

TREATMENT METHODS AND POSSIBILITIES OF RECOVERY FOR PATIENTS WITH LYMPHOBLASTIC LEUKEMIA

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Abstract: 13 patients with acute lymphoblastic leukemia, 7 men, 6 women, aged 13 to 22 years. Several chemotherapy protocols have been used to treat these patients. In order to prevent relapse, consolidation and neuroleukosis, 12.5 mg/m² methotrexate was administered 5 times intrathecally and 2400 rads to the brain. Irradiated in a dose. Permanent holding PXT 3 cytostats were performed with two drugs. Modern treatment principles consist of a multi-step programmed scheme, including 3 steps. When the patient goes into remission then live for 3-5 years _ Recovery from OLL is calculated.

Key words: acute lymphoblast leukemia, neuroleukosis, remission, consolidation.

Резюме: Обследовано 13 больных острым лимфобластным лейкозом, 7 мужчин, 6 женщин, в возрасте от 13 до 22 лет. Для лечения этих пациентов использовалось несколько протоколов химиотерапии. С целью профилактики ремиссии, консолидации и нейролейкоза вводили метотрексат в дозе 12,5 мг/м² 5 раз эндолумбально и 2400 рад в мозг. облучён в дозе. Цитостаты постоянного удержания РХТ 3 проводились с двумя препаратами. Современные принципы лечения представляют собой многоэтапную программную схему, включающую 3 этапа. При наступлении ремиссии пациент живет 3-5 лет _ Рассчитывается выздоровление от ОЛЛ.

Ключевые слова: острый лимфобластный лейкоз, нейролейкоз, ремиссия, консолидация.

Enter. Acute leukemia is a disease that causes death within 2-3 months

after the onset of the disease. Academician of the Academy of Medical Sciences of the USSR and AF Tur (1972) said that in recent years, leukemia has become a relatively common disease, it cannot be cured, the etiology and pathogenesis of acute leukemia are not completely clear, and the treatment is still etiologically and pathogenetically justified. He wrote that it is impossible to do special prevention .

In modern hematology, there are many cases of long-term complete clinical and hematological remission of patients with acute leukemia due to the skillful use of polychemotherapy, especially in patients under 25 years of age. According to the literature, if 20-40% of children with acute leukemia previously had a complete remission for 3 years, after a while, the frequency of remission in this disease reached 50-80%. In patients with acute lymphoblastic leukemia, these rates are much higher among patients aged 17 to 29 years.

Materials and research methods. The material of this study was obtained from 13 patients with acute lymphocytic leukemia with lymphoblastic disease, including 7 males and 6 females aged 13 to 22 years. Research methods included: complete blood count, leukoformula, bone marrow examination.

Patients were treated according to the VAM11 protocol, TsVAMP, SOAP, 5+2, 7+3, sometimes their combination. Consolidation and prevention of remission of neuroleukemia was carried out by 5 intralumbar injections of methotrexate at a dose of 12.5 mg/m² with a total dose of 2400 rad, 2 polar irradiation of the head and 3 cytostatic polychemotherapy.

Results and its discussion. The diagnosis of OLL was made based on the patient's general condition, complete blood count, high ECHT, lymphocytosis, many lymphoblasts in the leukoformula, and a large number of lymphoblasts in the bone marrow. In patients with OLL, hemoglobin is from 24 to 74 g/l, erythrocytes from $9 \times 10^{12}/l$ to $3.9 \times 10^{12}/l$, platelets from 59×10^9 to 170×10^9 U/l, leukocytes from $58 \times 10^9/l$ to $2800 \times 1/l$ to $28001/l$ until! 1, lymphoblasts ranged from 19-28 to 93%.

Basically, OLL therapy is started urgently as soon as the clinical diagnosis of OLL is made, that is, on the same day, at the same hour, as soon as the clinical

diagnosis of OLL is made, for no apparent reason. A delay in the treatment of acute leukemia for a few days can lead to negative consequences of the disease from a scientific point of view. Patients may be deprived of the possibility of long-term remission.

