

## Tumour Lysis

This occurs in patients with bulk B-cell lymphoma or T-cell leukemia or lymphoma. It is due to the rapid lysis of blasts resulting in release of intracellular contents, particularly potassium, phosphorus and nucleic acid. This results in deposits of uric acid, phosphate and calcium in the collecting ducts, ureters, and microvasculature of the kidney.

### Signs and Symptoms:

Abdominal pain, back pain, decreased urine output, hypocalcemia

### Management:

- Hydration - IV fluids 2 times maintenance, D5NS
- Use of alkalinization is not recommended
- **No KCL** in fluids; hyperkalemia is a common consequence of TLS
- Allopurinol 10 mg/kg/24 hours PO divided BID. This prevents uric acid synthesis
- Leukapheresis or exchange transfusion can be used if the white count is over  $100 \times 10^9 /L$  and the patient has signs of uric acid nephropathy
- Dialysis to be used for progressive renal failure