

B. Inicialmente, pode ser assintomático ou apresentar quadro clínico inespecífico, com manifestação de febre, inapetência, perda de peso e linfadenopatias. Em casos de DLPT monomórfica, a quimioterapia é geralmente indicada e apresenta uma boa resposta. **Conclusão:** Este relato destaca o risco de manifestação de linfoma agressivo em casos menos comuns de DLPT após transplante hepático.

<https://doi.org/10.1016/j.htct.2024.09.1956>

BONE MARROW TRANSPLANTATION FOR LYMPHOMA PATIENTS WITH HIV/AIDS - A NARRATIVE REVIEW

JLL Pinheiro, OMV Neto, EAC Lima,
MM Noronha, VOC Filho, ELF Mota, GF Costa,
GS Feitosa, IGD Jorge, IS Estevam

Universidade Federal do Ceará (UFC), Fortaleza, CE,
Brazil

Objectives: This review aims to analyze the benefits of bone marrow transplantation (BMT) in patients positive for the Human Immunodeficiency Virus (HIV) with hematological malignancies and to understand the limitations of BMT in this scenario, as well as to obtain perspectives on the long-term therapeutic potential of the procedure. **Materials and methods:** This is a literature review conducted by analyzing articles published between 2008 and 2024, written in English, obtained through the PubMed and BVS databases. The descriptors used are in accordance with the Health Sciences Descriptors System (DeCS), being: “Stem cell transplantation”, “Bone marrow transplantation”, “AIDS-related lymphoma” and “HIV-related lymphoma”. **Results:** The reality of patients with HIV infection was revolutionized with the advent of Highly Active Antiretroviral Therapy (HAART), which increased their survival and reduced the prevalence of opportunistic diseases. However, the incidence of Hodgkin’s lymphoma (HL) and non-Hodgkin’s lymphoma (NHL) remains increased in HIV+ patients. In this sense, before the advent of HAART, stem cell transplantation was not feasible for HIV+ patients, due to the post-transplant course being characterized by multiple opportunistic infections and high rates of neoplastic relapse. After the emergence of HAART, mortality due to infections was reduced, but lymphoma control remains a challenge, due to drug interactions. Selected articles showed that HAART patients with HL and NHL undergoing chemotherapy followed by BMT had similar complete remission and survival rates to HIV-negative patients, with progression-free survival ranging from 49.5-85% and overall survival from 63.5-81%. This variation is due to different chemotherapy regimens, patient selection criteria, and viral load. Allogeneic hematopoietic stem cell transplantation in HIV+, despite the not so vast experimental basis in the literature, can be performed safely and lead to long-lasting remissions, as well as having a remote potential to eradicate HIV infection, with 6 cases already reported in the literature. Furthermore, transplantation-related toxicity, event-free survival, relapse rate, and overall survival of HIV+ patients were similar to those of HIV-negative patients, but there is a higher risk

of infection. **Discussion:** The review pointed out clear benefits of allogeneic hematopoietic stem cell transplantation in HIV-positive patients, significantly increasing the overall survival of this group, with results similar to those of HIV-negative patients (despite having shown greater susceptibility to infections). In addition, it is noteworthy that this procedure was only possible after the development of HAART, which allowed for greater control of the infection. However, to achieve these benefits, the use of prophylactic and supportive measures is necessary, in addition to performing the procedure in specialized centers. **Conclusion:** Allogeneic BMT in HIV-positive patients has proven beneficial for both the treatment of lymphoma. Thus, this procedure is a therapeutic possibility for advanced lymphomas in this group of patients in tertiary care centers, with due care directed to the HIV+ patient and with hematological neoplasia.

<https://doi.org/10.1016/j.htct.2024.09.1957>

BIOMARCADORES E SEU IMPACTO NO PROGNÓSTICO DAS DOENÇAS HEMATOLÓGICAS

MLS Sousa, LAL Frota, GDAC Cavalcante,
LBP Leão, CDTM Frota, PHM Souza,
AKA Arcanjo, AMLR Portela, LR Portela,
MAR Pinheiro

Centro Universitário INTA (UNINTA), Sobral, CE,
Brasil

Objetivos: Este trabalho visa explorar a importância dos biomarcadores no prognóstico de doenças hematológicas, como leucemias, linfomas e mielomas múltiplos. **Métodos:** Foi realizada uma revisão sistemática da literatura nas bases de dados PubMed, SciELO e Web of Science, abrangendo publicações dos últimos cinco anos. Foram incluídos estudos que avaliaram biomarcadores em doenças hematológicas e forneceram dados sobre seu impacto prognóstico. **Resultados:** Diversos biomarcadores com relevância prognóstica em doenças hematológicas foram identificados. Na leucemia mieloide aguda (LMA), a mutação FLT3-ITD está associada a um prognóstico desfavorável, maior risco de recidiva e menor sobrevida global. Em contraste, a mutação NPM1 está associada a um melhor prognóstico, desde que ocorra na ausência de mutações FLT3-ITD. No linfoma de Hodgkin, a expressão elevada de CD30 correlaciona-se com uma resposta favorável ao tratamento com anticorpos monoclonais, enquanto a presença do vírus Epstein-Barr (EBV) está associada a um pior prognóstico em adultos, uma vez que promove a transformação maligna de células. No mieloma múltiplo, níveis elevados de beta-2 microglobulina indicam uma maior carga tumoral e pior prognóstico. Por outro lado, a elevação da enzima lactato desidrogenase (LDH) está associada a um comportamento mais agressivo da doença. **Discussão:** Os resultados confirmam a importância dos biomarcadores na estratificação de risco e prognóstico de doenças hematológicas. Na leucemia mieloide aguda, a presença da mutação FLT3-ITD direciona para terapias-alvo específicas, enquanto a mutação NPM1 indica melhores respostas à quimioterapia.