



## МАТЕРІАЛИ НАУКОВО-ПРАКТИЧНОЇ КОНФЕРЕНЦІЇ МОЛОДИХ ВЧЕНИХ З МІЖНАРОДНОЮ УЧАСТЮ, ПРИСВЯЧЕНОЇ ДНЮ НАУКИ

«НАУКОВІ ДОСЛІДЖЕННЯ ТА ІННОВАЦІЇ В МЕДИЦИНІ: АКТУАЛЬНІ ПИТАННЯ, ВІДКРИТТЯ І ДОСЯГНЕННЯ»

## DIFFICULTIES OF DIAGNOSIS OF BONE MARROW DYSPLASIA IN CHILDREN

## Yartseva M. O.

Zaporizhia State Medical University, Zaporizhia, Ukraine

Aim of study: to consider the features of the diagnostic search for myelodysplastic syndrome (MDS) in a child (clinical case).

Materials and methods: an 8-year-old patient was observed who had clinical manifestations of hemolytic anemia without a positive therapeutic effect.

Results: Patient from 1 pregnancy, without features, suffered from SARS, vaccinated according to the calendar, allergic history is not burdened. Ill acutely, with a single vomiting, vomiting recurred for two days with the appearance of abdominal pain and jaundice of the skin and mucous membranes, after which he was hospitalized in the pediatric ward at the place of residence with a previous diagnosis of "hemolytic anemia". To clarify the diagnosis, he was transferred to the hematology department of ZOKDL, where he was diagnosed with grade 2 normochromic anemia, with an increase in ferritin and a decrease in folate. Histological examination of the bone marrow revealed blasts - 14.4% and blastemia - 5%, which confirmed the diagnosis of "MDS". The child underwent immunohistochemical and immunocytological studies, determination transfusion dependence and research on parvovirus-19. However, the repeated myelogram showed an increase in blast content to 20.4%, a significant number of blast cells contained Auer's bacillus, and in peripheral blood - 9% of blasts, indicating the transformation of MDS into leukemia with myeloid lineage. After the start of protocol therapy of acute myeloid leukemia, the patient has an improvement, reduced manifestations of jaundice, no abdominal pain.

Conclusions: The course of MDS in a child is complicated by the transformation into acute myeloid leukemia. The use of histological and immunocytological examination in children with hemolytic anemia should be considered when there is no positive trend in response to standard treatment.

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