

Retrospective Evaluation of Intravenous Immunoglobulin Use in Adult Hematology Practice

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ABSTRACT

Introduction: Intravenous immunoglobulin (IVIGs) preparations, which are used in the treatment of many immune-based diseases, also have an important place in hematology practice. It is an important treatment option with many different immune regulatory roles. There is a limitation of its use on adult patients due to the lack of retrospective data.

Materials and Methods: In our study, the retrospective usage indications, responses and rates of IVIG preparations evaluated in our Hematology Clinic and used in various indications between January 2010 and January 2020 were attempted to be put forth. Our targets for treatment responses were as follows: For immune thrombocytopenia, the platelet count target was $30000 \times 103/\mu\text{L}$ and above; no hospitalization need for secondary hypogammaglobulinemia; no replacement need for hemolytic anemia after IVIG and a hemoglobin level above 8 g/dl.

Results: When 166 patients were examined in total, 66 were diagnosed with immune *thrombocytopenic purpura* (ITP) (39.8%) and 19 chronic lymphocytic leukemia (CLL) (11.4%). There were emergency indications for all patients with thrombocytopenia before getting a primary diagnosis. The number of patients who used IVIG before getting a primary diagnosis was 79 (47.6%), 41 of whom (51.9%) were diagnosed with immune *thrombocytopenic purpura* in follow up. The expected response was 36.1% with 60 patients within the entire patient group. With further examination performed after emergency usage, the diagnoses received by the patients were revealed. The response was 58.5% with 24 patients in whom IVIG was used under emergency conditions and deep thrombocytopenia before getting a primary diagnosis and were diagnosed with ITP after further examinations.

Discussion and Conclusion: IVIG products stand out with a wide range of effective usages and are frequently preferred. Our study contributes to the literature retrospectively with revealing our patients' data. Content standardization, disease distributions and different doses of gluco corticosteroids used beside IVIGs in our study restricted the statistical evaluation retrospectively. It is important in terms of transferring experience and revealing data.

Keywords: Intravenous immunoglobulin, Immune *thrombocytopenic purpura*, Hematology, Thrombocytopenia

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