

INTRODUCTION

Hematological malignancies are common in childhood. During their management, patients are at risk of a variety of complications involving various organ systems. This study focusses on the neurologic manifestations

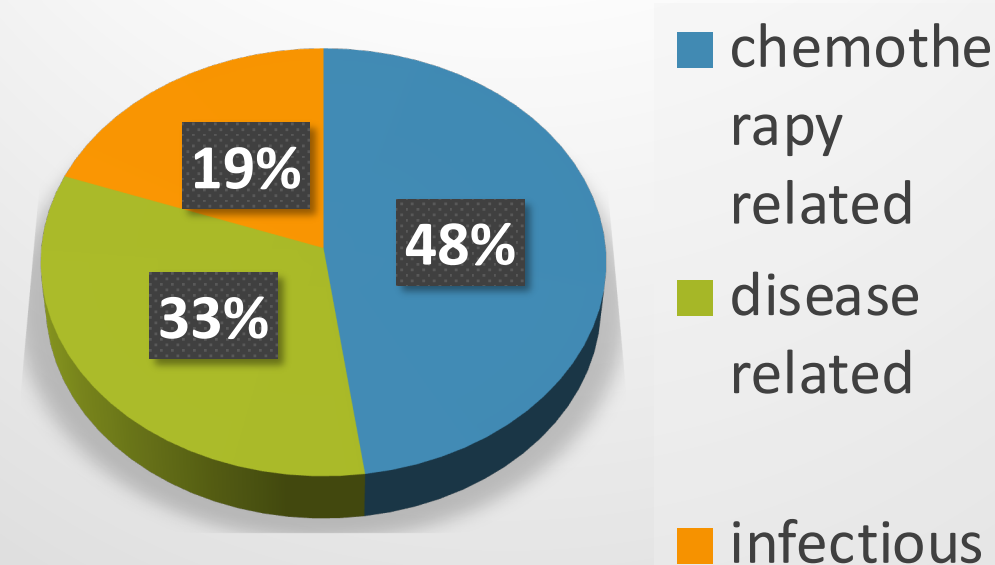
OBJECTIVE

To study the frequency of different neurological manifestation in patients with leukemia and lymphoma

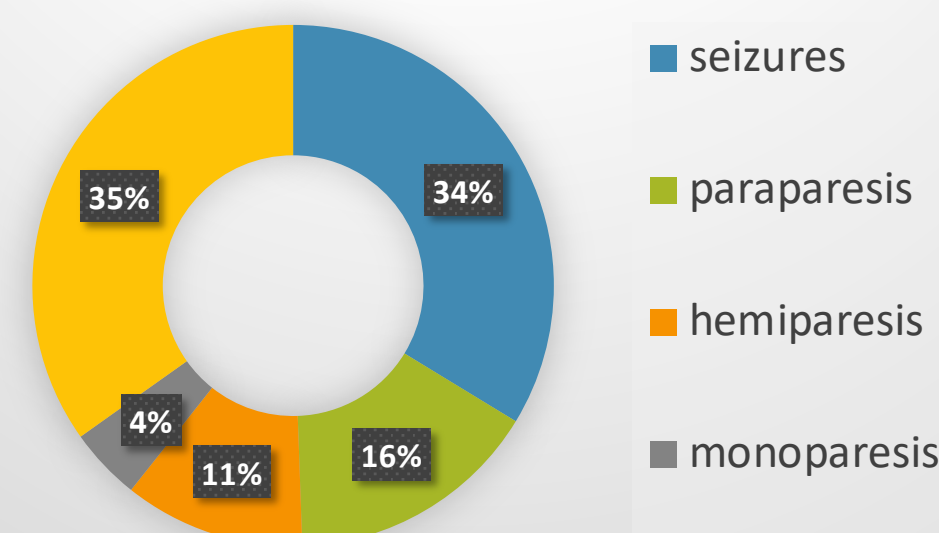
METHODS

This was an analytical, retrospective, study of 67 children. Records of patients of immuno-phenotypically confirmed leukemia & lymphomas were reviewed for neurological signs, symptoms, CSF findings, neuroimaging, treatment, progress. Non-leukemic and non-lymphomatous malignancies, primary CNS lymphoma and solid tumors have been excluded from the study.

