therefore male stromal structure was terminated with >12 g/dL Hb values at 12 months, the mean value in female recipients was <12 g/dL. Male allogeneic HSCT recipients are more fortunate than women in this respect but in the study, no significant difference was found between women who have male donors and gender-matched sex in hemoglobin elevation.

Conclusion: In our study, no significant difference was found between women who have male donors and gender-matched sex in hemoglobin elevation. Finally, we think that in patients with both male and female donors, it can be concluded that the recipient's hemoglobin value may be higher by choosing a male donor.

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Experience of istanbul faculty of medicine bone marrow bank: periodical activity documentation

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Objective: Unrelated stem cell transplant (SCT) is an option for patients who have no available related donor, and a transplant is the best treatment modality for them. We aimed to document our bone marrow bank activity to define the proficiency and unmet requirement.

Methodology: We retrospectively screened the medical records from electronic files. The data from 2016 until 2019 were collected. The statistical analysis of the patients who presented for stem cell transplant, and of the healthy donors for demographic features, stem cell counts, stem cell sources, diagnosis, survival, GVHD, CMV, and HLA matches were performed using the SPSS 21.0.

Results: A total of 640 patient and donor pairs enrolled in the study. Most of the patients were adults ($n = 359$). Patients' mean age was 26.77 ± 21.06 years (range 0–74), and donor's 31.9 ± 9.6 years (range 24–75). The gender distribution was as male to female 377/263 for patients and 333/304 for the donors. The primary (43%) SCT indication was acute leukemia. Preference of stem cell sources was as follows; peripheral blood ($n = 450$; pediatric/adult: 137/313), bone marrow ($n = 161$; pediatric/adult: 130/31), and cord blood ($n = 8$; pediatric/adult: 8/0). In 21 cases, donor leukocytes were provided (pediatric/adult: 6/15). The total HLA tissue group compatibility between the patient and the donor was *10/10 in 47.8% of cases, *9/10 in 51.3% cases, and *8/10, *5/6, *6/8 in 9% of cases. The survival analysis showed no statistical difference between 10/10 and 9/10 HLA matched transplants. The sex match between patient and donor and the stem cell source has no significant effect on GVHD development ($p > 0.005$ and p: 0.226, respectively).

Conclusion: The outcome of SCT is effected mainly by HLA tissue compatibility, age, sex, and blood group match. Istanbul Bone Marrow Bank, with the HLA tissue typing laboratory, works internationally and provides stem cells since 1999 for SCT. With the collaboration of SCT centers, donor and stem cell source selection, and transfer is getting faster. The SCT outcome information is also a modulating factor to improve the quality of work. We, therefore, periodically document our activity and pursue to find a solution for getting better.

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TRANSFUSION MEDICINE AND APHERESIS

PP 54

Therapeutic plasma exchange in gastric signet ring cell carcinoma presenting as microangiopathic hemolytic anemia: a rare case report

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Objective: Cancer-associated microangiopathic hemolytic anemia (MAHA) is a rare but serious condition that is encountered in patients diagnosed with a malignancy. We describe a case of signet-ring cell carcinoma with a very rare presentation, namely a laboratory and clinical picture of MAHA, who demonstrated an effective thrombocyte level in response to therapeutic plasma exchange (TPE) therapy that was administered during the diagnostic period.

Case report: A 42-year-old male patient was referred to our hospital by an external center due to the complaint of recurrent epistaxis in the recent days, leukocytosis, anemia, and thrombocytopenia detected in his complete blood count. Hemogram data included the following; hemoglobin, 8.2 g/dL; white blood cells, 12.9×10^9/L; platelet count, 25×10^9/L; mean corpuscular volume (MCV), 82 fl. Laboratory data included the following: lactate dehydrogenase (LDH), 2826 IU/L; total bilirubin, 4.7 mg/dL; indirect bilirubin, 3.4 mg/dL; and a negative result on the direct antiglobulin test (Coombs). Vitamin-B12, folic acid, serum iron, and total iron-binding capacity levels, transferrin saturation, and thyroid function tests were normal. Peripheral blood smear showed fragmented erythrocytes (schistocyte), findings of erythrodysplasia, polychromasia, poikilocytosis, and in some areas, normoblasts and reticulocytosis. Reticulocyte percentage was nearly 14%. The patient was suspected of having MAHA based on these clinical, laboratory, and peripheral smear morphologic findings. Further tests were conducted in order to determine the etiology, primarily, TTP. A serum sample was collected to determine plasma ADAMTS-13 activity and therapeutic plasma exchange (TPE) was started as a treatment. Bone marrow aspiration (BMA) and biopsy (BMB) performed to examine bone marrow infiltration by hematologic and nonhematologic malignancies did not determine malignant cell infiltration. Serologies for viral infections autoantibodies were negative. A cervical-