Chronic Myelomonocytic Leukemia and Systemic Autoimmune Disorders: experience in Argentina

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Background

CMML is a clonal disorder sharing features of myelodysplastic and myeloproliferative disorders. MDS and CMML are characterized by immune abnormalities involving B and T cells. Concurrent cases of autoimmune diseases and/or systemic inflammatory syndromes (SAID) occur in 10-20%. Impact and outcome of the association remains controversial. Identification of possible SAID in the pathogenesis and disease course of CMML may lead to the development of novel therapeutic strategies. In our media data is scarce.

Objective

Evaluate SAID prevalence in CMML patients and describe their characteristics.

Determinate if association SAID - CMML modifies illness treatment and outcomes.

Materials & Methods

Retrospective cohort study from June 2006 till July 2016 in Hospital Italiano de Buenos Aires (an integrated health care system with 2 university hospitals and a Basic Science Institute). Patients with CMML confirmed diagnosis by WHO criteria greater than 18 years old with SAID were included.

Results

Sixty three patients were included. Eighteen CMML patients (28%) turned out to have a SAID.

Table 1. Patients characteristics (N 63)

Median age (years).	76 (52 - 90)	FAB category %	CPPS risk %
		MD. 71%	Low risk 51%
Gender male N (%).	41 (65%)	MP. 29%	Int 1 risk. 30%
			Int 2 risk 19%

Type of SAID involved	N
Hematological	7
Connective tissue disease	3
Systemic vasculitis	2
Central nervous system	1
Unclassified forms	2
Inflammatory arthritis	3

Conclusions

Argentinian CMML patients have similar characteristics to those reported in international literature. Concurrent cases of autoimmune diseases and/or systemic inflammatory syndromes occurred in 28% of CMML patients. The most often observed was autoimmune hematologic disorder.

Treatment for the autoimmune disorder was required in 94% cases, corticosteroids were used in 85% of them. Active treatment for CMML was indicated in eight out of eighteen (44%) patients with SAID and in twenty four out of forty five (53%) of non SAID patients, this was not statistically significant. There were no statistically differences in overall survival between patients with and without SAID.

References

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