considered in patients with clinical and radiographic evidence of diaphyseal dysplasia as well as hematological abnormalities. In addition, bone dysplasia should be investigated in treatment-resistant hematological pathologies of unknown origin. Although GHDD is rare, clinicians should be informed that it responds well to steroid therapy.

https://doi.org/10.1016/j.htct.2022.09.1226

HEMOGLOBINOPATHIES (SICKLE CELL DISEASE, THALASSEMIA ETC...)

OP 20

COMPARISON OF THE QUALITY OF LIFE OF PATIENTS WITH A BETA-THALASSEMIA MAJOR, REGULARLY RECEIVING PARENTERAL AND ORAL CHELATORS

Samira Hasanova [1], Azer Kerimov [1], Khanum Hamidova [1], Konul Baghirova [1]

[1] *Azerbaijan National Center of Hematology and Transfuziology*

Objective: Patients with β-thalassemia major (Mβ-th) are transfusion-dependent, which affects their quality of life . To maintain a safe level of iron in the body, patients with Mβ-th require adequate regular therapy with chelation drugs (CP). Currently, for the correction of iron overload in patients with Mβ-th, along with oral CP, parenteral CP continues to be used. However, oral and parenteral CP are perceived by patients ambiguously. Comparative assessment of the quality of life of transfusion-dependent children with Mβ-th receiving various CPs: parenteral deferoxamine and oral deferasirox. **Methodology:** For 2 years, a survey and clinical observation of 201 children with Mβ-th aged 2 to 18 years (boys 128, girls 73) was conducted. The control group consisted of apparently healthy children from preschool and school institutions (n=30). Patients with Mβ-th underwent a quality of life study (PedsQL- Pediatrics Quality of Life Inventory, Generic Core Scales and PedsQLTM4.0) and a psychological examination. The survey was conducted after obtaining the informed consent of the parents of older children at the beginning and at the end of the study. Once a month, the necessary clinical and biochemical analyzes were carried out.Patients with Mβ-th regularly prescribed various CP regimens: deferoxamine subcutaneously; deferasirox, orally. **Results:** All studied patients with Mβ-th were divided into four age groups: group 1 - children under 4 years old according to parents (n=41); group 2 - children 5-7 years old according to the assessment of children and parents separately (n=62); group 3 - children 8-12 years old according to the assessment of children and parents separately (n= 47); Group 4 - children aged 13-18 years old according to the assessment of children and parents separately (n=51). Each of the 4 groups of Mβ-th patients was divided into a subgroup taking only deferiprone and a subgroup taking only deferasirox. **Conclusion:** According to the Results of the survey, the indicators of the quality of life and the psychological state of children with Mβ-th receiving parenteral and oral CP differed. So, in sick children with Mβ-th of different age groups, when taking parenteral CP in comparison with those taking oral CP, the quality of life was reduced, and the psychological state worsened significantly. This was especially impacted patients in the group of 8-13 years. In this group, there were more complex relationships with peers, parents, there was an increase in anxiety and aggressiveness, which is associated with the need for hours of use of the pump for subcutaneous injection of the drug, the presence of pathology that limits the use of oral chelators. In children of 4 different age groups, there is a significant difference in the values given by patients and their parents to the quality of life in patients receiving parenteral and enteral chelator therapy.

https://doi.org/10.1016/j.htct.2022.09.1227

LYMPHOMAS

OP 21

LABORATORY AND CLINICAL FEATURES OF TUMOR LYSIS SYNDROME IN CHILDREN WITH HIGH-GRADE NON-HODGKIN LYMPHOMA AND EVALUATION LONG-TERM RENAL FUNCTIONS IN SURVIVORS

Selcen BOZKURT [1], Dildar Bahar GENC [2], Sema VURAL [2]

[1] *Department of Pediatrics, Karadeniz Eregli State Hospital, Zonguldak, Turkey*
[2] *University of Health Sciences, Sisli Hamidiye Etfal Training and Research Hospital, Department of Pediatric Oncology, Istanbul, Turkey*

Objective: Tumor lysis syndrome (TLS) describes biochemical and clinical abnormalities resulting from spontaneous or treatment-induced necrosis of rapidly proliferating tumors such as Burkitt's lymphoma (BL). TLS can lead to complications like acute kidney injury (AKI) which can be fatal. In patients who had AKI in childhood, the frequency of kidney problems increases in later ages. Therefore, there is a need to examine long term kidney functions in patients with TLS. The purpose of our study is to investigate the laboratory and clinical features of tumor lysis syndrome in childhood non-Hodgkin lymphomas (NHL) and to reveal its impact on long term kidney function in survivors. **Methodology:** Our study was a single center retrospective study. 107 patients (0-18 years of age) admitted to our hospital between 1998-2020 years with a diagnosis of NHL and who received chemotherapy were included in the study. Clinical and laboratory characteristics of the patients at the time of diagnosis and within 14 days from the start of chemotherapy were examined. The presence of TLS and its laboratory and clinical features were examined according to the Cairo-Bishop criteria. The relationship between TLS and age, gender, histopathological subgroup, tumor stage, lactate dehydrogenase (LDH) level at presentation, bone marrow and kidney involvement were investigated. The presence of AKI was determined according to the Kidney Disease: Improving Global outcomes criteria.