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Poster

Parole chiave: Over 45, comorbidities

MORBIDITIES IN NON TRANSFUSION AND TRANSFUSION DEPENDENT THALASSEMIA PATIENTS OLDER THAN 45 YEARS

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BACKGROUND: The survival of Transfusion Dependent Thalassemia (TDT) patients over the last two decades dramatically improved, becoming similar to that of Non Transfusion Dependent Thalassemia (NTDT) patients.

AIM: to describe and compare clinical complications in TDT and NTDT patients older than 45 years.

METHODS: clinical parameters and complications were evaluated in 90 (56 NTDT and 34 TDT) patients. All TDT patients aged >45 years were included in this study. For NTDT patients we included all patients >45 years except those with mild genotype.

RESULTS: male to female ratio were similar in NTDT and TDT patients (33/23 and 18/16), mean age was higher in NTDT group (53.8±6 vs 47.9±3.6 years; p<0.05). The rate of splenectomized patients was higher in TDT group (85.3 vs 62.5 %; p<0.05). Mean hemoglobin (Hb) was 8.9±1.5 in NTDT and 9.5±0.7 g/dl in TDT group. Mean ferritin levels were similar (807±567 vs 881±742 ng/ml). Liver Iron Concentration (LIC) was higher in NTDT group (6.69±6.1 vs 3.52±4.9 mg Fe/g dw; p<0.05). Mean cardiac T2* was 42.05±9.76 ms in NTDT and 37.86±9.8 ms in TDT group; only 2 patients (both TDT) had myocardial iron overload (T2*<20 ms). All TDT and 40/56 (71.4%) NTDT patients were on Iron Chelation Therapy (ICT). The most commonly observed complications in both groups were bone disease and cholelithiasis followed by cardiac involvement, ocular disease and. No statistically significant differences were observed between TDT and NTDT groups regarding fractures (44.1 and 35.7 % respectively), cholecystectomy (32.3 and 39.2 % respectively), and arterial hypertension (5.9 and 10.7 % respectively). In TDT group arrhythmic events (29.4 vs 10.7%) and nephrolithiasis (35.3 vs 14.3 %) had higher prevalence. All endocrinopathies but adrenal insufficiency had higher prevalence in TDT group (p<0.05). HCV infection had higher prevalence in TDT group (52.9% vs 8.9% p<0.05). Two TDT and 1 NTDT patients had hepatocellular carcinoma. Leg ulcers, pulmonary hypertension, extramedullary hematopoiesis and venous thrombotic events were higher in NTDT group (p<0.05).

CONCLUSIONS: the comparison of morbidities in elderly TDT vs NTDT patients is still scanty so far. In TDT patients older than 45 years iron related comorbidities remain prevalent due to a long lasting transfusional iron accumulation not regularly counterbalanced by iron chelation. On the contrary NTDT patients showed higher rate of complications related to ineffective erythropoiesis, and anemia