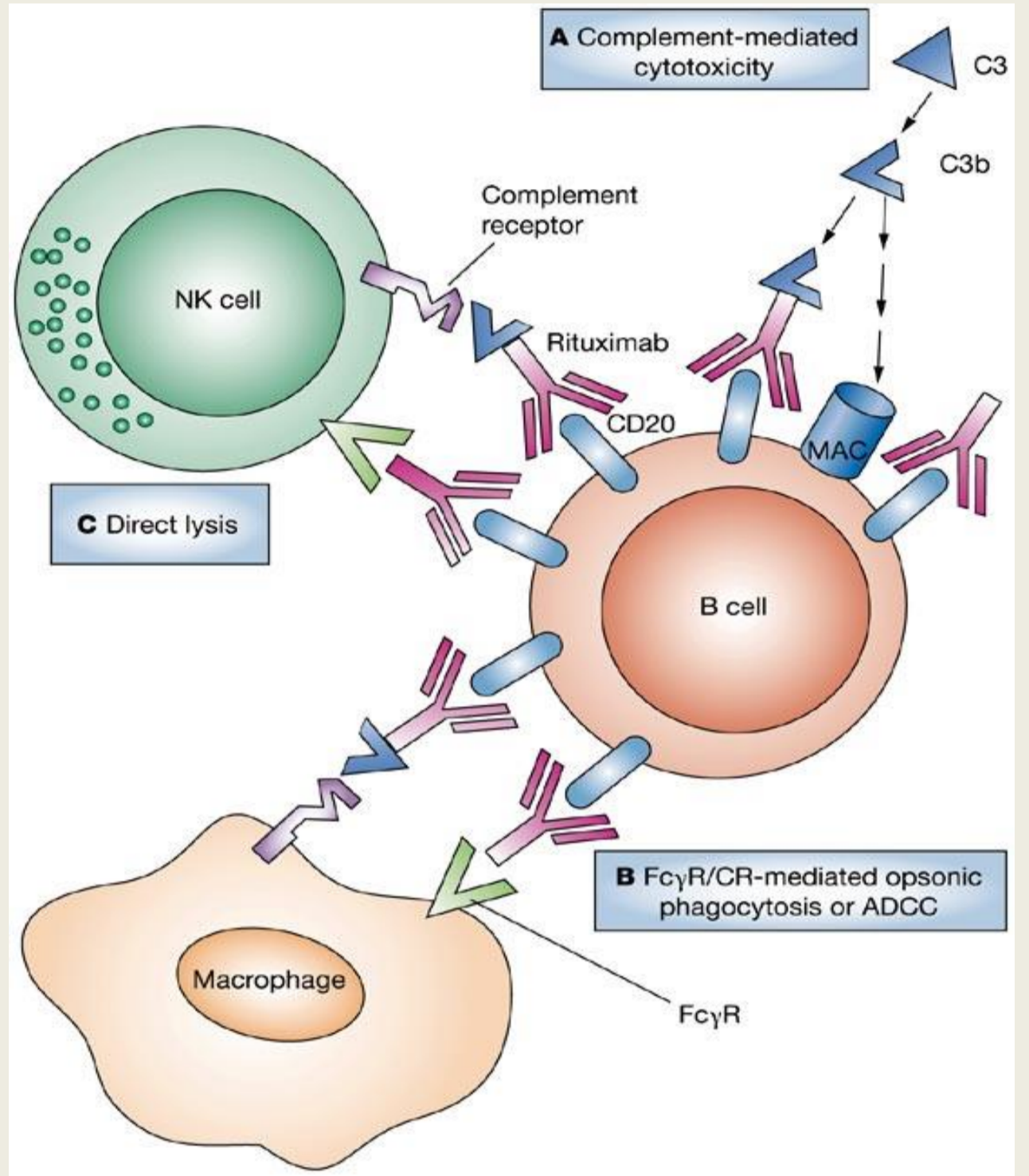


Incidence of Infectious Complications in Patients with Non-Hodgkin Lymphoma Receiving Rituximab-Containing Chemotherapy

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Introduction

Rituximab, a monoclonal antibody against **CD20+** cells, produces a fast depletion of **B-cells**. It also has cytotoxic effects on **T-cells**, late-onset neutropenia and hypogammaglobulinemia. It increases the risk of hepatitis B reactivation and has also been associated to the development of opportunistic infections.

