

given. In this group, none of the patients with an available follow up required emergent attention. An immediate visit to an emergency department or a primary care physician was recommended in a total of 145 cases (13.5%). In 65% of these cases follow up was obtained with 84.2% of the patients requiring further tests or admitted to the hospital and only 9.6% discharged after this initial medical contact.

Our main conclusion from this experience is that the initiative was useful for the society. We do not ignore its limitations, including the unknown rate of misdiagnosis due to lack of appropriate evaluation, and the lack of a legal framework to protect both professionals and patients. These crucial elements were disregarded only due to the global health-care crisis but this provided an unprecedented opportunity to perform a preliminary evaluation of the ability of digital platforms for providing health assessment globally. National health-care systems have demonstrated to be limited to confront global health crisis in the 21st century. It is well-known that health-care access is unequal worldwide; however, the ability to provide a basic *triage* is easier and cheaper than ever. Just imagine how we could have anticipated the course of events if people in Wuhan had massively requested attention through such kind of platform. Perhaps we can get something good out of the pandemic and the sentence “creating opportunities in times of crisis” is more than a catch phrase.

Financial disclosures

None to declare.

Increase in the severity of acute malignant hemopathies during the COVID-19 pandemic[☆]



Aumento de la gravedad de las hemopatías malignas agudas diagnosticadas durante la pandemia COVID-19

Dear Editor:

In December 2019, the appearance of the coronavirus disease (COVID-19) was detected in Wuhan, China, and since then it has spread extensively, turning this infection into a pandemic. The healthcare system has mobilised a large amount of health-care resources to control this pandemic, which has had a major impact on hospital care for patients, especially during the months of March and April 2020.¹ After riding out the pandemic's acute phase, one of the consequences is the great impact it has had on the care of patients afflicted with diseases other than COVID-19 infection, including cancer. Apart from the delays in population screening programmes, rapid diagnostic circuits, and diagnostic and therapeutic surgical interventions, there have also been delays in medical consultations in patients whose eventual diagnosis is cancer.^{2,3} This has been due not only to the collapse of the health system, but also because patients shelved or postponed their primary or hospital care visit until their clinical manifestations were intolerable. This has meant that in the case of malignant haemopathies with their frequently acute course, patients are being diagnosed in more advanced stages with the prognostic implications this entails. This fact has been widely commented by

Appendix A. Supplementary data

Supplementary data associated with this article can be found, in the online version, at <http://dx.doi.org/10.1016/j.medcli.2020.06.004>.

References

1. Zhu N, Zhang D, Wang W, Li X, Yang B, Song J, et al. A novel coronavirus from patients with pneumonia in China, 2019. *N. Engl. J. Med.* 2020;382:727–33.
2. World Health Organization situation report 102. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200501-covid-19-sitrep.pdf?sfvrsn=742f4a18_2.
3. ESC guidance for the diagnosis and management of CV disease during the COVID-19 pandemic [Internet]. Available from: <https://www.escardio.org/Education/COVID-19-and-Cardiology/ESC-COVID-19-Guidance>, <https://www.escardio.org/Education/COVID-19-and-Cardiology/ESC-COVID-19-Guidance> [accessed 24.04.20].

Ignacio J. Amat-Santos*, Carlos Baladrón, Jose Alberto San Román

CIBERCV, Cardiology Department, Hospital Clínico Universitario, Valladolid, Spain

* Corresponding author.

E-mail address: ijamat@gmail.com (I.J. Amat-Santos).

<https://doi.org/10.1016/j.medcli.2020.06.004>

0025-7753/ © 2020 Elsevier España, S.L.U. All rights reserved.

professionals but has barely been analysed. The objective of this study was to analyse the characteristics of patients newly diagnosed with acute malignant hemopathies, seen in a Haematology department of a tertiary hospital, in an area with a high incidence of COVID-19 infection.³

In March and April 2020, 17 patients were diagnosed with acute malignant haemopathies (10 acute leukaemias and 7 lymphomas). The main prognostic characteristics are shown in Table 1. Four patients with acute leukaemias presented poor prognostic factors (hyperleukocytosis, disseminated intravascular coagulation, cerebral haemorrhage) and in 5 cases the patients suffered severe infections at the time of diagnosis. Six of the 7 lymphoma patients also had unfavourable prognostic characteristics, such as bulky masses and marked elevation of serum LDH, and two patients had spinal cord compression.

The collapse of the healthcare system in regions with a high incidence of COVID-19 infection, such as Barcelona, has led to the hospital system focusing mainly on the care of COVID-19 patients who presented clinical manifestations of varying severity and who required hospital admission or support in intensive care units. This has greatly affected the healthcare of high health impact diseases such as cardiovascular diseases and cancer. This fact, together with the reluctance of patients to go to hospitals practically saturated with COVID-19 patients, has determined that these diseases are frequently diagnosed in more advanced stages, with the prognostic consequences that this entails. In the cases of acute malignant haemopathy analysed in this study, it should be noted that most share characteristics indicative of a delay in diagnosis, such as hyperleukocytosis in acute leukaemias and bulky tumour masses in lymphomas. And for patients with established spinal compression whose chances of functional recovery are extremely low, this is even more disturbing.

[☆] Please cite this article as: Franch-Sarto M, Torrent Catarineu A, Ribera Santasusana J-M. Aumento de la gravedad de las hemopatías malignas agudas diagnosticadas durante la pandemia COVID-19. *Med Clin (Barc)*. 2020;155:269–270.

Table 1
Main characteristics in malignant haemopathies diagnosed during the COVID-19 pandemic.

