

References

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Spontaneous rupture of spleen during peripheral blood stem cell mobilization in a patient with breast cancer

The administration of a combination of chemotherapy and cytokines (G-CSF or GM-CSF) is associated with a significantly increased efficacy of stem cell mobilization compared with either modality alone. In this paper we describe spontaneous splenic rupture during peripheral blood stem cell (PBSC) mobilization in a patient with breast cancer.

Sir,

We describe a case of spontaneous splenic rupture during peripheral blood stem cell (PBSC) mobilization in a 38-year old woman with resectable high-risk mammary carcinoma, treated accordingly with high-dose sequential (HDS) adjuvant chemotherapy.¹ After administration of high-dose cyclophosphamide (CTX) 7 g/m², the patient received recombinant human (rh) granulocyte colony-stimulating factor (G-CSF) 5 mg/kg/day subcutaneously beginning 1 day after the administration of CTX until the day of leukapheresis.

Physical examination prior to the course of CTX + G-CSF did not demonstrate palpable splenomegaly. Serology demonstrated no previous exposure to hepatitis A, B and C, Epstein Barr virus, Herpes virus types 1 and 2, cytomegalovirus, HIV-1, or toxoplasma.

A right subclavian vein double lumen apheresis catheter (Quinton Instrument Corp.), was placed on day-1, and the patient underwent apheresis on day 12. The white blood count on day 12 was 39.6 × 10⁹/L, the platelet count was 110 × 10⁹/L.

Twenty-four hours following leukapheresis the patient experienced left-sided abdominal pain. An

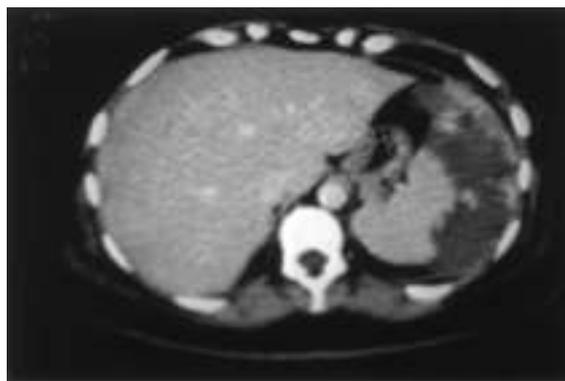


Figure 1. Abdominal CT scan revealed an enlarged ruptured spleen.

abdominal computed tomography scan indicated subcapsular hemorrhage (Figure 1). She had an emergency splenectomy. The spleen was 15 × 12 × 6.5 cm in size and weighed 480 g (Figure 2). Macroscopic examination showed a ragged-edged capsular tear 3.8 cm in length near the hilum. Histology showed massive extra-medullary myelopoiesis in the red pulp without erythroblasts or megakaryocytes. The most common adverse effects attributed to G-CSF include bone pain, headache, musculoskeletal pain, and rash² but splenic rupture has also been described as a rare complication following administration of G-CSF in two allogeneic donors of PBSC.^{3,4}

The incidence of splenomegaly in normal individuals treated with G-CSF is currently unknown; this has only been described for individuals with neutropenia on chronic therapy.⁵ It is interesting to note that the

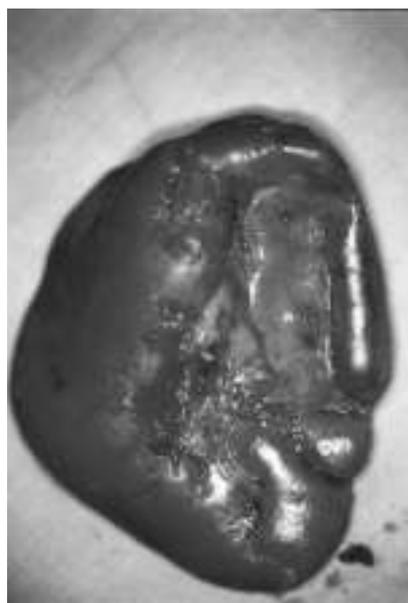


Figure 2. Ruptured spleen: note hemorrhage and fragmentation.

splenomegaly and massive extramedullary myelopoiesis in the red pulp after a few doses of growth factor administered was similar in these patients with spontaneous splenic rupture following administration of granulocyte colony-stimulating factor.

We believe that this report describes the first case of spontaneous splenic rupture during PBSC mobilization with CTX plus G-CSF. In view of our data we suggest special attention in clinical evaluation of the spleen size in patients receiving G-CSF.⁶

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Key words

Peripheral blood stem cell (PBSC), cyclophosphamide (CTX), recombinant human (rh) G-CSF.

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ERRATA CORRIGE

The article by Rombos et al., entitled *Chelation therapy in patients with thalassemia using the orally active iron chelator deferiprone (L1)*, which appeared in the February 2000 issue of *Haematologica* (85:115-117), was erroneously published in the print journal in an unedited version due to a software malfunctioning. The final edited version has now been posted in the online journal (<http://www.haematologica.it/abstr/rombos8502.html>).

The article «*Cyclophosphamide/cyclosporin-A treatment of multicentric Castleman's disease with Kaposi's sarcoma published in Haematologica 2000; 85:216-7* was erroneously attributed to Maria Tiziana Bertero, Massimo De Maestri, Federico Caligaris-Cappio; the right name of the authors must be Maria Tiziana Bertero, Monica De Maestri, Federico Caligaris-Cappio. Our apologies to the authors.

In the article by Rasero et al. «*Comparison of two different time interval protocols for central venous catheter dressing in bone marrow transplant patients: results of a randomized, multicenter study*», published in *Haematologica* 2000; 85:275-278, under the heading "Results" the paragraph starting with "Classification of patients according to cutaneous toxicity is..." must be replaced as following: "Classification of patients according to cutaneous toxicity is shown in Table 4. Grade 0 toxicity was recorded in 86% and 87% of redressings in the 5-day group and 10-day group, respectively; the difference between the two groups of patients with indwelling CVC was not significant. In contrast, there was a greater proportion of patients showing grade II-III toxicity in the 2-day non-tunneled group than in the 5-day group (5.3% vs 2.5%, $p \leq 0.002$); accordingly, the percentage of patients with grade 0 toxicity was significantly higher in the 2-day group (75%) than in the 5-day group (66%; $p < 0.005$)."