

autoimunes. Deve ser considerada como alternativa no diagnóstico diferencial de anemia aplásica, síndrome mielodisplásica ou mielofibrose idiopática. Os linfócitos presentes exibem projeções citoplasmáticas, características em forma de cabelos, que dão nome à doença. A imunofenotipagem faz o diagnóstico definitivo e diferencial com outras linfoproliferações de células B. As características de imunofenotipagem são a forte positividade para marcadores de células B, como o CD20. Uma variação de marcadores também tem se mostrado positivo incluindo o DBA44, CD11c (LeuM5), CD 25(IL-2R), CD103, e o FMC78. O análogo nucleosídeo cladribina e a pentostatina demonstram grande eficácia e tem produzido respostas duradouras. **Conclusão:** O caso demonstra que as citopenias são um desafio no atendimento hematológico. Podemos estar diante de patologias variadas, clonais e não clonais, bem como reacionais, de base imunológicas ou como efeito de tratamentos variados. É imprescindível anamnese detalhada, laboratório e avaliação de medula óssea para excluir doenças neoplásicas.

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CENTRAL NERVOUS SYSTEM INFILTRATION IN CHRONIC LYMPHOCYTIC LEUKEMIA: A STUDY ON BEHALF OF THE REGISTRO BRASILEIRO DE LEUCEMIA LINFOCÍTICA CRÔNICA

JE Hyppolito ^a, LJ Arcuri ^a, A Vicente ^b, V Farnese ^c, R Santucci ^d, V Buccheri ^e, C Arrais ^f, IL Arce ^g, N Hamerschlag ^a

^a Hospital Israelita Albert Einstein, São Paulo, SP, Brazil

^b Prevent Senior, São Paulo, SP, Brazil

^c Grupo Oncoclínicas Uberlândia, Uberlândia, MG, Brazil

^d Instituto Hemomed de Oncologia e Hematologia, São Paulo, SP, Brazil

^e Instituto do Câncer do Estado de São Paulo (ICESP), São Paulo, SP, Brazil

^f Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil

^g Hospital do Servidor Público Estadual (HSPE), São Paulo, SP, Brazil

Introduction: Central nervous system (CNS) infiltration in chronic lymphocytic leukemia (CLL) is a rare presentation of CLL that can potentially have disastrous complications. Reported prognosis is poor. The objective of this study is to report a series of cases of CLL with CNS infiltration. **Methods:** This is a case-series of a Brazilian CLL registry (Registro Brasileiro de Leucemia Linfocítica Crônica). We included patients with CLL and CNS infiltration. This is a descriptive study. **Results:** A total of 10 (0.28%) in 3610 patients were identified with confirmed (80%) or suspected (20%) CNS infiltration. Median age at CLL diagnosis was 57.5 y/o (range: 50 – 76). Three (30%) patients were diagnosed with CNS infiltration concomitantly with the CLL diagnosis, while others (70%) were diagnosed at a median of 41 months of CLL diagnosis

(range: 11 to 119 months). Only three (30%) patients had been previously treated for CLL. Most common symptoms of CNS infiltration were convulsion (30%), altered mental status (30%), headaches (30%), ophthalmologic (30%), and urinary incontinence (20%). Amnesia, asthenia, vomiting, hemiparesis, cervicalgia, and dizziness were also present (one patient each). Of the patients with confirmed CNS infiltration, diagnoses were performed through liquor exam (all patients) and biopsy (one patient). Of the two patients with suspected CNS infiltration, one achieved complete response and the other, partial clinical response, following instituted CLL-directed therapy with (1 patient) or without (1 patient) intrathecal chemotherapy. Of the other 8 patients, 3 achieved complete response, 2 failed treatments, 1 was not evaluated and 2 had missing information. Of all patients, 5 are alive, 3 died of sepsis, multiorgan failure following CNS methotrexate-related toxicity, and COVID, and 2 had missing information. **Discussion:** Our results show that the prognosis of CNS infiltration in CLL can be relatively good, with at least 50% of patients alive at 1 year. However, a series of 18 patients published by Strati et al has shown a poorer outcome, with half of the patients dead at 1 year. Although all patients were diagnosed by liquor exam, that same study reported a low specificity for liquor exam in CLL (42%) due to the frequent presence of leukemic cells in the cerebrospinal fluid in other conditions. Establishing CNS CLL as the cause of the symptoms can be difficult, since up to 70% of patients with CLL have CNS infiltration in autopsy studies, and our results may be superestimated. In summary, CNS infiltration in CLL is a rare event, and further studies are needed to address prognosis and management.

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INFILTRAÇÃO DE SISTEMA NERVOSO CENTRAL POR LEUCEMIA LINFOCÍTICA CRÔNICA – RELATO DE CASO

PCRE Ferreira, CPC Hugo, F Bahia-Coutinho, JSS Soares, JL Vendramini, LMB Batista, NM Bernardes, SEBJ Neves, WSV Junior

Hospital das Clínicas, Universidade Federal de Minas Gerais (UFMG), Belo Horizonte, MG, Brasil

Introdução: A Leucemia Linfocítica Crônica (LLC) é a leucemia mais comum entre os adultos. O acometimento do sistema nervoso central (SNC) ocorre em cerca de 1% dos casos apenas, sendo a maioria dos estudos retrospectivos e pequenos. **Relato do caso:** Paciente de 63 anos, feminina, diagnosticada com LLC (Matutes 5 em sangue periférico) em março de 2020, à ocasião assintomática. Evoluiu com citopenias e adenomegalias sintomáticas, iniciado tratamento de primeira linha liberado pelo SUS com Clorambucil, suspenso após três meses por toxicidade dermatológica. Evoluiu com esplenomegalia e linfonodomegalias sintomáticas, pancitopenia. Procurou serviço por paralisia facial periférica e alteração de marcha. Em propedêutica neurológica, imagens de crânio sem alterações significativas. Liquor com proteinorraquia e presença de linfocitose, células com mesmo perfil da doença de base