Besides similar results, significant differences were also found among the PK parameters. Previous studies didn't compare CLs between myPKFIT and WAPPS, this is the first in our study. While no difference was found between t1/2's, the difference between recommended doses may be due to CL difference.

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PLATELET DISORDERS / THROMBOSIS AND ANTITHROMBOTIC THERAPY

OP 16

IMMUNE THROMBOCYTOPENIA PURPURA FLARE POST SARS-COV-2 VACCINATION

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Case report: The main strategy to control the SARS-CoV-2 pandemic is through global vaccination. One of the rare side effects of vaccination is Immune Thrombocytopenic Purpura (ITP). We present a 31 years old lady with a history of ITP, came on her 8th week of pregnancy with fever and dry cough after receiving the first dose of Pfizer vaccine. The ITP flare worsened after the second dose of the vaccine. Patients with ITP should have their second dose of vaccine delayed if they had flare particularly if pregnant.

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OP 17

THE OUTCOME OF IMMUNE THROMBOCYTOPENIC PURPURA IN CHILDHOOD AND THE RISK FACTORS FOR CHRONICITY

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Objective: Immune thrombocytopenic purpura (ITP) is the most common cause of pediatric thrombocytopenia. It is usually a self-limiting disease; however, 20-30% of cases become chronic. In this study, we aimed to investigate pediatric ITP cases' outcomes and whether there are any factors affecting chronicity. **Methodology:** We analyzed retrospectively our 184 newly diagnosed pediatric ITP cases. Thrombocytopenia was defined as chronic ITP if it persists after 12 months. We evaluated the role of clinical and laboratory findings of patients and treatment modalities in the chronicity of ITP. **Results:** The mean age of patients was 5.4 ± 4.75 years at diagnosis. As first-line treatment, 87 (47.3%) of patients were given Intravenous Immune Globulin, 65 (35.3%) of patients were given methylprednisolone, and 32 (17.4%) of patients were followed without any medication. Chronic ITP developed in 39 patients (21.1%). Chronic ITP development rate was 20.19% in boys and 22.5% in girls (p=0.7). While the chronicity rate was 7.02% in children younger than two years old and 17.81% in children between 2 and 6 years, it was 42.59% in children older than six years old (p<0.0001). Mean hemoglobin and absolute lymphocyte count were significantly lower in chronic ITP patients in the 2-6 years age group. (p=0.014 and p=0.048, respectively). The first-line treatment choice had no important effect on chronicity (p=0.61). **Conclusion:** Our results suggest that the most critical factor in developing chronic ITP was the age at diagnosis. Low lymphocyte counts at diagnosis may be associated with a high chronicity ratio.

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RED BLOOD CELL DISORDERS

OP 18

CLINICAL AND LABORATORY EVALUATION OF OUR PATIENTS WITH HEREDITARY SPHEROCYTOSIS

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Objective: Hereditary spherocytosis (HS) is a non-immune hemolytic anemia occurring with anemia, jaundice, splenomegaly symptoms in which the cell membrane of the erythrocytes is transformed into the shape of spherocytes due to congenital membrane protein defects. In this study, the demographic characteristics, clinical and laboratory findings, as well as complications during the follow up of our patients with HS are presented. **Methodology:** All patients who were diagnosed with hereditary spherocytosis and followed in our pediatric hematology clinic between 2000 and 2021 years were included in the study. Gender, age consanguinity of the parents, family history of HS and splenectomy, the neonatal phototherapy history were retrospectively recorded from patients' files. The complaints, physical examination findings, and laboratory findings at the first admission were evaluated. Duration of follow-up, transfusion frequency,splenectomy requirement, and response to splenectomy were also recorded. **Results:** Sixty-seven patients (41 male, 27 female) were religible for the study. The median age of diagnosis was 3 years (range 18 day-15 years). Consanguineous marriage rate was 29.9% whereas 62.7% of the patients had a family history of HS. Neonatal hyperbilirubinemia was present in 67.1% of the patients. The median follow-up period was 8.5 years.The complaints at admission were jaundice (64.2 %), fatigue (26.9 %) and fainting (7.5 %). Physical examination revealed hepatomegaly and splenomegaly in 65.6% and 77.6% of the patients, respectively. Hemoglobin mean values at the time of the admission was 8.3± 2.1 g/dl, ranging between 5.1-15.3 g/dl. The mean MCV value was 83.1±9.7fl, mean value of MCH was 28.8±2.9 pg, mean MCHC value was 34.9±1.6 g/l, mean indirect bilirubin was 3.5 ± 4 mg/dl. There were various degrees of spherocytosis observed in peripheral smear examinations in all patients. Incubated osmotic fragility test confirmed the diagnosis in all cases.