

## **Dramatic manifestation of BCP-ALL**

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We present a 7 y.o. female with a dramatic manifestation of BCP-ALL. After two weeks history of intermittent fever and fatigue she rapidly deteriorated with decreased consciousness. She was admitted to ICU with signs of sepsis with agranulocytosis, anemia and thrombocytopenia and severe cardiac failure. She had hepatosplenomegaly, lymph node enlargement and blast cell detected in blood count therefore diagnosis of acute leukemia was highly suspected. Initially she required aggressive circulatory supportive treatment, artificial pulmonary ventilation, massive transfusions and antibiotics and antimycotics treatment. She developed several cardiac arrests requiring resuscitation in initial 24 hours of hospitalization. Corticosteroid treatment was started eight hours after admission, later *Streptococcus* disgalactiae in blood culture was confirmed and she developed full picture of multiorgan failure with necessity of continuous veno-venous hemofiltration for 41 days. After the initial stabilization of patient's condition the cytostatic treatment was started with major adjustments due to persistent severe left ventricle dysfunction, requiring complete elimination of anthracyclines in the induction phase of the treatment. Induction was further complicated by posterior reversible encephalopathy with seizures and *Candida parapsilosis* sepsis so only two doses of intrathecal methotrexate and two doses of vincristin were administered. Patient achieved negativity of minimal residual disease after reduced induction treatment, blinatumomab was administered for consolidation treatment due to very bad general status. The best continuing treatment scheme is questionable considering partially persistent cardiac and renal dysfunction and early achievement of molecular remission.