

What is APL nephropathy?

Microvascular manifestations such as diffuse alveolar haemorrhage or 'aPL nephropathy' [8], as well as non-thrombotic features such as autoimmune thrombocytopenia or autoimmune haemolytic anaemia, can also develop in aPL-positive people.

What is APL vasculopathy?

Additionally, aPL vasculopathy is characterized by endothelial cell proliferation and infiltration of other cells that progressively expands the intima [16], which can occur through direct or indirect effects of aPL on the endothelium and smooth muscle of the vessel wall.

What is a low-risk platelet count (APL)?

Low- and intermediate-risk APL (differentiated by platelet counts above and below $40 \times 10^9 /L$) also referred to as standard-risk APL are defined by a WBC count of equal to or less than $10,000 /L$. A presentation WBC count greater than $10,000 /L$ represents high-risk APL.

What is the difference between APL and AML?

Pancytopenia is common at presentation. The key difference between APL and AML is that many patients with the former are at risk for disseminated intravascular coagulation and associated hyperfibrinolysis. The coagulopathy has to be managed as a medical emergency otherwise it often leads to CNS and pulmonary hemorrhage.

Can anthracyclines be used in APL therapy?

Before using anthracyclines in APL therapy in 1973, no effective treatment was available. In the mid-1980s, all-trans retinoic acid (ATRA) monotherapy was used with high response rates, but response durations were short. Later, the development of ATRA, chemotherapy, and arsenic trioxide combinations turned APL into a highly curable malignancy.

Which antineoplastic agents are used to control leukocytosis in high-risk APL patients?

Idarubicin (IDA) and gemtuzumab ozogamicin (GO) are the most commonly used antineoplastic agents to control leukocytosis in high-risk APL patients who are induced with a chemotherapy-free regimen such as ATRA + ATO. In a study by Australasian Leukaemia and Lymphoma Group (APML4), IDA was added to ATRA + ATO regimen to treat patients with high-risk APL.

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