[2] *University of Health Sciences Ankara Dışkapı Yıldırım Beyazıt Training and Research Hospital, Department of Family Medicine, Ankara, TURKEY*

Objective: Although plasma cell neoplasms occupy a large place in hematology practice, POEMS syndrome is very rare. Serum lambda light chain elevation and polyneuropathy, together with organomegaly, endocrinopathy, and skin lesions are the main components of the syndrome. We share our case, which we diagnosed in our clinic, with the belief that it will contribute to the literature. **Case report:** A 51-year-old male patient, who had no history of co-morbidity, drug use, or exposure to toxic substances, was started on supportive treatment in February 2021, who first developed the complaint of impotence. Later, he applied to the neurology outpatient clinic with complaints of weakness and weakness in the feet. After detecting polyneuropathy in his evaluation, IgG Lambda monoclonal gammopathy was detected in serum immune electrophoresis in his evaluation for etiology. **Methodology:** Thereupon, it started to be investigated in terms of plasma cell neoplasms. In the examinations performed, immunoglobulin levels, serum-urine kappa and lambda light chain levels, plasma increase in the bone marrow biopsies and a solitary 3.3 cm sclerotic lesion in the sacral region were detected in the PET-CT of the patient, whose ethology could not be diagnosed. **Results:** A tru-cut biopsy was taken from the sclerotic lesion of the patient, who was thought to be a plasmacytoma and a 20% monoclonal IgG lambda plasma increase was detected. In his physical examination, it was seen that he had increased lesions (Figure-1) and acrocyanosis (Figure-2) on the skin for the last 3-4 months. The patient's current complaints and laboratory results were evaluated with a preliminary diagnosis of POEMS syndrome (Table-1). **Conclusion:** POEMS syndrome is a rare disease and its exact incidence is unknown. It is frequently seen in 5-6 decades, with a median age of 51 years, and 63% of cases are male patients [1]. Chronic and excessive production of proinflammatory and other cytokines (IL-1β, TNFα, IL-6, vascular endothelial growth factor (VEGF) etc.), microangiopathy, edema, effusions, increase in vascular permeability, increase in neovascularization are important in the pathophysiology of the disease.

https://doi.org/10.1016/j.htct.2021.10.1045

PLATELET DISEASES

PP 36

IMMUNE THROMBOCYTOPENIA RELAPSE POST COVID-19 VACCINE IN YOUNG MALE PATIENT

Hana Qasim

Hamad Medical Corporation

Case report: We report a 28-year-old Asian male patient, known for ITP and in partial remission for eighteen months, who presented to emergency department with ITP relapse (platelets count of 1 × 10^3 /uL), four days after receiving the second dose of Pfizer SARS-CoV-2 vaccine, which required treatment with intravenous immunoglobulins and dexamethasone, we discuss as well the likely underlying pathophysiology and the suggested approach in patients known for ITP who are willing to receive mRNA COVID vaccines.

https://doi.org/10.1016/j.htct.2021.10.1046

PP 37

INTEGRATED EFFICACY RESULTS FROM THE PHASE 2 AND PHASE 3 STUDIES WITH CAPLACIZUMAB IN PATIENTS WITH ACQUIRED THROMBOTIC THROMBOCYTOPENIC PURPURA

Flora Peyvandi [1], Spero Cataland [2], Marie Scully [3], Paul Coppo [4], Paul Knoebl [5], Johanna A. Kremer Hovinga [6], Ara Metjian [7], Javier de la Rubia [8], Katerina Pavenski [9], Jessica Minkue Mi Edou [10], Filip Callewaert [11], Hilde De Winter [12]

[1] *Angelo Bianchi Bonomi Hemophilia and Thrombosis Center, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, and Department of Pathophysiology and Transplantation, Università degli Studi di Milano, Milan, Italy*
[2] *Division of Hematology, Department of Internal Medicine, The Ohio State University, Columbus, OH, USA*
[3] *Department of Haematology, University College London Hospitals NHS Trust, London, UK*
[4] *Department of Hematology, Reference Center for Thrombotic Microangiopathies (CNR-MAT), Saint-Antoine University Hospital, AP-HP, Paris, France*
[5] *Department of Medicine 1, Division of Hematology and Hemostasis, Medical University of Vienna, Austria*
[6] *Department of Hematology and Central Hematology Laboratory, Inselspital, Bern University Hospital, University of Bern, Bern, Switzerland*
[7] *Division of Hematology, Department of Medicine, University of Colorado–Anschutz Medical Center, Denver, CO, USA*
[8] *Hematology Department, Internal Medicine, School of Medicine and Dentistry, Catholic University of Valencia and Hospital Doctor Peset, Valencia, Spain*
[9] *Departments of Medicine and Laboratory Medicine, St. Michael's Hospital and University of Toronto, Toronto, ON, Canada*
[10] *Clinical Development, Ablynx, a Sanofi company, Ghent, Belgium*
[11] *Medical Affairs, Sanofi, Diegem, Belgium*
[12] *Formerly Clinical Development, Ablynx, a Sanofi company, Ghent, Belgium*

Objective: An integrated analysis based on the Phase 2 TITAN (NCT01151423) and Phase 3 HERCULES (NCT02553317) studies with caplacizumab (CPLZ) in acquired thrombotic thrombocytopenic purpura (aTTP) was performed to assess treatment