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NURSE'S ASSESSMENT AND MANAGEMENT OF INVASIVE PULMONARY ASPERGILLOSIS (IPA) COMPLICATED WITH PNEUMOTORAX IN PATIENT WITH B-THAL MAYOR UNDERGOING HSCT FROM UNRELATED DONOR (MUD

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Background: B-Thal and SCA are among the most widespread single-gene disorders worldwide. Globally it is estimated that approximately 7% of the world's population is carriers of inherited hemoglobin disorders.

Aims:The allogeneic HSCT is the only definitively curative therapeutic modality for the treatment of B-Thal major. From our data, we have nearly 90% patient survival and disease-free survival in a group of 304 pt. As the literature report different complication can occur following HSCT in a malignant patient as that with the hemoglobinopathy.

Methods: Our case was a 17 year B-thal patient, diagnosed at age of 3 years. At age 11 he was positive for HCV and treated with interferon administration for six months, obtaining a complete response. After a thorough evaluation of histological test, we identify a donor in US registry. The clinical protocol the we apply was MUD 26.1 Cluster 3. After transplant performing the engraftment was full donors.

Results: Twenty-five days after HSCT, the patient present complications such as fever, pain at L-hemithorax, without respiratory distress. After chest TC scan, parenchymal thickening was present in the left lower lobe. Doing to GMM+ we shift from amphotericin B to voriconazole and caspofungin e.v. At day +45 acute pain in the L- hemithorax associated with the reduction of oxygen level and partial excavation of the thickened area. Doing his clinical conditions, the nurse's care was addressed to pain managing, fluid evaluation, pulmonary compliance prevention such as respiratory distress syndrome and reduction of anxious status, making him comfortable. At day +80 doing to the reoccurrence of pneumothorax patient underwent thoracic surgery and removal of a pulmonary lesion, diagnosed as aspergilloma. The outcome of fungal infection in transplantation as the literature demonstrate, depends principally on the early detection of infection, critical clinical surveillance, and promptly pharmacological treatment. Applying this standard we examine that only optimal clinical support can make the difference.

Conclusion: Based on our experience, we are certain that B-Thal patient undergoing HSCT from the unrelated donor, can promote different compliances. At the same time, we believe that it is absolutely important that health professional like HSCT Nurse's have to be attentive during the whole period of transplant thus using Roper model and critical care evaluation of each step.