myeloid leukemia who was evaluated for progressively worsening dyspnea, and unilateral pleural effusions. EMH involving the lungs and pleura was suspected. A sulfur colloid technetium 99m bone marrow scan was performed to detect that extramedullary hematopoiesis is positive. The diagnostic thoracentesis yielded bloody fluid that contained a large population of hemopoetic cells, including megakaryocytes and indicating pleural extramedullary hematopoiesis. Fine-needle aspiration and video-assisted thoracoscopy were considered, but deferred because of the potential risk of profuse bleeding. Subsequently Imatinib (Gliveec(r), Novartis, Switzerland) at a dose of 400 mg per day orally was started. The patient`s pleural effusion had completely resolved in two weeks. To our knowledge, this is the first case of chronic myeloid leukemia, which extramedullary hematopoiesis is described in the parietal pleura associated with massive pleural hemothorax and which was successfully treated with imatinib mesylate.

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TREATMENT RESULTS OF A SINGLE CENTER IN CHRONIC MYELOID LEUKEMIA: STEM CELL TRANSPLANTATION OR IMATINIB?

[1]M. Cem Ar, [1]Teoman Soysal, [1]Şeniz Öngören, [1]Ümit Üre, [1]Emre Tekgündüz, [1]Şebnem İzmir Güner, [1]Güven Çetin, [1]Emre Eşkazan, [1]Zafer Başlar, [1]Burhan Ferhanoğlu, [1]Yıldız Aydın, [1]Birsen Ülkü, [1]Gülten Aktuğlu

[1] İstanbul University Cerrahpaşa Medical Faculty Department of Internal Medicine Division of Hematology, İstanbul, TURKEY

Therapeutic decision making in CML is difficult. Although encouraging results have been reported with imatinib, allogeneic stem cell transplantation is still the only curative treatment. But it carries significant risk of morbidity and mortality. Besides, the probability of finding sibling match is only 30%. Aim of this retrospective study is to compare transplanted CML patients with those receiving imatinib in terms of cytogenetic response and leukaemia-free survival. A total of 70 chronic phase(CP) CML patients, 22 in transplant group (TG) and 48 in imatinib group (IG), were evaluated. Patient characteristics and study results are summarized in Table-1. Overall complete cytogenetic response (CCR) rate in IG was 41.7 % (CCR rates for patients receiving imatinib as first-line (n=29) and second-line (n=19) were 48 % and 31%, respectively). Mortality rate in the TG was 11% for patients transplanted in 1st CP (n=18) and 75% for those transplanted later. Due to short follow-up period in the IG (median 18 months) survival rate between two groups was compared at 2 years. Transplantation related early mortality was the most impotant reason for lower 2-year survival rate in TG (78 %) in comparison to IG (95 %). In conclusion, our CCR rate fist-line imatinib was inferior than those reported (60-70%). Since the mainstay of the cure in CML is the eradication of Ph+ clone, transplantation is still the best curative option with > 80 % durable CCR rate at 5 years in our patients. Extended follow-up is necessary to assess the long-term efficacy of imatinib.

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ACUTE CORONARY SYNDROME IN ADVANCED CHRONIC MYELOGENOUS LEUKEMIA PATIENTS TREATED WITH IMATINIB MESYLATE: CASE REPORT

[1]Mustafa Pehlivan, [1]Füsun Topçugil, [1]Mehmet Sonbahar

[1] Atatürk Education and Research Hospital, TURKEY

Background: Imatinib mesylate, a selective inhibitor of the bcr-abl, c-kit and platelet-derived growth factor receptor tyrosine kinases, is a promising new form of targeted therapy for the treatment of patients with chronic myelogenous leukemia (CML) and, gastrointestinal stromal tumors. Former reports have indicated a variety of cardiac disorders, which is 1.6 -8.3% in advanced CML, with suspected casual relationship to imatinib mesylate. Aims: In this study we presented the clinical findings of 66 year-old male patient who developed acute coronary syndrome after treatment with imatinib in advanced CML. Case: A 66-year-old man was diagnosed with chronic phase CML with a huge splenomegaly in November 2002. He had type 2 Diabetes Mellitus. He didn`t possess any cardiac disease or complaint and he had no smoking story, with normal LDL cholesterol level. His ECG and echocardiography findings were all normal. He was hospitalized on October 2004 after his periodic control at hematology department for further investigation and treatment strategy. The patient was evaluated as blastic phase CML and Imatimib mesylate therapy 600 mg daily was initiated. Un-