Aplastic anemia - current perspectives on the pathogenesis and treatment

Blackwell-MZV - Aplastic Anemia Article

Description: -

Table 1: Etiology of Aplastic Anemia	
Category	Specific Agents (examples, not all-inclusive)
Autoimmune	Antibody-induced, eosinophilic fasciitis, GVHD, SLE
Chemicals	Benzene (organic solvent), lindane (insecticide), inorganic arsenicals,
	pentachlorophenol (wood preservative), toluene (glue)
Drugs (dose-	Alkylating agents (carboplatin), antibiotics (chloramphenicol,
dependent)	sulfonamides), antimetabolites (methotrexate), ticlopidine
Drugs	Antiepileptics (carbamazepine, hydantoins), anti-thyroid (methimazole,
(idiosyncratic)	propylthiouracil), chloramphenicol, gold salts, NSAIDs (indomethacin,
20 0 0	phenylbutazone), organic arsenicals (arsenic trioxide), penicillamine
Hereditary	Amegakaryocytic thrombocytopenia, Dyskeratosis congenital, Fanconi
	anemia, Shwachman-Diamond-Oski syndrome, telomerase defects
Idiopathic	Acquired stem cell defects
Infections	Sepsis, Viral (CMV, EBV, seronegative hepatitis, HHV-6, HIV, VZV)
Miscellaneous	Anorexia nervosa starvation, hypopituitarism, PNH, pregnancy, thymoma
Radiation	Accident (Chemobyl, 5-Mile Island), therapy (whole body irradiation)
CMV: cytomegalovirus, EBV: Epstein-Barr virus, GVHD: graft versus host disease, HHV-6:	
human herpesvirus 6, HIV: human immunodeficiency virus, NSAIDs: non steroidal anti-	
inflammatory drugs, PHN: Paroxysmal noctumal hemoglobinuria, SLE: systemic lupus	
erythematosus, VZV: varicella zoster virus	

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Notes: Includes bibliographical references and index.

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What is aplastic anemia? Symptoms, causes, and treatment

Kwon JH, Kim I, Lee YG, et al. A study on behalf of the UK Paediatric BMT working party, paediatric diseases working party and severe aplastic anaemia working party of EBMT. Failure-free or transplant-free survival would be clearly inferior and would favor transplantation, but only in younger patients and only when compared with transplants from matched sibling donors.

Aplastic anemia: current perspectives on the pathogenesis and treatment

Keywords: eltrombopag, aplastic anemia, thrombopoietin, c-Mpl receptors Introduction Aplastic anemia AA is a potential life-threatening hematopoietic stem cell HSC disorder with an estimated incidence of 2—3 per million per year.

Severe aplastic anemia during osimertinib treatment in a non

Thus, macrophages rather act as sensors of IFN- γ and are not required for induction of IFN- γ in AA. Gidvani V, Ramkissoon S, Sloand EM, Young NS. MUD HSCT post-IST failure proved to be a very good rescue strategy.

Aplastic anemia: pathogenesis and treatment

Novichkova GA, Maschan MA, Shipitsyna IP, Skvortsova IuV, Persiantseva MI, Lebedeva LL, Bobrynina VO, Baĭdil'dina DD, Goronkova OV, Solopova GG, Khachatrian LA, Petrova UN, Suntsova EV, Kalinina II, Sinitsyna VV, Skorobogatova EV, Balashov DN, Dyshlevaia ZM, Shelikhova LN, Kurnikova EE, Trakhtman PE, Maschan AA.

Aplastic anemia: pathogenesis and treatment

Alemtuzumab with fludarabine and cyclophosphamide reduces chronic graftversus- host disease after allogeneic stem cell transplantation for acquired aplastic anemia. In selected children with very severe disease, an unrelated donor UD graft may be considered first-line therapy dashed arrow. Quantitative and qualitative deficits of regulatory T cells Tregs, which normally suppress auto-reactivity of other T cell populations, further

stimulates T cell expansion.

Aplastic anemia: current perspectives on the pathogenesis and treatment

Patients will have symptoms related to the cell line involved, not all three. Impact of age on outcomes after bone marrow transplantation for acquired aplastic anemia using HLA-matched sibling donors.

The diagnosis and treatment of aplastic anemia: a review

This study is located in Bethesda, Maryland. Qian H, Buza-Vidas N, Hyland CD, et al.

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