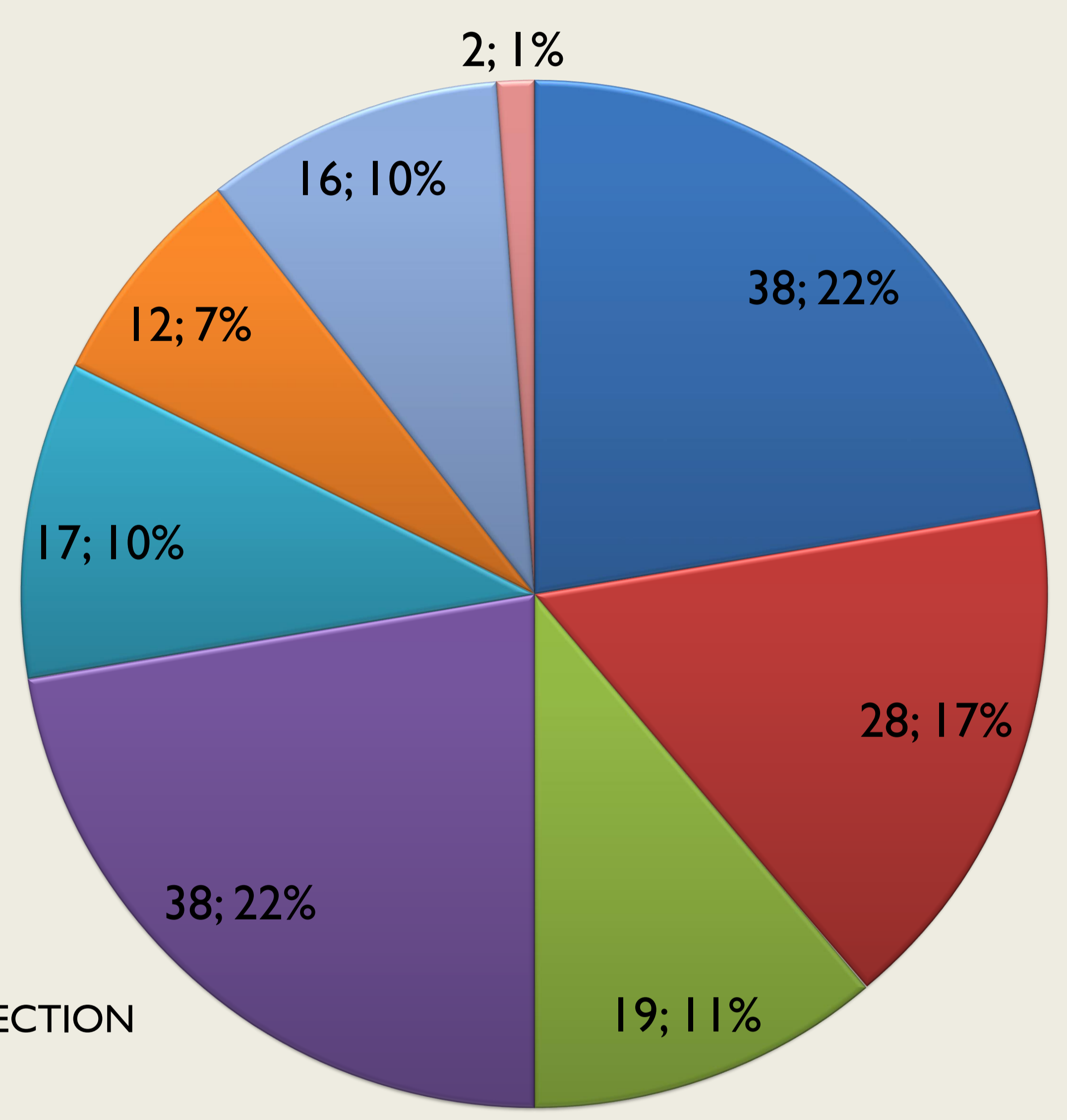


Method

Retrospective, single-center, observational and analytical study.