ETIOLOGY AMONG CASES



CLINICAL FEATURE AT NEUROLOGICAL PRESENTATION



Drugs	Number	%
Methotrexate	10	37
Vincristine	7	25.9
Cytarabine	1	3.7
L asparaginase	8	29.6
Steroids	1	3.7
Total	27	100

RESULTS

67 patients with hematopoietic malignancy presented with neurological manifestations. Mean duration of presentation since diagnosis of malignancy was 7 months. 31/67 had encephalopathy, 30/67 had seizures. 14/67 had paraparesis and 10/67 had stroke. Neurological manifestations were categorized according to etiology

A- disease related (CNS leukemia, Thrombocytopenia, hyperleukocytosis)

B- chemotherapy related

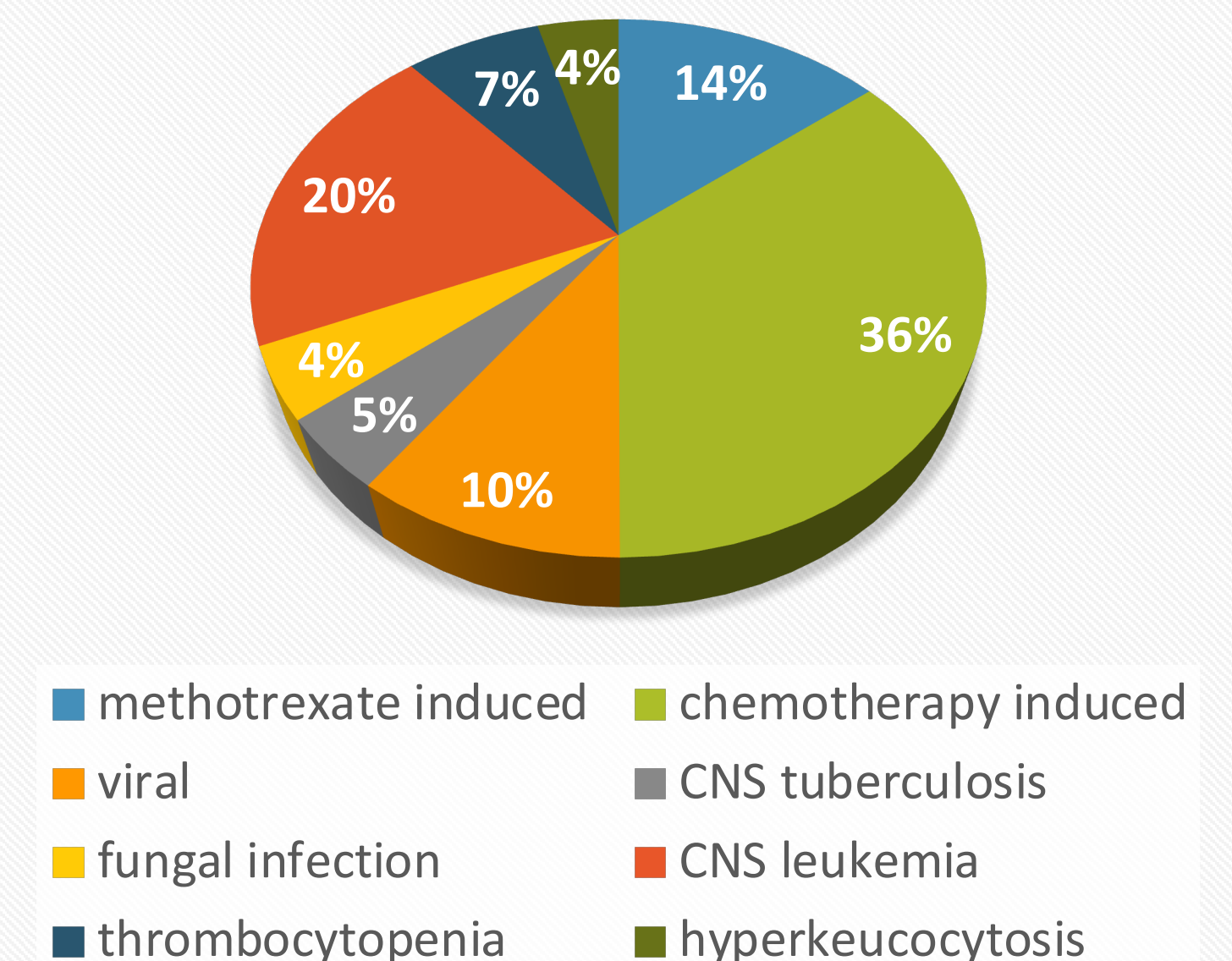
C-manifestations secondary to infections (Viral, CNS tuberculosis or fungal).

