

ndryshon relativisht nga viti ne vit.Ne studimin qe iu be incidences lidhur me gjinine u vu re se ka incidence me te larte ne gjinine mashkullore se femerore. Tipi me I shpeshte I LAL –ve ne Shqiperi rezultoi tipi me limfoblaste B(63%).

Referenca:

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Acute Lymphoid leukemia in Albania, retrospective study.

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Background

The incidence of acute lymphoid leukemia is increasing worldwide. In our country, there are no reports clearly describing the incidence of this malignancy or the reports are incomplete. **Aim:** In this study, our main aim is to investigate the number of the new cases of the disease in adults during the period of time 2013-2017 in Albania. We can say that by investigating the number of the new cases in QSUT during this period, we have investigated the number of new cases in Albania because QSUT is the biggest hospital center in Albania. **Materials and method:** This is a cohort retrospective study and we reviewed all the data from patients' records and hospital register, protecting the patient confidentiality in accordance with Helsinki declaration. We have analyzed the patient based on their demographic, diagnostic and therapeutic characteristics, followed by a statistical analysis to predict the disease's prognosis using SPSS and MedCALC software. **Conclusions:** We came to a final result that the incidence of acute lymphoblastic leukemia in adults in our country is about 0.6-1/100000 per year. Male to female ratio is 1.4/1. The age-group with the biggest number of new cases was 60-69 years old. Most of the new cases come from big cities and urban areas. The mean age was about 48.7 years old. Total DFS is 16.3 months. The most common treatment regimen used in our country is Rossi-Ferrini, followed by Hyper CVAD, CALBG and AEIOP 95'. We also tried to find a statistical difference between the regimens used, but there was no significant difference, probably due to the small number of the sample we have studied. We came to another conclusion that there is a significant statistical difference between age differences and WBC at presentation and DFS (disease free survival). DFS for age above 60 is 7 months comparing with 10 months for patients under 60 (p=0.09).

As for WBC number, DFS is 6 months for WBC>30,000/ μ L and 12 months for WBC <30,000/ μ L (p=0.07). Finally we can say that these two factors mentioned above are really important prognostic factors for this malignancy.

Key words : acute lymphoid leukemia, incidence, retrospective study, prognosis

The Registers of chronic diseases in Albania

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The most frequent diseases, which started to massively affect the health of Albanians during the end of 20th century and that now, in the new century, are the major threat to public health, have been traditionally called “chronic diseases” or even “degenerative diseases”.

These terms had their limits in describing the group of diseases of interest here, with tuberculosi, syphilis or AIDS showing a “chronic” development, while heart attack or stroke

being “acute” manifestations of the blood circulation diseases. Furthermore, the term “degenerative disease” is too broad and misleading, with its underlying conotation of the unstopable process of human body getting old and frail.

“Non infective diseases” (NCD) is the term most widely accepted as the appropriate name for the group of diseases which dont get typically trasmitted by means of direct contact or by various vectors. It is not the ideal term for diseases which have a infective agent at the basis of their pathogenesis, such as rheumatismal heart disease or cancer of cervix, but it is generally efective for describing together in a category, from a public health point of view, health problems such as ischemic heart diseases, hypertension, cerebrovascular diseases, tumors, diabetes, chronic obstructive lung diseases etc. Although, these diseases have important specifics and diferences among them, their control strategies, or the organisation of an health system for them have a lot in common.

The monitoring process or the survveillance of NCDs is the systematic and continous collection of data and their analyses for providing the due insight on their time and space distribution, their health impact and burden in society, as well as their risk factors and socio economic determinats.