P21 CLINICAL AND LABORATORY STUDY OF CHRONIC MYELOID LEUKAEMIA IN IRAQI KURDISTAN

M. Omar, A. Sheikha*. *Hawler Medical University, Erbil, Iraq*

Background: Chronic myeloid leukaemia (CML) is a clonal haematopoietic stem-cell disorder. It was the first malignancy found to be associated with a recurring chromosomal abnormality, Philadelphia chromosome, resulting from translocation of genetic material from one chromosome to another to form a fusion gene (*BCR/ABL*). CML was the first disease in which the fusion gene was recognised as giving rise to an abnormal fusion protein, fundamental in the pathogenesis of the disease. It is now the first disorder for which a therapeutic agent, imatinib mesylate (Glivec), has been designed to specifically target the molecular defect, with potential for cure.

Methods: This descriptive study was done at Nanakaly and Hiwa hospitals in Erbil and Sulaimaniya, Iraq, from December 1, 2008, to June 30, 2009. A total of 100 patients with CML were randomly selected. Clinical examination and laboratory investigations were done for all patients. Results were subjected to the international Sokal scoring system and compared with other studies.

Findings: The mean age of the study group was 42.8 ± 13.23 years (range 15–87). The male-to-female ratio was 1:1.08. The most common symptoms at onset were fatigue, weight loss, and abdominal fullness. At presentation, the mean white-cell count was 164,000/μL, and the mean percentage of blast cells was 3% in peripheral blood and 4% in marrow. Presence of the Philadelphia chromosome and *BCR/ABL* gene was available for 18 cases and was positive for all. According to the International Sokal Scoring System, patients were divided into three groups: group A patients with good prognosis (91%), group B with moderate prognosis (7%), and group C with poor prognosis (2%).

Interpretation: The mean age at presentation for CML in this study was lower than in developed countries. Significant prognostic indicators were platelet count, and peripheral and marrow blast-cell percentage; a high count and high percentages were associated with poor prognosis.

Funding: Ministry of Health of Kurdistan.

The authors declared no conflicts of interest.

doi:10.1016/j.ejcsup.2011.02.022

P22 OLFACTORY NEUROBLASTOMA – RAMATHIBODI HOSPITAL EXPERIENCE

S. Chompoonuch, E. Sirachainan*. *Oncology Unit, Department of Medicine, Ramathibodi Hospital, Mahidol University, Bangkok, Thailand*

Background: Olfactory neuroblastoma, also known as esthesioneuroblastoma, is a rare malignant tumour of the nasal cavity. Diagnosis can be difficult and the disease can mimic other types of sinonasal tract tumours. There has been only one case report of this disease in Thai patients.

Methods: Olfactory neuroblastoma patients who were treated at Ramathibodi Hospital from January, 2000, to October, 2010, were identified and reviewed.

Findings: Nine patients' medical records were reviewed; six (66.7%) of the patients were male. Median age was 53 years (range 30–68) with peak incidence of olfactory neuroblastoma in the sixth decade. The mean duration of symptoms prior to diagnosis was 6.8 months (2–24). The most common presenting symptoms were nasal obstruction (55%) and orbital symptoms (44%). 66% of patients had Kadish stage C disease and the rest had stage B. One-third of patients had nodal metastases initially, and all had locally advanced disease. Four patients were initially misdiagnosed as having undifferentiated or poorly differentiated carcinoma. Surgery was done upfront in seven patients; five underwent postoperative radiotherapy. Chemotherapy as primary treatment was given to two patients. With a median follow-up of 42 months (5–115), the median overall survival of Kadish B patients was significantly longer than Kadish C patients (not reached vs. 12.3 months, respectively; $p = 0.04$). None of patients with initial nodal metastases survived longer than 13 months.

Interpretation: A high index of suspicion, especially in nasal cavity tumours, and proper immunohistochemistry are essential in the diagnosis of olfactory neuroblastoma. Kadish staging is useful as a prognostic factor. Patients who presented with nodal metastasis had very poor prognosis. A multidisciplinary team approach may improve treatment outcome.

Funding: None.

The authors declared no conflicts of interest.

doi:10.1016/j.ejcsup.2011.02.023

P23 MANAGEMENT OF PATIENTS WITH NEGATIVE HEPATITIS B SURFACE ANTIGEN AND POSITIVE ANTI-HEPATITIS B CORE ANTIBODY UNDERGOING CHEMOTHERAPY FOR MALIGNANT LYMPHOMA

Y. Lau*, W. Cheung, T. Chau, K. Leung, Y. Lam, S. Lin. *United Christian Hospital, Hong Kong, China*

Background: A substantial proportion of patients with negative hepatitis B surface antigen (HBsAg) and positive anti-hepatitis B core antibody (anti-HBcAb) have acute hepatitis after chemotherapy.

Methods: Patients with negative HBsAg and positive anti-HBcAb undergoing intensive chemotherapy for malignant lymphoma were recruited from 2007 to 2009. Hepatitis B virus DNA was checked every 4 weeks during chemotherapy and every 8 weeks after completion of chemotherapy, for 1 year.

Findings: 20 patients were recruited. 13 patients had diffuse large B-cell lymphoma. Three patients had Burkitt or Burkitt-like lymphoma. Two patients had T-cell lymphoma and two had another histological type. Mean age was 69 years (range 44–86). Seven patients had stage I–II disease and 13 patients had stage III–IV disease. Two patients died of primary refractory disease in less than 1 year, without evidence of acute hepatitis. Three patients who had a flare-up of acute hepatitis B were successfully identified, and all recovered after anti-viral treatment, without development of liver failure.

Interpretation: 16.6% of lymphoma patients with negative HBsAg and positive anti-HBcAb had a flare-up of hepatitis B after chemotherapy. Monitoring of hepatitis-B virus DNA every 4 weeks