

**Abstract type:**Nurses

**Title :**INCIDENCE OF ACUTE GUT GVHD IN PATIENTS WHO HAVE UNDERGONE ALLOGENEIC STEM CELL TRANSPLANT

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**Aim:** Graft Versus Host Disease (GvHD) a severe immunogenic complication of allogeneic hematopoietic stem cell transplantation (HSCT) and is a major cause of transplant related mortality. We decided to study the incidence of acute gut GvHD in patients who have undergone Allogeneic Hematopoietic Stem Cell transplant (HSCT) and their response to medical and nursing management at our centre.

**Method:** Patients who underwent transplant from August 2018 to August 2019 were retrospectively analyzed. A checklist was used to gather all relevant patients' personal and medical data from patient's medical records. Details of gut GVHD were obtained from patients' records. Content validity of checklist was established. Data was analyzed using descriptive and inferential statistics.

**Results:** Twenty three patients underwent allogeneic HSCT from August 2018 to August 2019. Their age and gender distribution as well as diagnosis are shown in table 1. Among the transplants, 17 were matched sibling donor transplants, 2 were unrelated donor transplants and 4 were haplo-identical transplants. GVHD prophylaxis was CsA + MTX (n=11), Tac + MTX (n=5), CsA + MMF (n=3) and cyclophosphamide + CsA / Tac + MMF in 4. Out of 23 patients, 11 (48%) patients developed gut GvHD. Onset of GVHD was between day+19 to day+76 in these patients. The maximum grade was grade I, II and III in 7, 2 and 2 patients. Colonoscopy was done in 6 patients. It was normal in 4 and showed feature of GVHD in 2 patients. Among 11 patients with GVHD, 9 had co-existing viral reactivation. For treatment, 9 patients received only steroids (systemic +/- local) and 2 patients required additional drugs (etanercept, MMF). Nursing management included counselling, daily weight and monitoring of stool (color, consistency, volume), GvHD diet and assessment of response to treatment. Acute gut GVHD (grade II or higher) was higher in half match donor. (100% vs 12.5%, p-0.024).

**Conclusion:** Almost 50% of the patients receiving allogeneic HSCT developed gut GvHD. Nursing management including monitoring of patient for bowel moments, change in appetite and adhering to treatment regime along with counselling is crucial in the management of these patients.

**Disclosure:** No conflict of interest

Table 1

Details	Number of patients (n=23)
Patient age	
3 – 15 yrs	1
16 – 30 yrs	12
31 – 45 yrs	5
46 – 60 yrs	5
Donor age	
3 – 15 yrs	1
16 – 30 yrs	8
31 – 45 yrs	7
46 – 60 yrs	7
Patient gender	
Males	18
Females	5
Donor gender	
Males	15
Females	10
Patient donor gender mismatch	
Female donor to male patient	5
Male donor to female patient	2
Gender matched	16
CMV status	
Both patient and donor positive	19
Other combinations	4
Diagnosis	
Acute myeloid leukemia	4
Acute lymphoblastic leukemia	4
CML	7
Others	8