# Acute myocardial infarction due to aspergillus invasion during induction chemotherapy for acute myeloid leukemia

Department of Internal medicine, Chosun University Hospital

*Hyung-Jin Park, Chi-Young Park, Choon-Hae Chung, Sang-Gon Park

Myocardial infarction commonly results from atherosclerosis of the coronary arteries. Acute myeloid leukemia(AML) may predispose patients to hypercoagulable states such as disseminated intravascular coagulation or hyperleukocytosis. The association of acute myeloid leukemia and acute myocardial infarction(AMI) is rare and the pathogenic relationship between these entities undefined. Systemic aspergillosis is encountered with increasing prevalence in immunocompromised patients undergoing chemotherapy. Pericarditis secondary to Aspergillus invasion of the pericardial sac has been described in a few patients, and involvement of the myocardium alone or in combination with endocardia1 or pericardial invasion has also recently been decribed. We present a case of a 48-year-old male who presented to the hospital with dyspnea . A bone marrow biopsy showed AML M6. The patient was treated with induction chemotherapy using cytarabine and idarubicine. Three weeks later, he had chest pain with cold sweating and the electrocardiography (ECG) showed ST-depression on lead I, V4, V5, V6. Serum cardiac enzyme was elevated and echocardiography reveled posterolateral akinesia. Thoracic CT showed posterolateral myocardium invasion lesion probably aspergillosis, and serum aspergiollus antigen was positive. At that time, laboratory tests showed a white blood cell count of 260 /μL, platelet count of 3 X 103/μL, and hemoglobin of 6.2/dL, but not showed disseminated intravascular coagulation(DIC) state. We diagnosed acute myocardial infarction due to aspergillus invasion during chemotherapy for acute myeloid leukemia.



# Interim Analysis of Docetaxel, Oxaliplatin and 5-Fluorouracil Combination Chemotherapy in Patients with Advanced Gastric Cancer

[1]Department of Internal Medicine, Sanggye Paik Hospital, Inje University College of Medicine, Seoul, Korea and
[2]Department of Internal Medicine, Inje University College of Medicine, Ilsan Paik Hospital, Goyang, Korea

*Mi-Jin Ryu, M.D.[1], Sung Rok Kim, M.D.[1], Young Jin Yuh, M.D.[1], Byeong Seok Sohn, M.D.[1], Hye Ran Lee, M.D.[2], Seong Yoon Lee, M.D.[2]

**Introduction:** The combination chemotherapy of docetaxel, cisplatin and 5-fluorouracil(5-FU) has shown better survival and response rate than 5-FU/Cisplatin, however the toxicity was substantial. The aim of this study is to determine the efficacy and toxicity of docetaxel, oxaliplatin and 5-FU(DOF) combination chemotherapy in patients with advanced gastric cancer. **Methods:** Seventeen patients with advanced gastric cancer were treated with the following regimen every 21days: docetaxel 60 mg/m$^2$ IV on day1, oxaliplatin 100 mg/m$^2$ IV on day1, and 5-FU 850 mg/m$^2$ continuous infusion on days1-4. **Results:** Ten(58.8%) patients showed partial response, 5(29.4%) patients showed stable disease. The overall response rate was 58.8%(95% CI: 35.9-78.4%) and the disease control rate was 88.2%(95% CI: 64.4-97.9%). A total of 100 cycles of chemotherapy was administrated and the dose intensity was 92.4% in docetaxel, 90.9% in oxaliplatin, and 96.6% in 5-FU. The median progression free survival was 6.7months(95% CI, 6.2-7.2 months). Grade3/4 neutropenia and thrombocytopenia occurred in 28cycles(28%) and 1cycle(1%). Grade3 stomatitis, diarrhea and neutropathy occurred in 1cycle(1%), 4cycles(4%) and 5cycles(5%), respectively. **Conclusions:** The combination chemotherapy of docetaxel, oxaliplatin and 5-FU (DOF) is effective for the treatment of advanced gastric cancer and well tolerated. This result support the continuation of the phaseII trial until target recruitment(n=50). Key words: Advanced gastric cancer, oxaliplatin, docetaxel, 5-FU, response, progression free survival