Disease	Age (years)	Gender	Main characteristics
<i>Acute leukaemias</i>			
Mature-B cell ALL (Burkitt-type)	61	Male	Leukocytes $75 \cdot 10^9/l$ Acute tumour lysis syndrome LDH 4,961 U/l
AML	39	Male	Leukocytes $285 \cdot 10^9/l$
APL	34	Male	Leukocytes $102 \cdot 10^9/l$ Disseminated intravascular coagulation CNS hemorrhage
ALL	25	Male	Leukocytes $448 \cdot 10^9/l$
<i>Lymphomas</i>			
Diffuse large B-cell lymphoma	26	Male	Bulky mass LDH 1,100 U/l
Lymphoma of the marginal zone	70	Male	Spinal cord compression
High-grade B-cell lymphoma, unclassifiable	21	Male	Bulky mass
T-cell-rich B-cell lymphoma	42	Male	Tense ascites
Hodgkin lymphoma	20	Male	Stage IV, B symptoms
Follicular lymphoma	62	Female	Spinal cord compression

ALL: acute lymphoblastic leukaemia; AML: acute myeloblastic leukaemia; APL: acute promyelocytic leukaemia.

The COVID-19 pandemic is posing unprecedented challenges and its trajectory remains uncertain. However, during this time of

Subacute thyroiditis by dasatinib[☆]



Tiroiditis subaguda por dasatinib

Dear Editor:

Dasatinib is a tyrosine kinase inhibitor (TKI) used as a second-line treatment for Philadelphia chromosome-positive chronic myeloid leukemia.¹ Unlike other TKIs, hypothyroidism is considered a rare side effect: hyperthyroidism and thyroiditis are rare secondary events. We report the case of a patient with chronic myeloid leukaemia treated with dasatinib who developed dasatinib-induced subacute thyroiditis.

This is a 44-year-old male, diagnosed with chronic myeloid leukaemia, undergoing treatment with 100 mg of dasatinib daily with major molecular response criteria. The patient presented with a 1-moth history of pharyngeal discomfort and dysphagia for solids, which also associated fever, anterior cervical pain, palpitations and about 5 kg weight loss. He had been treated with several cycles of antibiotherapy, without clinical improvement. At the time of the initial assessment, he was receiving amoxicillin-clavulanic treatment.

[☆] Please cite this article as: Vázquez Friol MC, Bravo Blázquez I, Tejera Pérez C. Tiroiditis subaguda por dasatinib. Med Clin (Barc). 2020;155:270–271.

controlling the expansive phase, we must strive to quickly return to normal in such sensitive areas of health care as cancer diagnosis and treatment.^{2,4,5}

References

- Al-Quteimat OM, Amer AM. The impact of the COVID-19 pandemic on cancer patients. Am J Clin Oncol. 2020. <http://dx.doi.org/10.1097/COC.0000000000000712>.
- Willian J, King AP, Hayes S, Collins GP, Peniket A. Care of haematology patients in a COVID-19 epidemic. Br J Haematol. 2020;189:241–3.
- Molica M, Mazzone C, Cordone I, Pasquale A, Niscola P, Fabritiis P. SARS-CoV-2 infection anxieties and general population restrictions delay diagnosis and treatment of acute haematological malignancies. Br J Haematol. 2020. <https://www.doi.org/10.1111/bjh.16785>
- Hanna TP, Evans GA, Booth CM. Cancer, COVID-19 and the precautionary principle: prioritizing treatment during a global pandemic. Nat Rev Clin Oncol. 2020;17:268–70.
- Percival MM, Lynch RC, Halpern AB, Shadman M, Cassady RD, Ujjani C, et al. Considerations for managing patients with hematologic malignancy during the COVID-19 pandemic: the Seattle strategy. JCO Oncol Pract. 2020. <http://dx.doi.org/10.1200/OP.20.00241>.

Mireia Franch-Sarto*, Anna Torrent Catarineu, Josep-Maria Ribera Santasusana

Servicio de Hematología Clínica, Institut Català d'Oncologia-Hospital Germans Trias i Pujol, Institut de Recerca contra la Leucemia Josep Carreras, Universitat Autònoma de Barcelona, Badalona, Barcelona, Spain

* Corresponding author.

E-mail address: mfranch@iconcologia.net (M. Franch-Sarto).

<https://doi.org/10.1016/j.medcle.2020.06.004>

2387-0206/ © 2020 Published by Elsevier España, S.L.U.

A painful and diffusely enlarged thyroid gland stood out as a clear symptom, without other findings. Blood tests showed elevated levels of C-reactive protein and a high erythrocyte sedimentation rate, as well as a suppressed TSH (0.01 μ IU/mL) and an increased T4L (2.2 ng/dL), with negative anti-peroxidase and anti-thyroglobulin antibodies. The previous thyroid profile was normal.

Hospital admission was decided, and treatment was instituted with 600 mg of Ibuprofen every 8 h and 10 mg of propranolol every 12 h. Initially, antibiotic coverage was maintained with amoxicillin-clavulanate, which was discontinued once the microbiological studies were negative. After assessment by Haematology, dasatinib treatment was also discontinued.

During hospitalization, a cervical ultrasound showed a diffuse increase in the thyroid gland with a decrease in its vascularization and the presence of a region in the right thyroid lobe suggestive of thyroiditis, without abscesses or lymphadenopathy.

In addition, the study was completed with a thyroid scintigraphy, which showed absence of thyroid gland uptake.

The clinical progression was satisfactory, so he was discharged with a diagnosis of subacute thyroiditis secondary to dasatinib, based on the Naranjo causality algorithm,² according to which said causal relationship was considered probable (5 points) (Table 1). Treatment with non-steroidal anti-inflammatory drugs and beta-blockers was maintained and multidisciplinary outpatient follow-up was scheduled for Endocrinology and Haematology.