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## Introduction

Myelodysplastic Syndromes (MDSs) are clonal hematological alterations that present cytopenias of one or more hematopoietic lineages. Your etiology is divided into primary and secondary, with the primary coming from genetic alterations and the secondary coming from exposure to toxic factors, such as chemotherapy, radiotherapy and chemical substances used in industry and agriculture. MDS has a clinical picture originating from the medullary and generated cytopenias, presenting anemia due to the reduction of red blood cells, cutaneous-mucous bleeding caused by thrombocytopenia and/or recurrent due to neutropenia. Furthermore, in several countries, including Brazil, an increase in the incidence of MDS with increasing age has been observed, being associated with increased life expectancy and better diagnostic methods.

## Objective and Methodology

The aim of this work is to analyze the epidemiological profile of mortality due to Myelodysplastic Syndromes in Brazil. This is a descriptive cross-sectional study with secondary data from the national database, DATASUS. For the analysis, data were collected from the years 2015 to 2020, with stratification by age group, gender and color/race. Subsequently, they were cross-referenced with population estimates to calculate mortality rates.

## Results

In the period observed, there were an average of 5,710 deaths, the incidence of mortality was prevalent in the age group greater than or equal to 80 years, with the second prevalence being the age group from 70 to 79 years. There is a progressive increase in the incidence of mortality with increasing age, with a prevalence of 0.85% in the young population (20-29 years) and in the adult population (40-49 years) of 2.83%. When analyzing the predominance between genders, males present more deaths than females, around 5% higher. When comparing mortalities by color/race, the white race has a higher preponderance of deaths, with about 68%, followed by the brown race with approximately 23% and presenting the lowest rate, 0.17%, the indigenous race.

Óbitos p/Residênc segundo Sexo  
Categoria CID-10: D46 Sindr mielodisplásicas  
Período: 2015-2020

Sexo	Óbitos p/Residênc
TOTAL	5.710
Mas	2.989
Fem	2.721

Fonte: MS/SVS/CGIAE - Sistema de Informações sobre Mortalidade - SIM

Óbitos p/Residênc segundo Faixa Etária  
Categoria CID-10: D46 Sindr mielodisplásicas  
Período: 2015-2020

Faixa Etária	Óbitos p/Residênc
TOTAL	5.710
Menor 1 ano	9
1 a 4 anos	22
5 a 9 anos	18
10 a 14 anos	16
15 a 19 anos	27
20 a 29 anos	49
30 a 39 anos	82
40 a 49 anos	162
50 a 59 anos	376
60 a 69 anos	918
70 a 79 anos	1.635
80 anos e mais	2.384

Fonte: MS/SVS/CGIAE - Sistema de Informações sobre Mortalidade - SIM

Óbitos p/Residênc segundo Cor/raça  
Categoria CID-10: D46 Sindr mielodisplásicas  
Período: 2015-2020

Cor/raça	Óbitos p/Residênc
TOTAL	5.710
Branca	3.876
Preta	258
Amarela	66
Parda	1.306
Indígena	10
Outros	194

Fonte: MS/SVS/CGIAE - Sistema de Informações sobre Mortalidade - SIM

## Conclusion

Therefore, in view of what was highlighted, one can contemplate the main factors that condition a higher mortality resulting from MDS. Thus, it is essential to develop public policies aimed at health promotion and prevention aimed at this pathology, leading to a better quality of life.

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