

Early, aggressive treatment recommended for critically ill patients with hematological malignancy

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A study of 7,689 admissions from 178 adult intensive care units in England, Wales and Northern Ireland has revealed the factors associated with a higher mortality rate in haematological malignancy. Researchers writing in BioMed Central's open access journal *Critical Care* found that certain factors have a significant impact on the risk of death.

Haematological malignancy refers to a range of conditions resulting from the malignant transformation of [bone marrow cells](#). Dr. Peter Hampshire, from Glan Clwyd Hospital, North Wales, worked with a team of researchers from the UK Intensive Care National Audit and Research Centre (ICNARC) Case Mix Programme Database (<http://www.icnarc.org/>) to analyse high quality data from a 12-year period, relating admission characteristics to outcome in critically ill patients with haematological malignancy.

Intensive care unit mortality was 43.1% (3312 deaths) and acute hospital mortality was 59.2% (4239 deaths). Mortality increased with the number of organ failures on admission. Factors associated with an increased risk of death included bone marrow transplantation, Hodgkin's lymphoma, severe sepsis, age, a low haematocrit and length of hospital stay before intensive care admission. Artificial ventilation, however, was not associated with increased mortality, in contrast to previous studies.

Dr Hampshire said, "Historically these patients have had a very high

mortality if they become sick enough to need intensive care. We conclude that, if appropriate, such patients should be treated aggressively with early [intensive care unit](#) admission".

More information: Admission factors associated with hospital mortality in patients with haematological [malignancy](#) admitted to UK adult, general [Critical Care](#) units: a secondary analysis of the ICNARC Case Mix Programme Database; Peter A Hampshire, Catherine A Welch, Lawrence A McCrossan, Katharine Francis and David A Harrison; *Critical Care* (in press), [ccforum.com/](#)

Source: BioMed Central ([news](#) : [web](#))

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