We start polychemotherapy for all patients with OLL with a VAMP protocol consisting of 4 cytostatics associated with the main drugs in the treatment of hemablastoses. With the ineffectiveness of the VAMP protocol, they switched to a more rigorous protocol to treat everyone up to 7+3. Thus, we were able to choose appropriate treatment regimens depending on the individual sensitivity of each patient with OLL. According to this principle, to achieve remission, three PCT courses were usually conducted for 4-6 weeks, from the first day, simultaneous injection of 12.54 mg/m of methotrexate into the lumbar, 8-day PCT course according to Vorobyov AI, with 9-day breaks between treatment courses.

Effectiveness control criteria during treatment and between courses were mainly complete blood count, leukoformula, bone marrow myelogram and evaluation of the patient's general condition and other biochemical and auxiliary laboratory studies. Usually, after the third course of chemotherapy, the general condition of patients is satisfactory, leukoformula is restored, blast cells disappear in peripheral blood and bone marrow, patients become active not only physically, but also mentally. After receiving PCT and complete clinical and hematological remission for 17 days, the obtained remission was strengthened by 5 administrations of 12.5 mg/m methotrexate. After the consolidation of remission and prevention of neuroleukemia was completed, they were transferred to permanent polychemotherapy with 3 cytostatics: methotrexate 20 mg/m, cyclophosphamide 20 mg/m and 6-mercaptopurine for 3-5 years as a maintenance dose of tumor growth 60 mg. With this treatment, we achieved complete long-term clinical and hematological remission in 9 (69.2%) of 13 patients, which is 69.2%. Including 1 (11.2%) continues to live 6.5 years, in which we stopped treatment as a person recovered from leukemia, in 3 out of 9 (33.3%) the duration of remission is 3-4 years, 3 (33.3%) the average survival is 2-3 years, another 2

(22.2%) from 1 to 1.5 years. 3 out of 13 patients (23%) had long-term remission of 5-8 months, another 1 (7.7%) patient with acute leukemia did not achieve long-term remission, therefore, ulcerative necrotic stomatitis, septicemia, cytopenic, hemorrhagic complications in the form of dysbacteriosis and despite the enhanced protocol (7+3), detoxification, antibacterial therapy, transfusion of thromboconcentrates, blood plasma. 9 patients with long-term remission ranging from 1-1.5 to 4 and 6.5 years, all of whom continued PGS with caution to enhance remission and prevent neuroleukemia. Among them, only 1 patient was able to achieve remission for more than 5 years, ie. 6.5 years, which is considered by many authors as recovery, for the rest we already canceled after 6 years of remission, only methotrexate remained. 2-3 mg / m² once a week . Peripheral blood count, hemogram, leukoformula and bone marrow parameters returned to normal, we will continue further monitoring.

In the literature, the frequency of relapse after 5 years of remission does not exceed 8%, there are reports that the disease can relapse after 7-9 years of remission. The combination of cytostatics in a patient with an unfavorable prognosis was strengthened by the analysis of the results of a study conducted by the Russian Oncohematology Center according to the results of various programs for the treatment of acute leukemia. It should be noted that patients with acute lymphoblastic and myeloid leukemia who were admitted to the clinic in advanced stages or who did not follow the principles of continuous care, chemotherapy, after complete remission, they have less good results. If we take the 5-year survival value as a satisfactory criterion, then the duration of chemotherapy after remission can be considered as an important prognostic marker. If the duration of the post-remission period in children with OLL is less than 2 years, the survival rate is 33-45%, if from 2 to 5 years, this figure is 70-75%. Survival after diagnosis of OLL is up to 95% in patients treated with TPN for 5 years or more, but only 55% in AML. The possibility of treating OL depends on the two most important prognostic factors - the signs are the number of leukocytes in the peripheral blood and the age of the patients. Patients with a leukocyte count of less than 50,000 μ l

are more likely to receive exactly the same PCT than children with a leukocyte count of more than 50,000 μl .

Summary. Thus, the data obtained by us show that the principles of modern therapy for acute leukemia consist of multi-stage programmed treatment regimens with strict adherence to 3 stages: induction of remission, strengthening of remission and continuous " maintenance polychemotherapy , the desired effect can be achieved. Surviving for 5 years or more in the post-remission period means the fact of recovery from a severe disease such as acute lymphoblastic leukemia.

Literature _

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