evidenced substitution of normal myeloid elements by 66% of moderate size blasts with high nucleo-cytoplasm ratio, basophilic cytoplasm some with microvacuolization, loosely attached chromatin and evidently surplusing nucleoles. Megakaryocyte were not observed. The cytological picture was suggestive of acute leukemia. Immunophenotypic analysis detected two anomalous and distinct cell populations. Population one with myeloid blasts (32.1% of total events acquired), CD7, CD13, CD33, CD34, CD38++, CD56, CD71+, CD81+, CD117, CD123+, HLA-DR and MPO (10%) positive markers. The second population was characterized by blasts co-expressing B and T lymphoid antigens (22.1% of total acquired events), CD2, cytoplasmic CD3, CD7, CD13, CD19, CD22, CD33, CD34, CD38+, CD56, CD71+, CD79a, CD81+, D117, CD123+ and HLA-DR positive markers. The immunophenotypic findings were compatible with Acute Leukemia of Mixed B, T and Myeloid phenotype [Mixed-phenotype acute leukemia (MPAL)]. Complex and compound karyotype showing monosomy of chromosome X, translocation between the long arms of chromosomes 2 and 5, 7 and 14, translocation between the short arm of chromosome 4 and long arm of chromosome 7, partial deletion of the long arm of chromosome 5, monosomy of chromosome 5, short arm isochromosome of chromosome 6, interstitial deletion of the long arms of chromosomes 7 and 9, monosomy of chromosomes 8, 9, 14, 16, 20 and 21, partial deletion of the long arm of chromosome 14 and trisomy of chromosome 20. Throughout hospitalization, the patient had evident thrombocytopenia (values below 5x109/L) and high platelet transfusion dependence. The regimen of hyperfractionated cyclophosphamide, vincristine, doxorubicin, and dexamethasone (hyper-CVAD) was proposed for induction of remission, however three days after initiation the patient presented acute respiratory failure due to probable alveolar bleeding unresponsive to mechanical ventilation, cardio respiratory arrest and death. MPAL is characterized by blasts with phenotypic markers of two or three hematopoietic lineages that cannot be clearly defined as acute myeloid or lymphoblastic leukemia. Cytogenetic aberrations are usually present and often associated with higher risk somatic mutations. Because it is a rare disease there are no treatments based on multicenter prospective studies. Anecdotal evidences have suggested that induction protocols used in the treatment of acute lymphoblastic leukemia followed by allogeneic bone marrow transplantation result in better outcomes when compared to treatments for acute myeloid leukemia. However, despite efforts to provide initial remission the prognosis remains poor.

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POTENTIAL EFFECTS OF CITRUS FLAVONOIDS HESPERIDIN AND ITS AGLYCONE HESPERETIN IN LEUKEMIA CELL LINE

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Acute Myeloid Leukemia (AML) is a prevalent form of leukemia, responsible for an alarming 62% of all fatalities related to leukemia globally, and the current chemotherapy treatment is known for its considerable negative impacts on patient health. This underscores the potential of the bioactive compounds found in natural products as vital adjuncts in disease management. In this context, Hesperidin (HD) and its aglycone Hesperetin (HT), polyphenols classified as flavanones, were investigated for their pro-apoptotic properties on the K562 cell line. The MTT assay revealed IC50 values of 200uM for HD and 150uM for HT, reflecting their potential in inhibiting cellular proliferation. Both compounds were found to induce programmed cell death at concentrations of 75, 100, 150, 200, and 300uM, across 24 and 48-hour time exposure. Intriguingly, HD demonstrated a more robust induction of apoptosis compared to HT at equivalent concentrations and duration of exposure, with apoptosis rates of 84% and 89% for 150uM HD at 24 and 48 hours, respectively, versus 32% and 38% for 150uM HT. These preliminary findings suggest that Hesperidin and Hesperetin may hold promise as efficacious initiators of the apoptosis pathway and could be explored as potential adjuvant therapies in the treatment of AML.

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LEUCEMIA MIELOIDE AGUDA EM GESTANTE ADOLESCENTE: UM RELATO DE EXPERIÊNCIA

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Introdução: O diagnóstico de câncer durante a gestação é uma condição de alto risco a saúde da gestante, podendo causar repercussões emocionais, além de grande preocupação aos profissionais de saúde envolvidos no acompanhamento da paciente relacionado, à conduta terapêutica e ao prognóstico, sendo necessário avaliar o risco materno e as consequências para o feto, bem como as repercussões para o futuro reprodutivo da mulher. **Objetivo:** Relatar a experiência de Enfermeiros Oncologistas na assistência de uma paciente diagnosticada com Leucemia Mieloide Aguda grávida no segundo trimestre da gestação em um hospital de referência no estado do Ceará. **Método:** Estudo descritivo, tipo relato de experiência vivenciado por enfermeiros oncologistas em um hospital público terciário em Fortaleza-CE. **Resultados:** Paciente de 17 anos, gestante (IG:18s5d) com diagnóstico de LMA, apresentou mielograma com 39% de blastos. Hemograma inicial mostrou leucocitose com 10% de blastos e plaquetopenia. A equipe de saúde conversou com a paciente e familiares sobre a gravidade do quadro e chances de desfecho desfavorável da gestação, e que o tratamento da doença requer urgência com risco de morte para a paciente. A paciente e os responsáveis entenderam os riscos associados a tal condição, tendo optado