<u>Drug-induced blood disorders</u> <u>in ICU patients</u>

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الإضطرابات الدموية الناتجة عن العقاقير في مرضى الرعاية المركزة

للحصول على درجة الماجستير في الرعاية المركزة

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Abbreviations

2,3-BPG 2,3-bisphosphoglycerate

AA Aplastic anemia

ACA Anticardiolipin antibody

ACCP American College of Chest Physicians

ACT Activated clotting time

AED Antiepileptic drugs

AHF Antihemophilic factor

AIDS Acquired immune deficiency syndrome

AIHA Autoimmune hemolytic anemia

ANC Absolute neutrophil count

AP Antiplasmin

APC Activated protein C

APS Antiphospholipid antibody syndrome

ASA Acetylsalicylic acid

ASH American Society of Hematology

ATG Antithymocyte globulin

BMT Bone marrow transplantation

BUN Blood urea nitrogen

CB Cord blood

CDI Clinically documented infection without microbiological

evidence.

CFU-E Colony forming unit-erythrocyte

CKD Chronic kidney disease

CLCr Creatinine clearance

CMV Cytomegalovirus

COX-2 Cyclooxygenase-2

CS Corticosteroids

CsA Cyclosporine A

CY Cyclophosphamide

CYP Cytochrome P-450

DAT Direct antiglobulin test

DIAG Drug-induced Agranulocytosis/Neutropenia

DIC Disseminated intravascular coagulation

DIHA Drug-induced immune hemolytic anemia

DIHS Drug-induced hypersensitivity syndrome

DINP Drug-induced neutropenia

DISS Drug-induced Sweet's syndrome

DIT Drug-induced immune thrombocytopenia

DNA Deoxyribonucleic acid

DRESS Drug rash with eosinophilia and systemic symptoms

DTI Direct thrombin inhibitor

DVT Deep vein thrombosis

EBV Epstein-Barr virus

ECT Ecarin clotting time

EDTA Ethylenediaminetetraacetic acid

EIA Enzyme-linked Immunoassay

ESA Erythropoiesis-stimulating agent factor

F VIII Factor VIII

FDA Food and Drug Administration

FDP Fibrinogen degradation products

FFP Fresh frozen plasma

FUO Fever of unknown origin

G6PD Glucose-6-phosphate dehydrogenase deficiency

GAGs Glycosaminoglycans

G-CSF Granulocyte-colony stimulating factor

GM-CSF Granulocyte/macrophage colony stimulating

GPIb Glycoprotein Ib

GPIIb/IIIa Glycoprotein IIb/IIIa

GSSG Oxidized glutathione disulfide

H2RA H₂ receptor antagonist

HA Hemolytic anemia

Hb Hemoglobin

Hct Hematocrit

HCV Hepatitis C virus

Hcy Homocysteine

HELLP Hemolysis, elevated liver enzymes, low platelets.

Hemoglobin F Fetal hemoglobin

HHV-6 Human herpesvirus-6

HIT Heparin-induced thrombocytopenia

HIV Human immunodeficiency virus

HLA Human leukocyte antigens

HMW-K High-molecular-weight kininogen

HPA-1 Human platelet antigen-1

HUS Hemolytic uremic syndrome

ICU Intensive care unit

lg Immunoglobulin

IGF-I Insulin like growth factor-I

IHA Immune hemolytic anemia

INH Isoniazid

INR International normalized ratio

IS Immunosuppression

ITP Idiopathic thrombocytopenic purpura

IV Intravenous

IVIG Intravenous Immune Globulin

Ka Kallikrein

LA Lupus anticoagulant

LD Lactate dehydrogenase

LGL Large granular lymphocyte

LMWH Low molecular-weight heparin

MCD Mean cell diameter

MCH Mean corpuscular hemoglobin

MCHC Mean corpuscular hemoglobin concentration

MCV Mean corpuscular volume

MDI Microbiologically documented infection

MDS Myelodysplastic syndromes

MPO Myeloperoxidase

MS Methionine synthase

MTase Methyltransferase

MUD Matched unrelated donor

NADPH Nicotinamide adenine dinucleotide phosphate

NIPA Non-immune protein adsorption

NMTT N-methyl-thiotetrazole

NSAIDs Nonsteroidal anti-inflammatory drugs

PAI-1 Plasminogen activator inhibitor-1

PCCs Prothrombin complex concentrates

PCI Percutaneous coronary intervention

PF4 Platelet factor-4

PHSC The pluripotential hematopoietic stem cell

PL Platelet phospholipid

PMNLs Polymorph nuclear leukocytes

PRCA Pure red cell aplasia

Pre-K Prekallikrein

PT/aPTT Prothrombin time/activated Partial thromboplastin time

PTA Plasma thromboplastin antecedent

PTC Plasma thromboplastic component

PTP Post transfusion purpura

RBCs Red blood cells

rVIIa Recombinant activated VII

SAA Severe aplastic anemia

SAH S-adenosylhomocysteine

SAHH SAH hydrolase

SAM S-adenyosylmethionine

SAs Sideroblastic anemias

SC Subcutaneous

SJS/TEN Stevens-Johnson syndrome/toxic epidermal necrolysis

SLE Systemic Lupus Erythematosus

SSKI Potassium iodide

TCY Thrombocytopenia

THF Tetrahydrofolate

TMAs Thrombotic microangiopathies

TMP/SMX Trimethoprim/sulfamethoxazole

t-PA Tissue plasminogen activator

TPE Therapeutic plasma exchange

TTP Thrombotic thrombocytopenic purpura

UFH Unfractionated heparin

VIT Vancomycin induced thrombocytopenia

VKA Vitamin K antagonist therapy

VTE Venous thromboembolism

vWF von Willebrand factor

WHO World Health Organization

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Introduction

Blood disorders are a rare, yet extremely serious, adverse effect of drug treatment. Outside of the more predictable bone marrow depression seen with cytotoxic and immunosuppressant agents, drugs in more common use have also been associated with blood disorders (Stephens, 2004).

Although anecdotal reports of drug-induced blood disorders are common in the literature, they often have speculative mechanisms and questionable causality (*Medina and George, 2001*). The true incidence of drug-induced blood disorders is therefore difficult to ascertain, but it is clear that they make a major contribution to the incidence of blood disorders (*Anderson et al., 2004*).

Blood diseases cover a wide spectrum of illnesses ranging from anemia, amongst the most common disorders affecting mankind, to relatively rare conditions such as congenital coagulation disorders. Drugs can induce almost the entire spectrum of hematologic disorders affecting white cells, red cells, platelets and the coagulation system (Mintzer et al., 2009).

The interaction between a drug and red cell membrane produces a composite antigenic structure (or neo antigen), provoking two types of antibodies which mediates drug-induced immune hemolytic anemia (Murphy et al., 2009).

A rare failure of hemopiotic stem cells disorder, aplastic anemia and pure red cell aplasia can be associated with administration of antithyroid drugs as carbimazole or antiepileptic drugs as phenytoin (*Brodsky and Jones, 2005*).