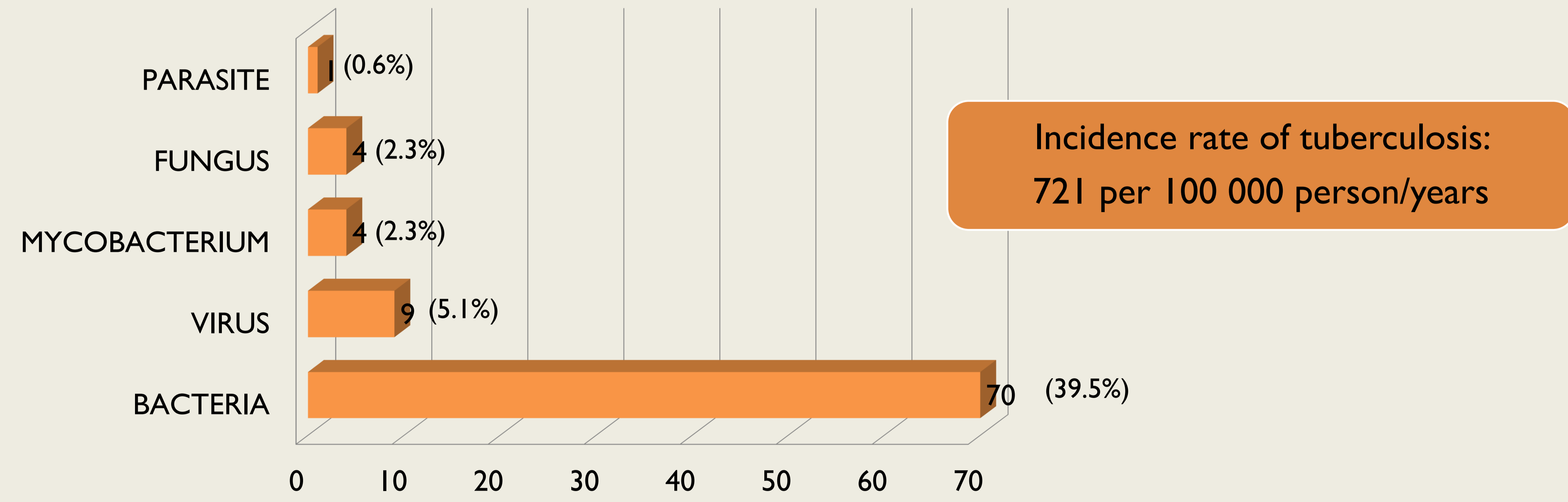
Results

- ✓ 85 patients (32%) developed an infectious complication
- ✓ Infection rate: 0.87 per 1000 person/days
- ✓ 177 events in the 85 patients
- ✓ 42 patients (49%) had more than one event
- ✓ Median hospital-stay: 6 (1-58) days



- FEBRILE NEUTROPENIA
- MUCOSAL BARRIER INJURY RELATED INFECTION
- URINARY TRACT INFECTIONS
- PNEUMONIA
- SKIN AND SOFT TISSUE INFECTIONS
- ABDOMINAL SEPSIS
- CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTION
- MENINGITIS

- ✓ In 88 (49%) of the events there was a microbiologic diagnosis:



- ✓ Thirty-five events (19.7%) contributed directly to death

Syndrome	Mortality n (%)
Pneumonia	14 (40)
Mucosal barrier injury-related infection	7 (20)
Skin and soft tissue infection	5 (14)

Discussion

- Other study reported an incidence rate of 3.3 per 1 000 days, a prevalence of 53.75% and a mean of 1.6 ± 2.2 events per person¹
- Infections grade 3 to 4 associated to R-CHOP varies between 5 and 12%^{2,3,4}
- Incidence of fungal and mycobacterial infections had been reported in only 0.5%¹
- The WHO reports that in Mexico in 2012, there was an incidence rate of tuberculosis of 20-49 per 100 000 person/years with a mortality of 1-3.9 deaths per 100 000 persons⁵

Conclusions

The incidence rate of **tuberculosis** in this population was **41 times higher** than that reported in the general population in Mexico.

Strategies must be implemented to diagnose and treat **latent tuberculosis** and to include amongst the differential diagnosis tuberculosis, favoring an appropriate and early treatment.

References

- 1 Lanini, Molloy et al. BMC Infect Dis 2013; 13: 317.
- 2 Lenz G, et. al. J Clin Oncol 2005; 23: 1984-92
- 3 Feugier P, et. al. J Clin Oncol 2005; 23: 41 17-26
- 4 Coiffier B, et. al. N Engl J Med 2002; 346: 235-42
- 5 WHO Global Tuberculosis Report 2013

*Common Terminology Criteria for Adverse Events version 4.0, NCI, NIH