

P0159 Invasive pulmonary aspergillosis in patients with various haematological malignanciesGalina Klyasova*¹, Anna Malchikova¹, Kristina Tandilova¹, Elena Parovichnikova¹, Sergei Kravchenko¹, Valeriy Savchenko¹¹ National Research Center for Hematology, Moscow, Russian Federation**Background:** To evaluate the differences of IPA in patients with acute myeloid leukemia (AML), acute lymphoblastic leukemia (ALL), non - Hodgkin's lymphoma (NHL) and allogeneic hematopoietic stem cell transplantation (HSCT).**Materials/methods:** Prospective study included cases of proven/probable IPA that were identified at National Research Center for Hematology (2000-2017). Episodes of IPA were defined according to EORTC/MSG criteria (2008). A cut-off value of galactomannan (GM) ≥ 1.0 in bronchoalveolar lavage (BAL) fluid were considered positive.**Results:** We identified 70 case-patients (4 proven/66 probable) IPA in AML (male/female – 43/27, median age 42.5); 41 (probable) IPA in ALL (male/female – 21/20, median age 36); 40 (probable) IPA in NHL (male/female – 30/10, median age 55.5); 41 (1 proven/40 probable) IPA in HSCT (male/female – 22/29, median age 38). There were no differences between groups of patients with IPA on such position as induction treatment for acute leukemia and NHL, the rate of use of mold active antifungal drugs at time of diagnosis IPA, distribution of positive GM, targeted antifungal therapy. Significant variables ($p < 0.05$) in patients with IPA and hematological malignancies summarized in table.

Table. Characteristics of IPA in patients with AML, ALL, NHL, HSCT

Variables	AML	ALL	NHL	HSCT
	N=70, %	N=41, %	N=40, %	N=41, %
Consolidation therapy	30*	14.7	5	n/a
Resistance of HM	26	39*	65*	n/a
Dissemination	1	19.5*	5	17
Neutropenia	90*	80.5*	70	51*
Temperature < 37.5°C	14	17	12.5	36.5*
Transfer to ICU	27	54*	52.5*	46
Concomitant infections	49	66	47.5	76*
2 nd line antifungal therapy	27	34*	12.5	49*
Survival	72.9*	45.8	47.5	48.8

* $p < 0.05$

Conclusions: IPA in AML patients compared to other HM was identified more frequently at consolidation therapy, during neutropenia. Among patients with ALL prevailed cases in resistance of ALL, dissemination of IPA, transfer to ICU, neutropenia, necessity in the 2nd line antifungal therapy. Patients with IPA and NHL more often were resistant and needed transfer to ICU than AML patients. Among HSCT patients dominated cases of IPA without neutropenia with temperature <37.5°C, high rate of concomitant infections and use of 2nd line antifungal therapy. Survival was higher in AML patients in comparison to other (p<0.05).

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