

Majority of children readmitted to hospital following stem cell transplant

April 24 2013, by Richard Saltus

Nearly two-thirds of children receiving stem cell transplants returned to the hospital within six months for treatment of unexplained fevers, infections or other problems, according to a study performed at Dana-Farber/Children's Hospital Cancer Center in Boston. Children who received donor cells were twice as likely to be readmitted as children who received their own stem cells.

"No one had ever looked at these data in [children](#)," said Leslie E. Lehmann, MD, clinical director of pediatric [stem cell transplantation](#) at Dana-Farber/Children's Hospital Cancer Center (DF/CHCC). "This is very important information and will allow us to counsel families appropriately, as well as try to devise interventions that reduce the rate of readmissions."

The study by Lehmann and Harvard Medical School student David Shulman is being presented at the 26th annual meeting of the American Society of Pediatric Hematology Oncology in Miami, April 24-27.

A record review of 129 children from 2008 to 2011 revealed that 64 percent had at least one hospital readmission within 180 days of transplant. The source of the [donor cells](#) was a key predictor: 79 percent of patients receiving transplants from a related or unrelated donor were readmitted compared to 38 percent who received their own cells (autologous transplant). The mean number of readmissions was 2.4, indicating that for some children, discharge after transplant is just the beginning of a long process characterized by repeated hospital stays.

Fever without a documented source of infection accounted for 39 percent of the readmissions; 24 percent were for infections and 15 percent for [gastrointestinal problems](#).

"Most of the patients went on to be successfully treated and ultimately did very well," commented Lehmann.

"We hope these findings can eventually lead to identifying a group of low-risk children who could be managed at local hospitals rather than transplant centers, reducing costs and inconvenience to families."

Lehmann said the goal is to identify which patients could be safely treated without requiring an admission to the hospital.

Provided by Dana-Farber Cancer Institute

Citation: Majority of children readmitted to hospital following stem cell transplant (2013, April 24) retrieved 27 April 2024 from <https://medicalxpress.com/news/2013-04-majority-children-readmitted-hospital-stem.html>

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