

The Cases of Two Patients Who Developed Neutropenic Enterocolitis During Induction Therapy for Acute Myelogenous Leukemia

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Abstract

We report the cases of two patients who developed neutropenic enterocolitis (NE) during induction therapy for acute myelogenous leukemia (AML). The first patient was a 62-year-old male who presented with right lower quadrant pain 10 days after starting idarubicin and cytarabine (IC) induction therapy. His neutrophil count was $5/\mu\text{l}$ and computed tomography (CT) showed a swollen appendix. Medical treatment was started, but was ineffective. An appendectomy was performed. The patient recovered well with no complications. The second patient was a 22-year-old female patient who developed right lower abdominal pain and diarrhea nine days after IC induction therapy. The CT evaluation showed diffuse swelling of the intestinal wall, especially in the ascending colon. She was treated medically because there were no localized lesions suggesting an immediate threat of perforation. The abdominal pain gradually improved, and the patient completely recovered along with the bone marrow recovery. Both patients were finally moved to the consolidation phase of the treatment for AML and have had a good clinical course with no relapse of the NE. There are no guidelines about surgical intervention for NE. However, if an operation is needed, it should be performed immediately before the inflammation spreads. In cases where the patient receives medical treatment, the patient should be closely monitored for both clinical symptoms and for changes detected by abdominal radiography, such as ultrasonography or computed tomography. These should be checked not only by hematologist, but also by surgeons, to ensure that the patient is consistently monitored.

Key words : Chemotherapy, Neutropenic enterocolitis (NE), Operation, Guidelines for febrile neutropenia (FN)