whereas immune thrombocytopenia is a rarer complication. **Case report:** A 63-year-old female patient without any known disease was performed bone marrow biopsy in January 2019 due to anemia and high sedimentation rate. She was diagnosed with IgG-kappa type multiple myeloma and administered four cycles of bortezomib-cyclophosphamide-dexamethasone treatment. She went into remission after this treament and was then performed autologous stem cell transplantation followed by a consolidation therapy comprising 2 cycles of bortezomib-lenalidomide-dexamethasone treatment. Subsequently, she was administered lenalidomide maintenance therapy with regular follow-up visits. Isolated thrombocytopenia was observed in the patient in her last follow-up visit and was therefore hospitalized for further examination. No schistocyte was observed in the peripheral smear as well as no rouleaux formation. It was determined that her LDH (lactate dehydrogenase) levels were normal and that she did not have organomegaly. The results of the Coombs test, in addition to the results of hepatitis B, hepatitis C, HIV (Human Immunodeficiency Virus), EBV (Ebstein-Barr Virus), and ANA (antinuclear antibody) tests, which were run in order to determine whether she had any viral diseases, came out as negative. Post-transfusion purpura was ruled out in the patient as she had no history of transfusion in the last three months. She was then performed bone marrow biopsy, since her platelet count did not increase after discontinuation of lenalidomide treatment despite the fact that she was given platelet suspension transfusion. Subsequently, it was was determined that her megakaryocyte count increased, whereas her plasma cell ratio was less than 5%. In view of the foregoing, she was pre-diagnosed with lenalidomide-related immune thrombocytopenia, and was thus given 1 gr of methylprednisolone for 3 days followed by the administration of methylprednisolone at a daily dose of 1 mg/kg for 5 days. However, a sufficient increase in her platelet count could not be achieved with the said treatment. Therefore, she was administered eltrombopag therapy instead, since she was refractory to other treatments that could have been administered as a replacement treatment, such as IVIG (Intravenous Immunoglobulin), rituximab or cyclophosphamide. The patient, whose platelet count increased after the administration of eltrombopag therapy, was then discharged with full recovery. **Conclusion:** The aim of this case report is to demonstrate that lenalidomide-associated immune thrombocytopenia should also be considered when there is isolated thrombocytopenia in patients with multiple myeloma without a decrease in other cell lines.

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PP 31

CLINICAL PARAMETERS OF MULTIPLE MYELOMA PROGRESSION IN RESIDENTS OF THE GOMEL REGION OF BELARUS

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Objective: To study clinical parameters of multiple myeloma progression in residents of the Gomel region of Belarus **Methodology:** The study included 159 MM patients who were examined at the State Institution "Republican Research Center for Radiation Medicine and Human Ecology", Gomel from 2018 to 2021. The average age was 62. Female patients prevailed and amounted 57.1%. MM was diagnosed according to international criteria. The criteria for progression were determined when new foci of destruction or extramedullary lesions appeared, and at an increase in the number of plasma cells in the bone marrow> 10%. **Results:** Progression was in 10.7%(17). No differences in the immunological variant of MM. CD20 expression>20% was found 6.18 more often in progressed patients (p=0.0001). CD56>20% was 2.37 more common at progression (p=0.006). CD117>20% was 2.34 more often at progression, (p=0.116). M-protein>15 g/l was 6.22 more often at progression (p = 0.0001). Abnormal κ/λ was in 81.3% at progression (p=0.027). LDH was different (p=0.023). Kidney damage and destructive syndrome did not affect progression (p=0.797). **Conclusion:** Identification of markers of progression at the initial examination, such as excess expression of CD20> 20%, CD56> 20%, excess of M-protein> 15 g/l, abnormal κ/λ ratio can predetermine the outcome of the disease. Our findings are consistent with the literature data, but much remains unclear, for instance, cases with normal LDH values in patients with progression. This gives rise to future research.

