patients in Turkey should be created with longer follow-up and multi-center data collection.

https://doi.org/10.1016/j.htct.2020.09.107

PP 45

Acute brucellosis presenting as leukocytoclastic vasculitis

O. Ekinci[1,*], S. Ebinc[2], A. Dogan[1], M. Aslan[1], C. Demir[1]

[1] *Department of Hematology, Faculty of Medicine, Fırat University, Elazığ, Turkey*
[2] *Department of Hematology, Faculty of Medicine, Yüzüncü Yıl University, Van, Turkey*

Objective: Brucellosis is a zoonotic disease caused by Brucella spp. bacteria that is transmitted to humans through contact with animal products and body fluids of animals. It is a multisystemic disease associated with variable clinical symptoms. Although cutaneous symptoms can rarely be encountered at presentation and during the course of the disease, the occurrence of cutaneous vasculitis is extremely rare. Here, we present a case that presented with purpuric eruptions and was diagnosed with brucellosis-induced leukocytoclastic vasculitis.

Case report: A 62-year-old female presented to our clinic with fatigue, tiredness, and eruptions on the anterior aspects of both legs that had persisted for two weeks. On physical examination, there were diffuse, non-palpable maculopapular eruptions on the anterior surfaces of both tibias. Detailed patient history revealed complaints of myalgia and arthralgia, lumbar pain, fatigue, and eruptions that had persisted for approximately one month. The patient was a farmer and worked in animal husbandry. Laboratory tests were as follows; hemoglobin level, 12.3 g/dL (range, 12–16 g/dL); white blood cell count, 5.92×10^9/L (range, 4–10×10^9/L); platelet count, 115×10^9/L (range, 150–400×10^9/L); lactate dehydrogenase, 240 IU/L (range, 120–246 IU/L); total bilirubin, 0.8 mg/dL (range, 0–1.1 mg/dL); creatinine, 1.23 mg/dL (range, 0.6–1.2 mg/dL); alanine aminotransferase, 12 U/L (range, <31 U/L); erythrocyte sedimentation rate, 86 mm/h (range, 0–15 mm/h); C-reactive protein, 26.3 mg/L (range, <5); prothrombin time (PT), normal; and activated partial thromboplastin time (aPTT), normal. HBsAg was negative, Anti-HCV was negative, Anti-HIV was negative, anti-nuclear antibody (ANA) was negative, rheumatoid factor was 19 IU/ML (range, 0–15), p-ANCA and c-ANCA were negative. Rose Bengal test performed due to clinical suspicion was positive. Brucella standard tube agglutination (STA) test was performed twice and was positive at a titer of 1/1280. A skin biopsy was taken from the purpuric lesions on the anterior aspect of the tibia. On histological examination; vascular structures in the dermis showed diffuse inflammation and neutrophilic and lymphocytic infiltration. On immunofluorescence examination; IgA: (–), IgM: (–), IgG: (–), C3: (–) and the results were consistent with leukocytoclastic vasculitis. Leukocytoclastic vasculitis could not be explained by medication use or infective endocarditis, and cryoglobulin tests were negative. The clinical picture was considered to be induced by acute brucellosis. The patient was started on rifampicin (600 mg/day PO), doxycycline (100 mg PO, q 12 h) as brucellosis treatment. Vasculitic lesions showed significant improvement after two weeks of follow-up. Complete recovery was achieved with 6 weeks of antimicrobial treatment for brucellosis and Brucella SAT titres declined to 1:40 after the treatment.

Conclusion: Brucellosis is associated with a wide variety of cutaneous symptoms. Various cutaneous lesions such as maculopapular lesions, papules, petechia, purpura, and papulonodular lesions can be observed. Cutaneous symptoms encountered at presentation or during the course of the disease, particularly vasculitic eruptions, are extremely rare. Further, these eruptions can sometimes resemble subcutaneous bleeding induced by a hemostatic defect. However, in regions where brucellosis is endemic, such as Turkey, brucellosis should certainly be considered in the differential diagnosis when vasculitis is unexplained and classic brucellosis symptoms are concomitant.

https://doi.org/10.1016/j.htct.2020.09.108

PP 46

The frequency of anemia in the elderly patient population in Van Province, Turkey. A cross-sectional study

O. Ekinci[1,*], E. Eker[2]

[1] *Department of Hematology, Faculty of Medicine, Fırat University, Elazığ, Turkey*
[2] *Clinic of Internal Medicine, Van Training and Research Hospital, University of Health Sciences, Van, Turkey*

Objective: Anemia is a common health problem among elderly patients and its prevalence increases with aging. Although it used to be considered as a natural consequence of aging in the past, many current studies indicate that anemia reflects a deterioration of health status and leads to unfavorable consequences if not treated. This study aims to determine the prevalence and morphological distribution of anemia among elderly patients who presented to the hospital during a certain time period.

Methodology: Hemogram parameters of all patients aged 60 or older who attended our hospital for any reason between April 2018 and October 2018 was reviewed. Anemia was defined according to the criteria by the World Health Organization (WHO), as a hemoglobin level lower than 12 g/dL in females and 13 g/dL in males. Cases of anemia were classified based on the mean corpuscular volume (MCV) results of the patients as microcytic, normocytic, or macrocytic. The prevalence and morphological classification of anemia were examined with respect to age and gender.

