia
Varma et al., USA	Auto: 14 Allo: 20	Age: 57 (24–76) Male: 65% GVHD: 26%	Fever 71% Cough 79% Dyspnea: 64%		17.4 months (1–248.7)			1%	Age >40 BMI ≤20 Steroids at diagnosis of COVID-19 Time from HSCT <12 months Anemia Thrombopenia Lymphopenia
Khaard et al., Europe	Allo: 54	Age: 55 years Male: 57.4	Fever: 72% Cough: 44.4%		15.6 months (0–108)		Corticosteroids: 25.9%	Overall mortality: 25.9% ICU: 24.1%	

Allo, allogeneic HSCT; auto, autologous HSCT; GVHD, graft-versus-host disease; HSCT, hematopoietic stem-cell transplantation; IS, immunosuppressants; MV, mechanical ventilation.

Yaş≥50
Nakilden sonra geçen sürenin<12 ay
Trombositopeni
Lenfopeni
Altta yatan hastalık sayısı
İmmunsupresyon

CURRENT OPINION

Severe acute respiratory syndrome coronavirus 2 infection in the stem cell transplant recipient — clinical spectrum and outcome

Mario Fernández-Ruiz[a,b] *and José María Aguado*[a,b]

Purpose of review

Focusing on large multicenter cohorts reported over the last months, this review aims at summarizing the available evidence by July 2021 on the impact of coronavirus disease 2019 (COVID-19) on hematopoietic stem cell transplant (HSCT) recipients in terms of epidemiology, clinical features, and outcome.

Recent findings

The incidence of COVID-19 in institutional cohorts varied according to different regions and study periods from 0.4% to 8.3%. Clinical presentation was overall comparable to other immunocompromised hosts and the general population. Microbiologically confirmed superinfection occurred in 13–25% of recipients, with most episodes due to hospital-acquired bacteria and few reported cases of COVID-19-associated aspergillosis. Prolonged nasopharyngeal severe acute respiratory syndrome coronavirus 2 shedding has been demonstrated for as long as 210 days. Mortality rates were similar across studies (14.8–28.4%) and did not markedly differ from those observed in nontransplant hematological patients during the first wave. Older age and shorter time from transplantation were associated with mortality, as well as underlying disease status and amount of immunosuppression. No outcome differences were found in most studies between allogeneic and autologous procedures.

Table 1. Summary of most relevant multicenter cohorts of adult HSC

First author [ref.]	Sample size	Type of HSCT, median time to COVID-19 diagnosis	Median age					
Ljungman [10**]	382	Allo-HSCT ($n=236$), 15.8 months Auto-HSCT ($n=146$), 24.6 months	54.1 ye 60.6 HSC					
Sharma [13**]	318	Allo-HSCT ($n=184$), 17 months Auto-HSCT ($n=134$), 23 months	47 y 60					
Piñana [11**]	123	Allo-HSCT ($n=65$), 14.5 months Auto-HSCT ($n=58$), 25.9 months	48 years 61 year					
Xhaard [12*]	54	Allo-HSCT only, 15.6 months	52.6 years	(13.0%)				
Varma [14]	34	Allo-HSCT ($n=20$), 18.9 months Auto-HSCT ($n=14$), 13.2 months	54 years (allo-HSCT), 59 years (auto-HSCT)	AML/ALL (47.0%), (17.6%), plasma disorders (26.4%)	or CB	Not reported	Myeloablative (35%), RIC (65%)	45%

ALL, acute lymphoblastic leukemia; Allo-HSCT, allogeneic hematopoietic stem cell transplantation; AML, acute myeloid leukemia; auto-HSCT, autologous hematopoietic stem cell transplantation; BM, bone marrow; CB, cordon blood; COVID-19, coronavirus disease 2019; GvHD, graft-versus-host disease; HLA, human leucocyte antigen; MDS/MPD, myelodysplastic/myeloproliferative disorder; NHL, non-Hodgkin lymphoma; PB, peripheral blood; RIC, reduced intensity conditioning.
*Percentages calculated on the total number of allo-HSCT recipients.

