

İMATİNİB İNTOLERANT CML

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Case

A 49 years old woman was referred to our Hematology department because of newly detected leukocytosis. Her leukocyte count was 43000 and she was diagnosed as bcr abl positive chronic myeloid leukemia after prompt diagnostic work up. Immediately she was put on regular imatinib therapy with the dose of 400 mg per day. Hematologic, cytogenetic and molecular responses achieved successfully under therapy. After achieving complete cytogenetic response she was followed regularly every three months. While on imatinib therapy the patient had recurring conjunctival ocular bleeding episodes at different times. Her platelet count was 229000 at first bleeding event and coagulation times were all normal. No other ocular problem was detected at the consultation with ophthalmology department. Bleeding was spontaneously regressed after a few days. There were no predisposing factor such as hypertension, myopia could be detected which should have played a role regarding the ocular bleeding. The unilateral conjunctival bleeding recurred 4 times and regressed spontaneously all the times. At every bleeding episode the platelet count, coagulation times were repeated and revealed normal results. After the 4th episode the patient accepted as imatinib intolerant in the manner of recurring conjunctival bleeding and her therapy was changed to dasatinib at a daily dose of 100 mg. Under dasatinib therapy she had no episode of any kind of bleeding, and still continued to be followed up without any event of relapse or response loss.

Imatinib is a well tolerated agent, but some adverse events are reported in approximately 10 percent of patients. Periorbital edema and epiphora are the main reported side effects regarding the ocular system. But there are a few cases reported to have recurring retinal or conjunctival bleeding and glaucoma as a side effect while on imatinib therapy.

