

NEUTROPENIC ENTEROCOLITIS: IS THERE A RIGHT TIMING FOR SURGERY? ASSESSMENT OF A CLINICAL CASE

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Neutropenic enterocolitis is a severe and potentially life-threatening complication that may affect patients undergoing chemotherapy for acute leukemia or lymphoma. These patients may develop systemic sepsis through bacterial or fungal translocation across the intestinal wall. In many cases neutropenic enterocolitis is confined to the cecum, but the entire colon is sometimes involved. Most patients are treated conservatively because an improvement occurs when the absolute neutrophil count rises. However, a surgical approach consisting of resection of the colon may sometimes be neces-

sary, even in patients with complete aplasia and a high risk of complications. The right time to perform surgery is hard to define.

Intestinal wall thickness, evaluated by ultrasound, is an important prognostic factor which could act as a guide to surgical indication. We analyze a case of neutropenic enterocolitis which occurred in a patient with acute myeloid leukemia during chemotherapy and we suggest that, as well as intestinal wall thickness, hemodynamic worsening should be considered an indication for surgery.

Key words: acute myeloid leukemia, neutropenic enterocolitis, total colectomy, ultrasonography.

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