Ateş (%62,9-%78,5)
Öksürük (%48.1-%70.5)
Üst solunum yolu semptomları (%27.7-%44.4)
İshal ve kusma (%7,4-%21,9)
Miyalji veya artralji (%15,2-%17,8)
Anozmi (%14,8 -%42,4)
İlk akciğer radyografisinde pnömoni (%64-82)

Table 2. Main outcomes and risk factors for mortality in cohorts of adult HSCT recipients (including ≥10 patients) with COVID-19 reported by July 2021

First author [ref.]	Sample size	Study period	All-cause mortality	Other outcomes	Risk factors for mortality or disease severity	Impact of the type of HSCT on mortality
Ljungman [10▪▪]	382	March to July 2020	28.4%	Attributable mortality: 25% Oxygen therapy: 35%	All-cause mortality: Age [per each 10-year increment] (aHR: 1.21; 95% CI: 1.03–1.43) Higher ISI group (aHR: 1.84; 95% CI: 1.02–3.33) Better performance status (aHR: 0.83 95% CI: 0.74–0.93)	Similar survival for allo-HSCT and auto-HSCT (78% vs. 72%; *P*-value = 0.8)
Sharma [13▪▪]	318	March to August 2020	20.8%	Oxygen therapy: 27% in allo-HSCT, 20% in auto-HSCT IMV: 15% in allo-HSCT, 13% in auto-HSCT	Attributable mortality in allo-HSCT: Age >50 years (aHR: 2.53; 95% CI: 1.16–5.52) Male gender (aHR: 3.53; 95% CI: 1.44–8.67) Time interval from HSCT to diagnosis ≤12 months (aHR: 2.67; 95% CI: 1.33–5.36) Attributable mortality in auto-HSCT: Lymphoma vs. plasma cell disorder (aHR: 2.41; 95% CI: 1.08–5.38)	Similar mortality for allo-HSCT and auto-HDCT (22% vs. 19%)
Piñana [11▪▪]	123	March to May 2020	20.3%	ICU admission: 11% in allo-HSCT, 14% in auto-HSCT	Attributable mortality: Age >70 years (aOR: 2.1; 95% CI: 1.2–3.8) Relapsed or refractory disease vs. complete/partial response (aOR: 2.9; 95% CI: 1.6–5.2) ECOG 3–4 (aOR: 2.56; 95% CI: 1.4–4.7) Neutropenia (aOR: 2.8; 95% CI: 1.3–6.1) CRP level >20 mg/dl (aOR: 3.3; 95% CI: 1.7–6.4)	No differences for auto-HSCT as compared to allo-HSCT (OR: 1.04; 95% CI: 0.43–2.5)
Shah [19]	72[a]	March to June 2020	18.2%	Hospital admission: 44% High-flow oxygen therapy: 32% IMV: 12%	Disease severity[b]: ≥2 vs. 0 comorbidities (HR: 5.41; 95% CI: 1.84–15.9) Infiltrates on initial imaging (HR: 3.08; 95% CI: 1–9.4) Neutropenia (HR: 1.15; 95% CI: 1.02–1.29)	Nonsignificant lower survival for allo-HSCT than auto-HSCT (60% vs. 87%)
Mushtaq [15]	58[c]	March to May 2020	16.3%	ICU admission: 19% IMV: 11%	Disease severity[d]: Allo-HSCT vs. auto-HSCT/CAR-T (aOR: 3.64; 95% CI: 1.23–10.78) Ongoing immunosuppression (aOR: 5.91; 95% CI: 1.76–19.81) Grade II–IV acute GvHD (aOR: 4.56; 95% CI: 1.10–18.86)	Higher mortality for allo-HSCT than auto-HSCT (28% vs. 0%; *P*-value = 0.007)

First author [ref.]	Sample size	Study period	All-cause mortality	Other outcomes	Risk factors for mortality or disease severity	Impact of the type of HSCT on mortality
Xhaard [12▪]	54	March to May 2020	14.8%	ICU admission: 24%	Attributable mortality: Age quartile 4 (OR: 12.8; 95% CI: 1.2–137.3) Platelet count tertile 1 (OR: 21.3; 95% CI: 1.7–267.1) Co-infection (OR: 12.0; 95% CI: 1.8–78.9) Probable pneumonia (OR: 9.9; 95% CI: 1.1–91.6) Time interval from HSCT to diagnosis quartile 4 (OR: 0.05; 95% CI: 0.01–0.7)	Only allo-HSCT included
Varma [14]	34	First wave	20.6%	Hospital admission: 74% ICU admission: 32% IMV: 23%	All-cause mortality: Hemoglobin levels (*P*-value = 0.002) LDH levels at presentation (*P*-value = 0.002) Peak LDH levels (*P*-value < 0.001) Ferritin levels (*P*-value = 0.022)	Nonsignificant higher mortality for allo-HSCT than auto-HSCT (36% vs. 14%)
Camargo [17▪]	28[e]	March to December 2020	25.0%	ICU admission: 25% RRT: 14% IMV: 21%	All-cause mortality: Time interval from HSCT to diagnosis ≤12 months (*P*-value = 0.04) ≥2 immunosuppressive drugs (*P*-value = 0.01)	Similar mortality for allo-HSCT and auto-HSCT (27% vs. 25%; *P*-value > 0.99)

