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### Thrombotic Risk Assessment in Patients with Lymphoid Neoplasm seen at the Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State

#### *Évaluation du Risque Thrombotique chez les Patients Atteints de Néoplasme Lymphoïde Examinés au Nnamdi Azikiwe University Teaching Hospital, Nnewi, État d'Anambra*

<sup>1</sup>U. J. Chilaka, <sup>2</sup>N. Benedict, <sup>3</sup>C. Kingsley, <sup>1</sup>A. Clara, <sup>1</sup>E. Geoffery, <sup>4</sup>E. Chinedum, <sup>5</sup>N. P. Onyinye

#### ABSTRACT

**BACKGROUND:** Venous thromboembolism (VTE) is a cause of increased morbidity and mortality in cancer patients. VTE is the second leading cause of death in cancer patients. Risk assessment models have been developed to identify patients at risk of VTE for thromboprophylaxis. Risk scores of patients in our environment have not been adequately investigated.

**OBJECTIVE:** The study evaluates the association of thrombotic risk assessment scores (using the modified Khorana risk assessment tool) and soluble P-selectin levels with thrombotic events in patients with lymphoid cancer.

**METHODS:** This is a comparative cross-sectional study conducted at Nnamdi Azikiwe University Teaching Hospital (NAUTH, Nnewi, Anambra State). Forty-five patients with lymphoid malignancy and 45 apparently healthy subjects participated in the study. The modified Khorana risk assessment score was used to assess cancer-associated thrombotic risk. Blood sample was collected for soluble P-selectin estimation. Data were analyzed with SPSS version 23.

**RESULTS:** The age of subjects with lymphoid neoplasm and controls were 49.1±15.8 years, and 49.6±11.1 years respectively ( $p = 0.548$ ). Subjects with lymphoid neoplasm consist of 26 (57.8%) males and 19 (42.2%) females while the controls consist of 25 (55.6%) males and 20 (44.4%) females. Non-Hodgkin's lymphoma was the most frequent of lymphoid neoplasm (18, 40.0%), followed by multiple myeloma (10, 22%), CLL (9, 20%), ALL (6, 13.0%) and Hodgkin's lymphoma (2, 4.0%). Thirty-five (77.8%) subjects with lymphoid neoplasm had intermediate risk scores and 10 (22.2%) had high-risk scores. Nineteen (42.2%) of the controls had intermediate risk and 26 (57.8%) low risk. The differences in proportion were statistically significant ( $p < 0.001$ ). The median (IQR) levels of soluble P-selectin were significantly higher in patients with lymphoid neoplasm (12.2 vs. 7.0ng/mL,  $p < 0.001$ ). Three (6.6%) patients with lymphoid malignancies had deep vein thrombosis confirmed by a Doppler ultrasound scan.

**CONCLUSION:** Lymphoid malignancy is associated with relatively higher thrombotic risk scores, sP-selectin levels, and venous thromboembolic events. **WAJM 2023; 40(5): 533–540.**

**Keywords:** Lymphoid malignancy, Thrombosis, Soluble P-selectin, Risk assessment scores.

#### RÉSUMÉ

**CONTEXTE:** La thromboembolie veineuse (TEV) est une cause de morbidité et de mortalité accrues chez les patients atteints de cancer. La TEV est la deuxième cause de décès chez les patients atteints de cancer. Des modèles d'évaluation des risques ont été mis au point pour identifier les patients présentant un risque de TEV en vue d'une thromboprophylaxie. Les scores de risque des patients dans notre environnement n'ont pas été étudiés de manière adéquate.

**OBJECTIF:** L'étude évalue l'association des scores d'évaluation du risque thrombotique (en utilisant l'outil modifié d'évaluation du risque de Khorana) et des niveaux de P-sélectine soluble avec les événements thrombotiques chez les patients atteints d'un cancer lymphoïde.

**MÉTHODES:** Il s'agit d'une étude transversale comparative menée au Nnamdi Azikiwe University Teaching Hospital (NAUTH, Nnewi, État d'Anambra). Quarante-cinq patients atteints d'un cancer lymphoïde et 45 sujets apparemment sains ont participé à l'étude. Le score modifié d'évaluation du risque de Khorana a été utilisé pour évaluer le risque thrombotique associé au cancer. Un échantillon de sang a été prélevé pour l'estimation de la P-sélectine soluble. Les données ont été analysées avec SPSS version 23.

**RÉSULTATS:** L'âge des sujets atteints de néoplasme lymphoïde et des témoins était respectivement de 49,1±15,8 ans et 49,6±11,1 ans ( $p = 0,548$ ). Les sujets atteints de néoplasme lymphoïde sont 26 (57,8 %) hommes et 19 (42,2 %) femmes, tandis que les témoins sont 25 (55,6 %) hommes et 20 (44,4 %) femmes. Le lymphome non hodgkinien était le néoplasme lymphoïde le plus fréquent (18, 40 %), suivi du myélome multiple (10, 22 %), de la LLC (9, 20 %), de la LAL (6, 13 %) et du lymphome hodgkinien (2, 4 %). Trente-cinq (77,8 %) sujets atteints de néoplasmes lymphoïdes présentaient un score de risque intermédiaire et 10 (22,2 %) un score de risque élevé. Dix-neuf (42,2 %) des témoins présentaient un risque intermédiaire et 26 (57,8 %) un risque faible. Les différences de proportion étaient statistiquement significatives ( $p < 0,001$ ). Les niveaux médians (IQR) de P-sélectine soluble étaient significativement plus élevés chez les patients atteints de néoplasme lymphoïde (12,2 vs. 7,0 ng/mL,  $p < 0,001$ ). Trois (6,6 %) patients atteints de tumeurs lymphoïdes ont présenté une thrombose veineuse profonde confirmée par une échographie Doppler.

**CONCLUSION:** Les tumeurs malignes lymphoïdes sont associées à des scores de risque thrombotique, des taux de sP-sélectine et des événements thromboemboliques veineux relativement plus élevés. **WAJM 2023; 40(5): 533–540.**

**Mots-clés:** Malignité lymphoïde, Thrombose, P-sélectine soluble, Scores d'évaluation du risque.

<sup>1</sup>Department of Haematology and Blood Transfusion, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria.

<sup>2</sup>Department of Haematology and Blood Transfusion, University of Benin Teaching Hospital, Benin City, Edo State, Nigeria.

<sup>3</sup>Department of Pharmacology and Therapeutics, Faculty of Basic Sciences, Nnamdi Azikiwe University, Nnewi Campus, Nnewi, Anambra State, Nigeria. <sup>4</sup>Department of Haematology, Federal Medical Center, Owerri, Imo State, Nigeria.

<sup>5</sup>Department of Medical Microbiology, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria.

\*Correspondence: Dr. Chilaka Ugochi, Department of Haematology and Blood Transfusion, Nnamdi Azikiwe University Teaching Hospital, Nnewi, Anambra State, Nigeria. Email: chilakaugochi@gmail.com Phone: +2348060421989