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PP 32

THE EFFECT OF BISPHOSPHONATE USE ON TREATMENT RESPONSE AND OVERALL SURVIVAL IN MULTIPLE MYELOMA PATIENTS

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Objective: Bisphosphonates are pyrophosphate analogs with a high affinity for calcium crystals. Due to the affinity of bisphosphonates for calcium, they bind rapidly to calcium-containing hydroxyapatite crystals, especially in the resorption zone. In this way, they prevent bone resorption. In this study, we aimed to investigate the effect of bisphosphonate use on treatment response and overall survival in patients with MM. **Methodology:** All patients with MM who followed by the Hematology department of Fırat University Hospital in the last 10 years were included in this retrospective observational study. Age, gender, end-organ involvement, ISS staging, LDH level, IG subtype in diagnosis, bisphosphonate use (duration and dose), treatments, response status and survival was investigated. **Results:** Ninety-one patients, of whom 53 were

male and 38 females, were included in this study. At the time of diagnosis,14 patients with high calcium, 77 patients had normal calcium. There was no significant difference in survival between bisphosphonate intake status and IG subtypes (p>0,05). There was no significant difference in progression-free survival between the ISS category, bisphosphonate intake status, creatinine category, and IG subtypes (p>0,05). **Conclusion:** In this study, OS, and PFS in MM patients were not affected by bisphosphonate use. however, LDH level influenced both OS and PFS, the increase in LDH level negatively affected the survival.

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PP 33

INSIGHTS INTO DIAGNOSIS AND MANAGEMENT OF ADVANCED MULTIPLE MYELOMA

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Objective: The advanced stages of multiple myeloma (MM) commonly manifest a recurrent evolution, unfavorable prognosis and negative socio-economic impact. The increased rates of morbidity and DALYs, frequent complications and relapses, unfavorable socio-economic impact characterize MM as an actual issue of hematology and public health. The objective of the study was the identification of diagnostic patterns and the evaluation of short- and long-term results of treatment of the advanced stages of MM. **Methodology:** The study is a cross-sectional descriptive analysis of a cohort of 50 newly diagnosed patients with advanced stages of MM, who have been treated and followed-up at the Hematology Dept. of the Oncology Institute from Moldova during 2016-2020. The diagnosis was assessed by cytological, immunohistochemical examinations of the bone tissue and bone marrow, and ELISA immunological test of the peripheral blood. The stage was asserted in each case according to the Revised International Staging System. **Results:** The patients age ranged between 28-75 years (median - 57.7 years). MM developed mainly in persons aged 60-69 (52%) years and in rare cases under 39 years (6%). Females were 29 (58%), and males - 21 (42%). 31 (62%) patients were diagnosed in stage III, 14 (28%) - in stage II and 5 (10%) - in stage I. Immunoglobulin (Ig) G isotype was detected in 28 (56%) cases, IgA - in 12 (24%), light chains (Bence Jones MM) - in 10 (20%). Very good partial responses were achieved in 25 (50%) of patients. **Conclusion:** MM was diagnosed mostly in patients of 60-69 years, females and stage III disease. Bone marrow myeloma cells ranged between 30-67% (median - 46%). Concerning the Ig isotype distribution in MM, IgG accounted the majority of cases. Refractory chronic renal failure was the most common complication (50% of cases) in advanced MM. Targeted chemotherapy proved to be efficient in the advanced stages of MM regardless of the gender, age and disease span. Very good partial responses lasted 12-24 months.

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PP 34

CASE REPORT: COEXISTENCE OF CELIAC DISEASE AND MULTIPLE MYELOMA

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Objective: Celiac disease is a systemic disease in which the natural and adaptive immune system is affected by the effect of gluten exposure and environmental factors in individuals with genetic predisposition. Multiple myeloma; is characterized by an increase in clonal plasma cells. It is the most common hematological malignancy after lymphomas.We aimed to present a case siagnosed with celiac disease and multipl myeloma **Case report:** A 56-year-old female patient with a diagnosis of asthma and celiac disease for 1 year was referred to the Hematology department because her refractory anemia. Serum IgA level of the patient was 4490 mg/dl without renal failure and hypercalcemia.bone marrow biopsy compatible with myeloma. The patient received 6 cycles of bortezomib, cyclophosphamide, and dexamethasone and 3 cycles lenalidomid dexametazon chemotherapy.After chemotherapy, Autologous stem cell transplantation was performed. **Conclusion:** Celiac disease is an autoimmune disease, characterized by inflammation and villus atrophy in the small intestine mucosa as a result of sensitivity to gluten, resulting in malabsorption. The incidence of lymphoma and gastrointestinal system malignancy is increased in individuals with celiac disease. Multiple myeloma may also be accompanied by autoimmune diseases such as ankylosing spondylitis, scleroderma, and sjögren's syndrome. Coexistence of multiple myeloma and celiac disease is rare.

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PP 35

A RARE AND COMPLEX CAUSE OF IMPOTENCE POEMS SYNDROME

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