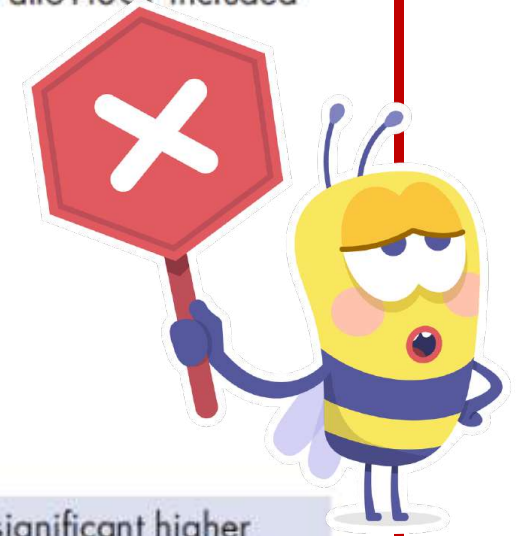


Table 1. Recently reported studies on development of COVID-19 infection in hematopoietic stem cell transplantation patients with outcome.

Author	Cases	Allogeneic	Autologous	CAR-T cell	Primary outcome	Causes of death
Sharma *et al.*[20] (CIBMTR data, worldwide data collection)	318	184	134	0	66 patients died.	COVID-19 was the cause of death in the majority of the patients (84.84%)
Maurer *et al.*[21] (DFCI, USA)	127	62	38	27	Only one patient (tisagenlecleucel recipient) died	Due to COVID-19 pneumonia-related complications
Piñana *et al.*[22] (GETH data, data of 41 Spanish hospitals)	123	65	58	0	25 patients died	COVID-19 was the cause of death in the majority of the patients (88.00%)
Passamonti *et al.*[23] (The Italian Hematology Alliance, 66 Italian hospitals)	82	31	51	0	28 patients died	-
Shah *et al.*[24] (MSKCC, USA)	77	35	37	5	Overall survival at 30 days was 78%	All 14 deaths were reported in patients with severe COVID-19
Yazidi *et al.*[25] (Oman)	1 (Pediatric)	1	0	0	Survived	Not applicable
Rossoff *et al.*[26] (USA)	1 (Pediatric)	1	0	0	Survived	Not applicable
Jarmoliński *et al.*[27] (Poland)	1 (Pediatric)	1	0	0	Survived	Not applicable
Doná *et al.*[10] (Spain)	3 (Pediatric)	NA	NA	NA	100% survived	Not applicable
Sultan *et al.*[28] (Egypt)	7	7	0	0	All survived	Not applicable
Malard *et al.*[29] (France)	7	5	1	1	Overall survival 85%	Not mentioned
Kanellopoulos *et al.*[30] (United Kingdom)	7	6	1	0	One died due to AML relapse Two died due to COVID-19 Four patients are alive	Intracranial bleed due to thrombocytopenia in the setting of AML relapse (1 patient) Pulmonary embolism (1 patient) ARDS (1 patient)
Haroon *et al.*[4] (Riyadh)	11	6	5	0	Overall survival 100%	Not applicable

CIBMTR, Center for International Blood and Marrow Transplant Research; DFCI, Data Farber Cancer Institute; GETH, Grupo Español de Trasplante Hematopoyético; MSKCC, Memorial Sloan Kettering Cancer Center; NA, Not available; AML, Acute Myeloid Leukemia; ARDS, Acute Respiratory Distress Syndrome.

Viral yükün mortalite üzerine etkisi???

Miyeloablatif olmayan tedavi rejimi ve posttransplant siklofosfamid kullanımında ciddi klinik seyir ve mortalite daha az

Check for updates

Infectious Disease in Hematopoietic Stem Cell Transplantation Special Collection

Therapeutic Advances in Infectious Disease *Review*

A review on recipients of hematopoietic stem cell transplantation patients with COVID-19 infection

