

30 October 2011

Medical Report

Name : Fahad Samir Farahat
Nationality : Syrian
Date of Birth : 22.3.2011
Sex : Male
Hospital No. : 050121

Diagnosis

1. B-Cell Acute lymphocytic leukaemia since 6.7.2011 with cytogenetics 46XY t(4;11) (q21;q23). High risk in view of high WBC(95,000), age less than 3 months at presentation, cytogenetics t(4;11) (q21;q23) and being a boy.
2. Hickman line was inserted on 11.7.2011 and changed to Portacath on 5.10.2011. He was started on chemotherapy as per Infantile-06 Protocol since 13.7.2011, which includes induction, IB protocol, MARMA, OCTADAD followed by maintenance.
3. CSF-Traumatic initially but later 2 samples were free of blast cells for which he received 2 extra doses of IT MTX and hydrocortisone on day 8 and day 22.

This 7 months old Syrian boy was referred to our Unit on 28.6.2011 as a case of leukaemia from Paediatric Ward-II, Al-Sabah hospital for further management. He was admitted to Paediatric Ward-II on 28.6.2011 with fever, irritability, decreased appetite and pallor. The condition started 2 weeks back in Syria where patient developed fever, medical advice was sought and complete haemogram was done (hemoglobin was 4gm/L, WBC:95.6x10⁹/L, Platelet:65x10⁹/L). The child was given packed RBC, consultant there advised to do BM examination and the family decided to return back to Kuwait for medical help. The bone marrow aspirate was done on 6.7.2011 in Kuwait which revealed B-cell acute lymphocytic leukaemia. The child was transferred to NBK for further management.

He is a product of FTNVD of consanguineous Syrian parents with birth weight of 3kg, no neonatal problems, normal psychomotor development and fully vaccinated up to age. The father is 44 years business man and healthy. The mother is 40 years Kuwaiti, housewife and healthy. He has 3 sisters 1½ years, 15 years, 18 years, all are healthy.

On Examination

Weight:6.3Kg (5th centile) Height:64cm (5th centile), BSA:0.3m², Temp:37°C, Hr:120/m, Pale, no dysmorphic features, no lymphadenopathy. The liver 3cm and spleen 4 cm below costal margin. Systemic examination otherwise normal.

Investigations:

Hb:72gm/L

WBCs:13.7x10⁹/L, (Poly:8%, Lymph:57%, Blast:32%, Mono:1%)

Platelets:146x10⁹/L

ESR : Normal

G6PD : Normal

Coagulation Profile : Normal

Direct Coomb's test : Negative

Immunoglobulin electrophoresis : Normal

Brucella agglutination test : Normal

ANA : Normal

Monospot test: Negative

Virology study for (HSV, HCV, HBV, HIV) all negative

Biochemical screen : Normal except for LDH 288Iu/L

Chest X-ray: Normal-no mediastinal mass.

Abdominal ultrasound: Enlarged liver size 9.7cm with normal echo pattern. Rest normal.

Echocardiograph: Normal

Bone marrow aspirate (6.7.2011)

The bone marrow is hypercellular due to infiltrations by leukaemic blast cells which constitutes 70% of total bone marrow nucleated

elements and is suggestive of B-cell acute Lymphoblastic leukaemia.

Cytogenetics: 46XY t(4;11) (q21;q23),
MLL gene rearranged in 50% of cells

Immunophenotyping: CD10:1%, CD19:59%, CD22:80%, CD45:98%,
HLADR:56%, TdT:43%.

This 7 months old Syrian boy was diagnosed on 6.7.2011 to have B-cell acute Lymphoblastic leukaemia, cytogenetics being 46 XY t(4;11) (q21;q23), CSF traumatic initially but later 2 samples were free of blast. The diagnosis, clinical course, prognosis and our treatment plan were explained to the parents who agreed to commence the necessary treatment in our Division in Kuwait. The central venous line (Hickman) was inserted on 11.7.2011 which was later changed to portacath on 5.10.2011, as it was broken. The child was given further chemotherapy from 13.7.2011 as per Interfant-06 protocol. The bone marrow was done on 27.7.2011 and 7.9.2011 which showed blast less than 5%. He received his IB protocol on 5.9.2011 complicated by fever and neutropenia which responded well to IV antibiotics. He was discharged home on 6MP for 7 days and will come on 31.10.2011 to check CBC for repeat bone marrow before next chemotherapy (MARMA, OCTADAD) then maintenance.

This report is prepared at the request of the parent for medical consultation only

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