epistaxis, hematuria, subcutaneous hematoma, and gastrointestinal and gingival bleeding. He continues to take Factor X concentrate prophylactically. All the patients are currently healthy and regularly follow up in our center. **Results Conclusion:** Since there is no FX concentrate in our country yet, FFP is used. Patients should be treated with the appropriate FX preparation and a prophylactic approach should be applied in necessary patients.

Table. Patient Characteristics and Diagnostic Laboratory Results

Patient No	Age at analysis	Gender	FX %	PT sec 10.9-14.7	PTT sec 22.5-31.3	Bleeding score*	Treatment
1.	41	F	0.2	60.4	64.1	11	FFP, ES, PCC
2.	25	F	12.3	31.5	57.9	0	Not need
3.	18	F	0.8	37	19.3	11	FFP, ES, PCC
4.	34	F	34.4	13.9	28.3	15	FFP
5.	1	M	1	180	138	10	FFP, FXC, PCC

*- *International Society for Thrombosis and Hemostasis/Scientific and Standardization Committee Bleeding Assessment Tool (ISTH-BAT), FFP- fresh frozen plasma, ES- erythrocyte suspension, PCC- prothrombin complex concentrate, FXC- Factor X concentrate, F-female, M-Male*

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Adult Hematology Abstract Categories

Lymphoma
PP 10

REACTION OF THE CIRCULATING REGULATORY T CELLS AFTER CHEMORADIATION THERAPY OF HODGKIN LYMPHOMA

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Objective: Purpose of the research is to determine the reaction of regulatory T cells after chemoradiation therapy of Hodgkin lymphoma. **Methodology:** 29 samples of peripheral blood of patients with Hodgkin lymphoma (before treatment – 10; after chemotherapy – 9; after consolidation radiotherapy – 10). Chemotherapy was carried out according to the following schemes: ABVD, BEACOPP with the addition of 1-2 courses of CVPP or COPP. The subsequent consolidation of radiation therapy was accomplished to a dose of 20-24 Gy. Treg-cells were identified by phenotype CD45+CD4+CD25+CD127-. Control group consisted of 40 practically healthy people. The group data were compared using the Mann-Whitney U test. **Results:** At the onset of Hodgkin lymphoma the percentage and absolute count of regulatory T cells corresponded to normal values (5.19%/0.036*10^9 cells/l - Hodgkin lymphoma vs 3.69%/0.031*10^9 cells/l - control level, $p>0.05$). After chemotherapy the percentage of regulatory T cells increased to 9.09%, $p<0.05$; the absolute count remained at the same level (0.037*10^9 cells/l, $p>0.05$). After consolidation of radiation therapy the percentage of regulatory T cells was determined at the level of 9.19%, $p>0.05$. The decrease of absolute count of regulatory T cells was statistically significant difference and was near 0.019*10^9 cells/l. **Conclusion:** There is a relative redistribution of cells within a subpopulation of activated CD4+CD25+T cells towards an increase in the level of regulatory T cells after chemotherapy of Hodgkin lymphoma. The subsequent radiotherapy consolidation at a dose of 20-24 Gy continued to increase the sensitivity of regulatory T cells to the radiation component of chemoradiation therapy.

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PP 11

CUTANEOUS RICHTER TRANSFORMATION IN THE 16TH YEAR OF FOLLICULAR LYMPHOMA DIAGNOSIS

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Case report: Richter transformation may develop in lymph nodes or rarely extranodally. A 70-year-old male with an exhausted appearance had a large malodorous wound progressing to necrosis on the left chest wall. He received two treatment lines 5 years apart for follicular lymphoma and was in remission. Histological evaluation showed triple hit diffuse large B cell lymphoma. PET-CT showed localized cutaneous and lymph node involvement. Two treatment lines did not control the disease. He passed on progression.

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PP 12

AUTOLOGOUS HEMATOPOIETC CELL TRANSPLANTATION (HCT) FOR HODGKIN LYMPHOMA, REAL WORLD EXPERIENCE OF A SINGLE CENTER EXPERIENCE

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Objective: Hodgkin's Lymphoma (HL) during the years became a high curable hematology malignant disease.