Kamal Kant Sahu and Ahmad Daniyal Siddiqui

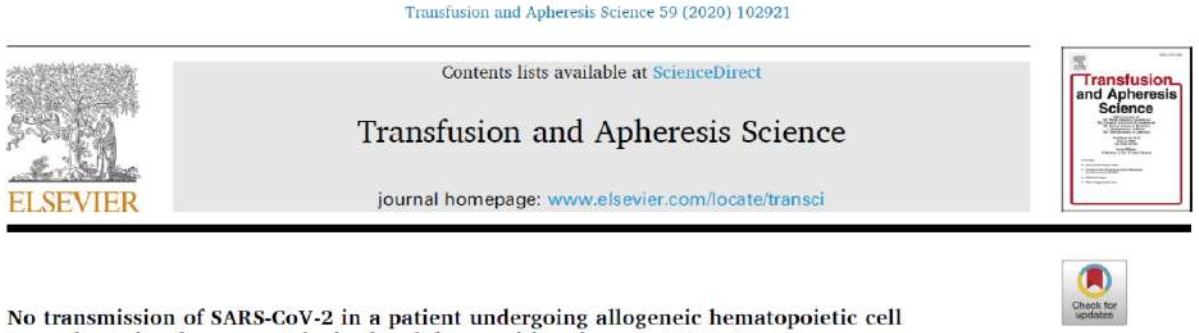
Ther Adv Infectious Dis
2021, Vol. 8: 1–8
DOI: 10.1177/20499361211013252

- Ocak 2012-Ocak 2019
- Mevsimsel HCoV'nin neden olduğu üst ve/veya alt solunum yolu hastalığı olan allo-HCT alıcıları (yetişkinler ve çocuklar)
- 449 HCoV Ü/ASYE epizodu geliştiren 402 allo-HCT alıcısı
- Medyan yaş 46 (0.3-73.8 yıl)
- HCoV atakları, transplantasyondan ortalama 222 gün sonra
- En yaygın HCoV alt tipi OC43 (n=170, %38)
- 121 epizodda ASYE (%27)
- Hastaneye yatış (%18)
- Oksijen uygulaması (%13)
- Yoğun bakım ünitesine kabul (%3)
- HCoV tespitinden sonraki üç aylık genel mortalite, tüm kohortta %7 ve ASYE olanlarda %16
- ASYE'li alıcılarda daha yüksek mortalite ile ilişkili 3 durum: mutlak lenfosit sayısı <0,1 x10^9/mL [HR, 10.8], kortikosteroic kullanımı (HR 4.68) ve yoğun bakım ünitesine yatış (HR 8.22) ($p<0.01$)

Multicenter Study > J Infect Dis. 2021 May 20;223(9):1564-1575. doi: 10.1093/infdis/jiaa553.

Seasonal Human Coronavirus Respiratory Tract Infection in Recipients of Allogeneic Hematopoietic Stem Cell Transplantation

Jose Luis Piñana [1,2], Aliénor Xhaard [3], Gloria Tridello [4], Jakob Passweg [5], Anne Kozijn [6], Nicola Polverelli [7], Inmaculada Heras [8], Ariadna Perez [9], Jaime Sanz [1,2], Dagmar Berghuis [10], Lourdes Vázquez [11], María Suárez-Lledó [12], Maija Itäla-Remes [13], Tulay Ozcelik [14], Isabel Iturrate Basarán [15], Musa Karakukcu [16], Mohsen Al Zahrani [17], Goda Choi [18], Marián Angeles Cuesta Casas [19], Montserrat Batlle Massana [20], Amato Viviana [21], Nicole Blijlevens [22], Arnold Ganser [23], Baris Kuskonmaz [24], Hélène Labussière-Wallet [25], Peter J Shaw [26], Zeynep Arzu Yegin [27], Marta González-Vicent [28], Vanderson Rocha [29], Alina Ferster [30], Nina Knelange [3], David Navarro [8], Malgorzata Mikulska [31], Rafael de la Camara [15], Jan Styczynski [32]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journal homepage: www.elsevier.com/locate/transci

No transmission of SARS-CoV-2 in a patient undergoing allogeneic hematopoietic cell transplantation from a matched-related donor with unknown COVID-19

- İnkübasyon döneminde olan bir donörden 57 yaşındaki bir erkeğe allojenik HKHN
- 11. gün FEN
- PAAG: COVID-19'u düşündürmeyen solda küçük bir infiltrasyon
- Oksijen desteğine ihtiyaç gelişmemiş
- 7 gün Sefepim ve Levofloksasin ile antibiyotik tedavisi
- Ateş yanıtı +
- 2 ardışık SARS-CoV-2 PCR'si negatif
- Nötrofil ve trombosit engraftmanı sırasıyla +18 ve +16. günlerde
- +24. günde taburcu ve nakille ilişkili başka bir komplikasyon yok
- +100 değerlendirme gününde, tam bir greft fonksiyonu ve tam kimerizm ile tam yanıt
- SARS-CoV-2 için seroloji testi hem IgM hem de IgG için negatif
- COVID-19 hastalarının plazmasındaki düşük viral RNA konsantrasyonu, periferik kan hematopoietik hücreleri de dahil olmak üzere kan ürünlerinin güvenliğini destekleyebilir.

Alya Ertarakçı (7), Ankara

TEŞEKKÜR EDERİM….