

مورنینگ تخصصی کرونا

بیمارستان دکتر شریعتی



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چهارمین جلسه مورنینگ مجازی درمان

باموضوع: بررسی کووید ۱۹ در بد خیمه ها

به میزبان: بیمارستان دکتر شریعتی

پنج شنبه ۲۰ شهریور ۱۳۹۹ ساعت ۸ الی ۹ صبح

در بستر مجازی شبکه اجتماعي اختصاصي معاونت درمان دانشگاه علوم پزشکی تهران

www.live.tritapp.net/b/covid19

- 64 year old man
- Hx of Gastric cancer T3N1M0 since 98.8
- Neo-adjuvant chemotherapy FLOT (4 times)
- Total gastrectomy (98.11.25)
- Post surgery chemotherapy FLOT (98.12.28)
- Presented with fever and diarrhea (99.1.1)
- PCR for SARS-CoV-2 was Positive (99.1.3)
- Admitted in COVID-19 ward

- WBC: 22000 / mm³ , Hb: 12 gr / dL , Plt: 157000 / mm³
- CRP: 70 mg / L, Cr: 0.8 mg / dL
- AST: 30 U / L, ALT: 40 U / L, ALKP: 169 U / L
- O₂ saturation 91% in room air & 96% with O₂ and mask
- Treated with Tavanex and Vancomycin , HCQ ,
Oseltamivir , KALETRA



CORONAVIRUS DISEASE COVID-19
Hematology-Oncology and SCT Research Center
(HORCSCT)

Guideline for High Prevalence Communities

Accepted by Ministry of Health as a National Guideline

These measures serve to protect the recipients, the donors and the employees.

- Strategies involving Pre, Peri, and Post- HSCT
- Optimization of screening and admission process

- **Stem cell recipients safety**

HSCT candidates selection according to SARS-CoV-2 status

- **Stem cell donors safety and availability**

HSCT donors selection according to SARS-COV-2 status

Stem cell transplant units

- Enforce face-to-face screening for all healthcare workers upon entry to clinics / units.
- Screening staff for symptoms before every shift / staff who are sick are not allowed in any unit / research area.
- Masking all staff entering clinic and wards to prevent asymptomatic / pre-symptomatic transmission.

Post transplant recommendations

- Patients and caregivers should adhere to national prevention guidelines recommendations such as hand hygiene, home isolation and social distancing.
- Organization for online or telemedicine visits to contact with healthcare providers; manage their non-emergent problems.
- Defer survivorship and routine follow-up visits to a later date.
- Post-transplant consolidation-type therapies may be omitted.

- 67 year old man
- Multiple Myeloma (98.7)
- Chemotherapy 4 times
Bortezomib+Cyclophosphamide+Dexamethasone+Thalidomide
- Then Bortezomib+Thalidomide
- Cytogenetic: 6q del (High Risk)
- Auto-HSCT (99.4.19)
- Base creatinine: 3.4 mg / dL

- 3 times dialysis during admission in BMT1 ward
- day +15 presented with fever and cough and drop of O₂ saturation (89%)
- PCR for SARS-CoV-2: Positive after 2 days
- WBC: 9000 / mm³ , Hb: 9.7 g / dL , Plt: 67000 / mm³ , Cr: 2.5 mg / dL
- Transferred to COVID-19 ward (99.5.5)

- O₂ saturation 86% in room air and 94% with O₂ and mask
- Meropenem plus Vancomycine plus Ciprofloxacin
- Atazanavir
- Blood culture positive for gram positive cocci
- PCR positive for SARS-CoV-2 (99.5.16)

- Fever and dyspnea (99.5.18)
- Drop in O₂ saturation and respiratory distress
- WBC: 3500 / mm³ , Hb: 7.6 g / dL , Plt: 14000 / mm³ ,
Cr: 2.2 mg / dL
- Intubation and ICU admission
- Death (99.5.20)



Hematology, Oncology and SCT Research Center



From 1398/12/01 To 1399/05/31

HORCSCT HSCT Summary (2/20/2020 to 8/21/2020)

Total patients: 159

Re-HSCT: 4

HSCT type: Autologous: 89, Allogeneic: 70, Syngeneic: 0

Match status: Full match: 48, One mismatch: 2, Haploidentical: 20

Donor type: Sibling: 50, Unrelated: 3, Other relative: 17, HLA Mismatch: 0

Product type: Bone marrow: 1, Peripheral blood: 159, Cord blood: 0

Diagnosis	Autologous	Allogeneic	Syngeneic	Total HSCT
Acute myelogenous leukemia		27		27
Acute lymphoblastic leukemia		23		23
MDS/MPN		5		5
Hodgkin lymphoma	16	1		17
Non-Hodgkin lymphoma	13	3		16
MM/PCD	51	1		52
Severe aplastic anemia		5		5
Inherited abnormalities of erythrocyte		3		3
Fanconi anemia		1		1
Thalassemia		1		1
Others		1		1
Inherited disorders of metabolism		1		1
Others		1		1
Histiocytic disorders		1		1
FELH		1		1
Solid tumors	8			8
Neuroblastoma	7			7
Wilm tumour	1			1
Other disease	1			1
Total	89	70	0	159

As 09/09/2020

9 patients infected by SARS-CoV-2

● **5 Allo-HSCT patients**

- Acute Lymphoblastic Leukemia [2]
- Acute Myeloid Leukemia [1]
- Severe Aplastic Anemia (dead due to COVID-19) [1]
- Thalassemia Major [1]

● **4 Auto-HSCT patients** (Hodgkin Lymphoma [1] and Multiple Myeloma [3] 1 dead due to COVID-19)

● **5 Late mortality due to COVID-19**

- 49 year old man
- Presented with fatigue, ecchymosis and epistaxis
- WBC: 12700 / mm³ , Hb: 7.5 g / dL , Plt: 5000 / mm³ ,
Cr: 0.9 mg / dL
- AML-M1 with t(8;21)
- 7+3 protocol started (99.4.18)

- Presented with high fever (day +13) and dyspnea
- WBC: $160 / \text{mm}^3$, Hb: 7.0 g / dL , Plt: $20000 / \text{mm}^3$, Cr: 1.75 mg / dL
- PCR for SARS-CoV-2 : Positive (99.4.31)
- O₂ saturation with O₂ and mask : 98%
- Transferred to COVID-19 ward
- WBC: $3600 / \text{mm}^3$, Hb: 8.2 g / dL , Plt: $23000 / \text{mm}^3$, Cr: 1.1 mg / dL after 14 days in COVID-19 ward
- Complete remission in day +28
- WBC: $9600 / \text{mm}^3$, Hb: 8.7 g / dL , Plt: $250000 / \text{mm}^3$