

Importance of Nursing care in the Early Detection of Sinusoidal Obstructive Syndrome in Patients Submitted to Stem Cell Transplantation Allogeneic Hematopoietic Akin - Case report

Introduction: The hematopoietic stem cell transplantation (HSCT), can cause damage to various organs and tissues in the recipient organism, which may result in changes subclinical to fatal complications. The Sinusoidal obstructive syndrome (SOS) is one of the most severe post-transplant complications, occurring in the first 30 days, characterized by fluid retention, progressive jaundice, hyperbilirubinemia and tender hepatomegaly and affects 10-60% of transplant patients. Nursing care consists of clinical and laboratory monitoring of systemic change and therapeutic response.

Objective: We report the case of a patient with Acute Lymphoblastic Leukemia High Risk who received allogeneic transplant and evolved with mild / moderate SOS during the process, with full frame resolution, using only clinical measures and adjuvant therapy with a diuretic.

Case Report: Female, 35, admitted in May 2014 diagnosed with Acute Lymphoblastic Leukemia High Risk for five months, with no post-induction G-MALL remission 2003. After consolidation phase II with G-MALL 2003 reached medullary remission and was referred to HSCT Service. In June / 2014 internal to TCTHSP Allogeneic Akin, FluMeI conditioning + TBI in 1200 and hepatic prophylaxis with ursodeoxycholic acid 900 mg / day. Received $10,71 \times 10^6$ CD34 / Kg. In D+ 5 had grade III mucositis, started Parenteral Nutrition Center (PNC). On D+7, has pain on palpation in the right upper quadrant (RUQ), liver 2 cm from the costal margin, total bilirubin (TB) 1.0, light SOS suspicious, started water restriction and optimized NPC for liver disease. At D+11, presents improved RUQ pain, reduced liver, increased BT 4.5, increase of abdominal girth and weight (4 cm / 4kg, respectively), SOS considered mild / moderate. TB has improved (1.1) and mucositis in D + 16, reducing weight and waist circumference, keeping water and diuretic restrictions daily. In D+ 17, SOS status was considered resolved.

Discussion: The HSCT is a highly complex therapy, so it is necessary one specialized nursing care since the patient needs specific nursing care. Whereas assistance should be full, the nurse is essential member of the multidisciplinary team, for having specialized training and be able to carry out technical care criticality. The systematization of nursing care should include prescription care to enable early detection and the SOS reversal, among which we can mention the control of urine output, fluid restriction and strict fluid and electrolyte balance and daily verification of weight and waist circumference and monitoring liver function. In our case, the patient underwent weight and waist circumference three times a day, water restriction and drug dilution and fluid and electrolyte balance every four hours, facilitating intervention with a diuretic early and assertively. The liver function test was carried out twice a day in ten day period until resolution of the patient condition.

Conclusion: The comprehensive nurse care played by HSCT is directly related to quality of care and has its reflection in the evolution of patients. This comprehensive care with the care planning allows you to diagnose the patient's needs, ensures proper prescription of care, evaluating the results and quality of care, it enables early intervention in the evolution of the frame discussions about the status of each patient.