Results: Of 1192 total patients, 608 (51%) were female. The majority of the patients were in the 60–70-year range, with a rate of 60.3% (718). Mean age was 69.70 ± 7.55 years in females and 69.8 ± 7.15 in males, with no significant difference ($p = 0.680$). Anemia was detected in 340 patients (28.5%) in total. The rate of anemia was 24.8% in females and 32.4% in males, and the prevalence of anemia was significantly different between genders ($p = 0.004$). Mean hemoglobin level was found as 13 ± 1.89 g/dL in females

and as 13.7 ± 2.24 g/dL in males, with a significant difference between genders ($p = 0.001$). Mean MCV was higher in males than in females with a significant difference (84.98 ± 6.32 vs. 87.15 ± 7.28 fl, $p = 0.001$). According to morphological classification; 66 patients (19.4%) had microcytic anemia, 245 (72.1%) had normocytic anemia, and 29 (8.5%) had macrocytic anemia. Distribution of anemia across age groups revealed 169 (23.5%) patients with anemia in the 60–70-years age group, with a significant difference between genders (69 [18.2%] vs. 100 [29.6%], $p = 0.001$). The prevalence of anemia was different between genders in both the 60–70-years and ≥81 years groups; however, these differences were not statistically significant (respectively, 52 [14.6%] vs. 66 [18.5%], $p = 0.426$ and 30 [25.6%] vs. 23 [19.7%], $p = 0.295$).

Conclusion: In daily practice, determining the prevalence of anemia in the elderly patient group and, if possible, its distribution according to etiologic factors, may provide practical knowledge regarding the approach to be adopted towards patients in a certain region. In our study, the prevalence of anemia in patients aged 60 or older, and the distribution of anemia based on morphological classification were determined. The major limitation of this study is that etiologic distribution could not be revealed. However, we think that our study still provides important insight and awareness regarding the elderly anemic patient population in our region. It will contribute to the studies that will be conducted in the same region.

https://doi.org/10.1016/j.htct.2020.09.109

PLATELET DISEASES

PP 47

Effect of helicobacter pylori infection on the first-line treatment outcomes in patients with immune thrombocytopenic purpura

O. Ekinci[1,*], S. Ebinc[2], M. Aslan[1], A. Dogan[2], C. Demir[2]

[1] *Department of Hematology, Faculty of Medicine, Fırat University, Elazığ, Turkey*
[2] *Department of Hematology, Faculty of Medicine, Yüzüncü Yıl University, Van, Turkey*

Objective: In immune thrombocytopenic purpura (ITP) patients, studies in the literature have generally focused on the effects of the eradication of Helicobacter pylori (H. pylori) infection on increasing the platelet count in ITP patients, and the effect of H. pylori positivity on the response to conventional first-line treatment is not clear. This study aims to determine whether or not the response to the first-line treatment is affected by the states of H. Pylori-positivity and -negativity in ITP patients.

Methodology: The diagnosis of ITP was confirmed according to the Consensus Report on the Investigation and Management of Primary ITP. Untreated adult newly diagnosed or chronic ITP patients were included. H. Pylori-positive and -negative patients were categorized into two groups. Fecal antigen testing was used for the diagnosis of H. pylori infection in all patients. Patients who had received eradication therapy for H. Pylori infection were excluded from the study. The bleeding symptoms were evaluated according to the International Working Group (IWG) bleeding scale. Demographic data of the patients at diagnosis, presence, and severity of bleeding, initial platelet count, administered treatments, treatment response rates, and post-treatment platelet count were inspected.

Results: Of 119 total patients, 66 (55.5%) were female, 32 (26.9%) were H. pylori-positive, 87 (73.1%) were H. pylori-negative. H. pylori-positive and H. pylori-negative groups were not significantly different in terms of age ($p = 0.127$), gender ($p = 0.078$), diagnosis status ($p = 0.094$) and the distribution of bleeding symptoms ($p = 0.712$). The most common treatment was standard-dose steroid in both groups (62.5% vs. 68.9%, $p = 0.524$). Rates of complete response, partial response, no response were comparable for the two groups (respectively, 75% vs. 73.6%, and 18.8% vs. 19.5%, and 6.2% vs. 6.9%), and there was no significant difference between the groups ($p = 0.283$).

Conclusion: The diagnosis of ITP was confirmed according to the Consensus Report on the Investigation and Management of Primary ITP. Untreated adult newly diagnosed or chronic ITP patients were included. H. Pylori-positive and -negative patients were categorized into two groups. Fecal antigen testing was used for the diagnosis of H. pylori infection in all patients. Patients who had received eradication therapy for H. Pylori infection were excluded from the study. The bleeding symptoms were evaluated according to the International Working Group (IWG) bleeding scale. Demographic data of the patients at diagnosis, presence, and severity of bleeding, initial platelet count, administered treatments, treatment response rates, and post-treatment platelet count were inspected.

https://doi.org/10.1016/j.htct.2020.09.110