

promissor em contextos de recursos limitados, cuja investigação poderá representar um avanço significativo na busca por maior equidade no acesso à saúde de qualidade para pacientes com LMA no Brasil.

Referência:

Silveira DRA, Quek L, Santos IS, Corby A, Coelho-Silva JL, Martins DAP, et al. Integrating clinical features with genetic factors enhances survival prediction for adults with acute myeloid leukemia. *Blood Adv.* 2020;4(10):2339-2350. doi:10.1182/bloodadvances.2019001419.

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CLINICAL PROFILE OF DEATHS FROM ACUTE MYELOID LEUKEMIA TREATED AT THE AMAZONAS HEMATOLOGY AND HEMOTHERAPY FOUNDATION (HEMOAM)

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Introduction: Acute Myeloid Leukemia (AML) is a heterogeneous group of clonal diseases characterized by the uncontrolled proliferation of blasts in the bone marrow. Despite advances in the fields of diagnosis and treatment, the mortality rate remains high, often influenced by factors such as age and the specific subtype of leukemia. The elevated incidence of premature mortality is predominantly attributable to delayed diagnosis, which plays a pivotal role in shaping the clinical course. A retrospective analysis of clinical data can facilitate comprehension of the factors involved in the clinical outcome of these patients. **Objectives:** To describe the clinical profile and comorbidities of patients who died from Acute Myeloid Leukemia at the Hematology and Hemotherapy Foundation of Amazonas (FHEMOAM). **Material and methods:** The present study adopted a retrospective model, utilizing a database comprising medical records collected during the period spanning from January 2012 to January 2025. The study comprised a total of 183 patients. The subsequent data analysis employed descriptive statistics, incorporating both absolute and relative frequencies. **Results:** A slightly higher

prevalence was observed among male patients, accounting for 102 cases (55.73%). The mean age was 35 years (ranging from 1 to 85 years). During the study period, 88 patients (48.08%) died, of whom 58% were male. The mean age among the deceased was 46.5 years, with the following distribution by age group: 0–19 years (18.18%), 20–39 years (22.7%), 40–59 years (18.18%), 60–69 years (19.3%), 70–79 years (11.3%), and ≥80 years (10.2%). The most prevalent FAB subtypes among the deaths were: AML not otherwise specified (NOS) (55.7%), followed by M3 (10.2%), M5 (9.1%), M2 (6.8%), M4 (5.7%), M7 (3.4%), M0, M1, and biphenotypic leukemia (2.3%), and M6 (1.13%). Frequently observed comorbidities in these patients included: systemic arterial hypertension (18.2%), diabetes mellitus (15.9%), other neoplasms (14.7%), pulmonary disease (11.3%), cardiopathies (9%), hepatitis (7.9%), and chronic kidney disease (4.5%). **Discussion and conclusion:** The mortality rate and the higher prevalence among males align with national literature, as do the mean age and other demographic characteristics. These findings underscore the need for further investigation into environmental factors that may contribute to disease progression. Among these factors, socioeconomic conditions are particularly salient, given their direct impact on patients' access to diagnosis, treatment, and overall health outcomes. The data also suggest that chronic metabolic comorbidities, such as hypertension and diabetes, are generally associated with an increased risk of death in patients with AML. These conditions are among the primary factors influencing prognosis and survival rates. It is hypothesized that the findings of this study will contribute to the identification of specific risk profiles, thereby the development of more effective care strategies for patients with AML in the state of Amazonas. Furthermore, emphasis is placed on the necessity of implementing targeted strategies for monitoring patients with comorbidities, as these conditions have a directly impact on prognosis and overall survival.

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COAGULOPATIA INTRAVASCULAR DISSEMINADA COMO MARCADOR DE MORTALIDADE PRECOCE NA LEUCEMIA MIELÓIDE AGUDA NÃO PROMIELOCÍTICA: UM RELATO DE CASO

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Introdução: A coagulopatia intravascular disseminada (CIVD) é uma complicação significativa em até 21% das leucemias mielóides agudas (LMA) não promielocíticas, configurando