

gender, presence of CD34, CD56, and the T cell antigen CD2 on the surface of atypical promyelocytes, presence of FLT3-ITD mutation (12).

Hemorrhage and infection are among the most common causes of induction failure (11). More frequently, infection is encountered in older male patients (13). Even though our patient developed both hemorrhage and infection, she responded to induction therapy and also maintained the response. One of the reasons this happened is the correct treatment applied promptly at the occurrence of complications.

The prognosis of our patient was intermediate. She had APL (a good prognosis subtype of AML) with t(15;17), which has chemosensitivity. Also, she had a *de novo* disease, was young and without comorbidities, had a favorable ECOG, and a low WBC (14). However, she presented with a hemorrhagic complication and also with severely decreased platelet count.

The bleeding risk in our patient was very high. The most critical period for APL patients is the time until complete remission when severe bleedings may occur. Afterward, we can talk about healing, taking into account that, except for the severe thrombocytopenia, she had only good prognostic factors.

We would like to underline the very fragile status of our patient. She had severe aplasia, severe leucopenia with increased sepsis risk, severe thrombocytopenia with increased bleeding risk, and also a history of bleeding complications. She is not a typical patient to undergo surgery. The intervention was a risk, but conservative treatment was not successful.

Therefore, taking into account both risks and benefits, we decided in favor for the surgery. Usually, an initial abnormal coagulation profile has a stronger correlation with severe bleeding episodes than initial thrombocytopenia (14), partially explaining the favorable evolution.

CONCLUSIONS

In the setting of APL with coagulopathy and surgery-requiring infection, it is difficult to decide whether the benefits of surgery will outweigh the risks. Sometimes, it is better to choose a more aggressive approach, assume the risks, and try to prevent possible complications. This case sustains the importance of teamwork in hematologic patients.



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