CONCLUSION

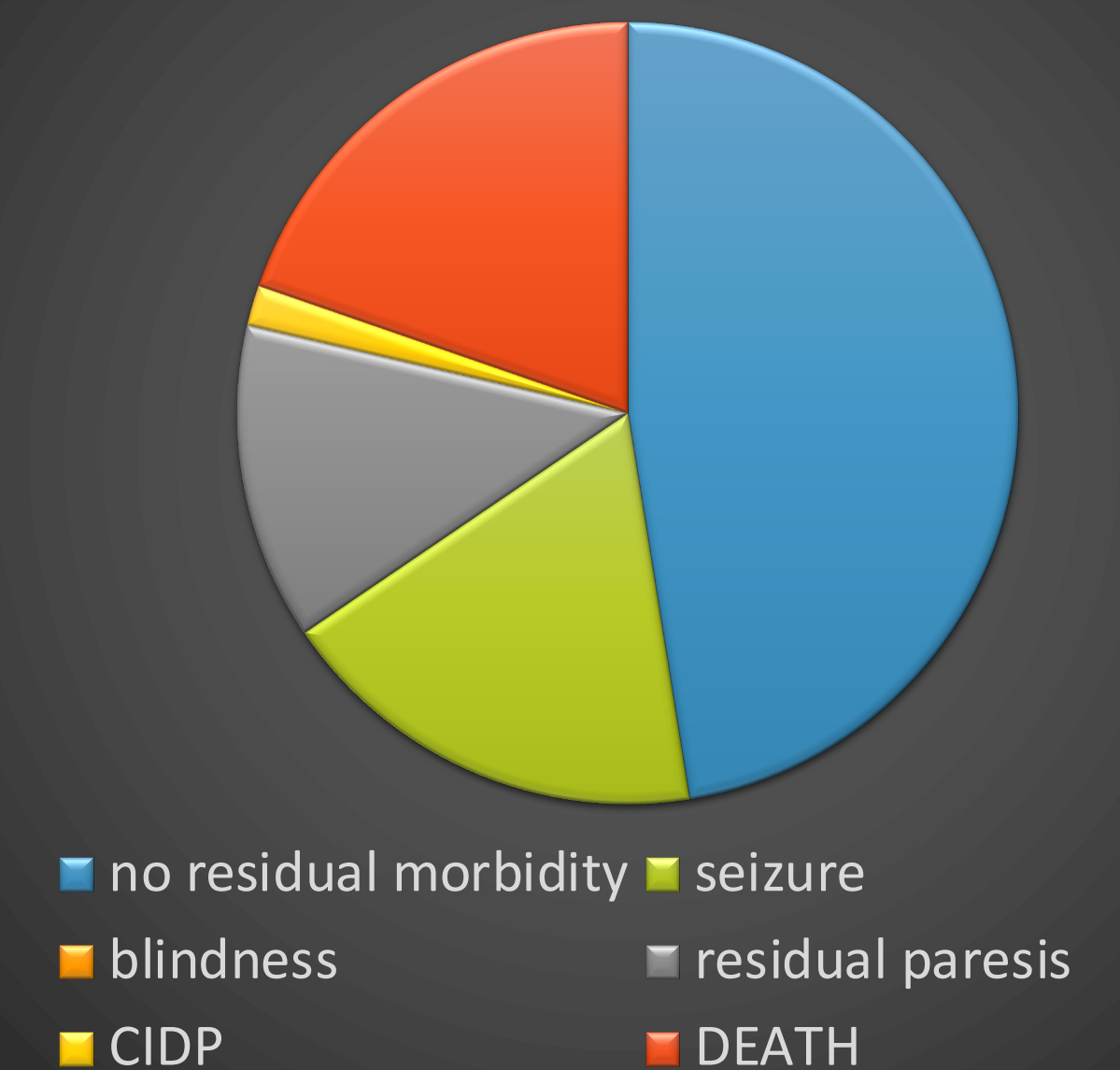
With the help of this study, we could delineate pattern of presentation of neurological complications along with its temporal relationship thus making etiological diagnosis easy, helping in the management of these patients.

The above findings also demonstrate the importance of multi-disciplinary approach to the management of these children

ETIOLOGY OF NEUROLOGIC COMPLICATION



OUTCOME OF NEUROLOGIC COMPLICATION



Cause of death	No.	%
CNS event	4	33.3
Dissemination in relapse	2	16.7
Sepsis	6	50
Total	12	100