ACUTE RHABDOMYOLYSIS SECONDARY TO VYXEOS®

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INTRODUCTION

Despite of the advances in acute myeloid leukemia (AML) treatment, patients with AML with myelodysplasia-related changes (AML-MRC) continue to have a worst prognosis. Vyxeos® has been recently approved in this setting improving both complete responses rates and percentage of patients who proceed to Allogenic Stem cell transplantation (ASCT).

RESULTS

We retrospectively describe a single case of a patient with a rare Vyxeos® complication.

A 62-year-old man with hypertension, type-2 diabetes mellitus and dyslipidaemia was diagnosis with AML-MRC in our centre on May 2019 receiving Vyxeos® as upfront therapy. After 21 days of induction treatment, he suffered generalized severe loss of strength, acute renal failure, choluria and hypertransaminemia. Blood tests showed increased values of creatinine (2.04 mg/dL), transaminases (AST 1215mg/dL, ALT 322mg/dL), creatincinase 30018 U/L and LDH 1113 U/L. Complementary tests were performed not showing any pathological findings (electrocardiogram, chest X-ray, abdominal X-ray, abdominal ultrasound and cranial CT). Microbiological cultures were all negative. As he was not receiving any other drug at that moment we diagnosis him with acute rhabdomyolysis secondary to Vyxeos®. He received intense fluid therapy and supportive measures with progressive improvement being discharged from the hospital after 45 days. He achieved complete response after one single course of Vyxeos® but due to the severity of acute rhabdomyolysis sequels we decided to stop Vyxeos® treatment and continue with 5-azacitidine followed by ASCT. He is currently alive in complete response after 15 months.

CONCLUSIONS

Although acute rhabdomyolysis has being reported with cytarabine treatments, to the best of our knowledge this would be the first acute rhabdomyolysis reported case secondary to Vyxeos®. Despite of its initial severe toxicity, Vyxeos® provided complete response and the patient recovered from his sequels proceeding to ASCT.

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