

SPECIFIC PATHOMORPHOLOGICAL CHANGES IN THE COURSE OF LYMPHOCYTIC LEUKOSIS IN CHILDREN

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Relevance: Acute lymphoblastic leukemia in children is the most common oncological disease in children aged 2-5 years. The main clinical-morphological sign is the multiple production of lymphocytic cells from bone marrow. The disease is very severe, often ending in death. Therefore, it is considered important to identify and know the initial primary symptoms of the disease. Each year, 50 out of a million children are infected with the disease.

The purpose of the work. Taking into account these discussions, the identification of specific pathomorphological changes in the disease of young children with leukemia was taken as the main goal of the article.

Material and methods. For the last 10 years (2008-2018) to achieve the goal, the autopsy material of children who died of leukemia was comprehensively studied at the Republican Institute of scientific investigation of Hematology and blood transfusion. During this period, a total of 1,568 sick children were treated with lymphocytic leukemia in the clinic of this Institute, of which 74 died. Of these, 47 are girls and 67 are boys. By age: 12 died under the age of 2, 28 died under the age of 4, 26 died under the age of 6, and 18 died under the age of 10. The history of the disease of the dead, laboratory examination data, an autopsy statement were analyzed and fragments from internal organs, their histological preparations were studied under a microscope, and the necessary areas were photographed and the details were written.

Results of the inspection. In trepanobiopsy material, i.e. bone marrow, it became known that, depending on the degree of development of leukemia, if the mild form of Leukocyte-specific blast cells were concentrated in a foci-like fashion, while in the heavy form it occupied the entire area of bone marrow and infiltrated diffusely. Most often, hypoplasia of blood clot foci, necrosis, other cells of bone marrow are detected. Thymus. The peculiarity of children's lymphocytic leukemia was that in all cases the thymus was enlarged to one degree or another, reaching a weight of up to 30 grams in some cases.

Conclusion: Pediatric lymphocytic leukemia is pathomorphologically manifested in all lymphoid organs with acute-looking leukemic infiltration during the onset of the disease. Depending on whether lymphocytic leukemia has developed from T or B lymphocytes, it is characteristic of the appearance of leukemic infiltration in specific areas of the lymphoid organs.

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