anti-CD52 treatment, his general situation dete-riorated and pleural effusion and abdominal distension developed due to massive ascites. Small, mature lymphocytic cell infiltration was shown in ascites fluid on cytological examination. He died after six months of diagnosis. **Conclusion:** T-PLL is a very aggressive disease with a median survival of less than 1 year. Not all patients diagnosed with T-PLL require treatment immediately.Currently, IV alemtuzumab (anti-CD52) is the accepted best avaliable treatment with very high response rates when given as first-line treatment. However, treatment is notcurative and a minority of T-PLL patients experience long-term disease-free survival.

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PP 05

RETROSPECTIVE EVALUATION OF PATIENTS WITH ACUTE MYELOID LEUKEMIA RECEIVING VENATOCLAX-BASED TREATMENT

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Objective: Acute myeloid leukemia (AML) is the disease of elderly patients. Therefore, a significant number of patients are not suitable for intensive induction chemotherapy. In this study, it was aimed to retrospectively evaluate patients with AML who were treated Venatoclax-based regimens in our center. **Methodology:** The data of the patients who were treated Venatoclax-based regimens with the diagnosis of AML in the Bozyaka Training and Research Hospital Department of Hematology were scanned retrospectively from their files. **Results:** Data of 11 patients in total were reached. The mean age of the patients was 73.9. 8 of 11 patients were follow-up with diagnosis of AML , 3 patients with MDS RAEB II. Average follow-up time was 13.6 months. 5 patients died during follow-up. HMA +venatoclax was given to 6 patients as first-line, 4 patients second-line and 1 patient third-line therapy. Complete response was found in 3 patients, partial response in 1 patient, stable disease in 1 patient, and refractory disease in 1 patient. **Conclusion:** Venatoclax is a promising treatment option because it is an oral agent that can be tolerated by elderly patients and improves response rates and survival.

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PP 06

BONE MARROW NECROSIS IN ACUTE LYMPHOBLASTIC LEUKEMIA: A CASE REPORT

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Objective: Bone marrow necrosis (BMN) is an entity that necrotic cells are seen on amorphous eosinophilic ground with medullary infarctus but withouth cortical bone involvement. BMN is a postmortem diagnosis in most of the reports. Bone marrow biopsy and aspiration is essential for the diagnosis. The case we report here is a patient who is diagnosed BMN and ALL at the same time with the first bone marrow biopsy, which is showed extensive necrosis. **Case report:** A 42-year-old man applied to our E.R. with lumbal pain. The initial blood count showed leukocyte:5.13 × 109/l, neutrophil:2.68 × 109/l, Hgb:10.7 g/dl, Hct: %31.5, thrombocyte:127 × 109/l, LDH:539 u/l (N:0-250), ALP:185 u/l (N:40-150), Total Bilirubin:0.81 mg/dl, CRP:337mg/l (N<5)), ESH: 94mm/h, folic acide: 2.8ng/ml (N>5.4), Vitamin B12:398 pg/ml (N:210-900), ferritin: 5607 ug/l (N:22-320), fibrinogen:1304 mg/dl (N:200-400), D-Dimer:646 ug/l (N<243) and a normal range for PZ, aPTZ, INR. **Methodology:** Peripheral smear showed %38 PMN, %56 lymphocyte, %6 monocyte, normoblasts, rare tear drop cells and rare thrombocytes. Pathological evaluation revealed hypercellular bone marrow (%95), extensive necrosis, CD3(-) CD5(-) CD20(+), CD38(-), CD10 diffuse(+), BCL2(+) MPO(-) CD117(-), CD34(+) CD79a, Pax5 and TdT suboptimal (+). Flow cytometry showed no significant result because of the deficiency of material. PCR revealed no BCR-ABL transcript. **Results:** The patient diagnosed B precursor ALL. With the BFM IA protocol complete remission obtained. At the control BMB CD3, CD20, CD79a, Pax5, TdT, MPO, CD34 was applied but there was no neoplastic involvement. After the BFM IB protocol, complete remission has been pursued. The patient is currently receiving the BFM IC protocol. **Conclusion:** BMN is an uncommon pathology with poor prognosis. Primary etiology is malignancies, especially hematologic malignancies, at %90 of the cases. As we see at this case, while the clinical and laboratory findings are insignificant; when a patient shows fever with unknown origin, bone pain, newly developed cytopenias, we must keep in mind the diagnosis of BMN and if a patient is diagnosed BMN, necessary scaning must be done immediately for malignancies as the primary cause.

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PP 07

NEXT GENERATION SEQUENCING PRACTICES IN HEMATOLOGY: A RECENT EXPERIENCE OF A SINGLE CENTER

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