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We present two leukemic children who developed pulmonary thromboembolism (PTE) after using PEG-asparaginase.The first child, an eight-year-old boy, was diagnosed with T-acute lymphoblastic leukemia (ALL). The second child, a 6-year-old boy, was diagnosed with B-ALL.They developed PTE following induction phases of BFM protocol's.They were given PEG-asparaginase at a dose of 2500IU/m^2. Heparin was succesfully used in both cases.Physician may consider prophylactic anti-coagulants during induction.

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PP 28

A PEDIATRIC CHRONIC EOSINOPHILIC LEUKEMIA CASE SUCCESFULLY TREATED WITH STEM CELL TRANSPLANTATION AFTER TRANSFORMATION TO ACUTE LYMPHOBLASTIC LEUKEMIA

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Chronic eosinophilic leukemia (CEL) is an extremely severe and rare disease in childhood with a very poor prognosis, frequently transforms to acute leukemia in a few years, and once transformed median survival time is only 2 months. Here we present a 9-year-old boy with CEL, transformed to acute lymphoblastic leukemia 17 months after diagnosis and successfully treated with chemotherapy and unrelated stem cell transplantation, he is still in remission after 7 years without any chronic morbidities.

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PP 29

A COMPARATIVE STUDY OF CONVENTIONAL BLOOD CULTURE METHOD VS SEPSIS QPCR MX-30 ® PANEL IN PATIENTS WITH PEDIATRIC LEUKEMIA

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Objective: Acute leukemia is the most common pediatric hematological malignancy. Blood stream infections (BSI) are severe complications in these patients during chemotherapy. In patients with leukemia, early detection of the infectious agent and rapid initiation of appropriate treatment increase the success of treatment and reduce the death rate. In this study, we aimed to compare the causative microorganism and detection time with classical blood culture and sepsis qPCR MX-30 panel **Methodology:** Patients aged <18 years, diagnosed with acute leukemia from March-July 2023 were enrolled. Clinical presentations, demographic features, and microbiological findings were retrospectively reviewed. Blood culture and sepsis PCR panel were taken simultaneously from the first day of febrile neutropenia or fever persisted. **Results:** In total, 327 samples of 48 patients evaluated. No causative agent was detected in both blood culture and sepsis PCR panel in 262 (%80.2) samples. Although blood culture was negative in 19 (%5.8) samples, the sepsis PCR panel identified some microorganisms. Culture positivity was detected in 29 (%8.8) samples, while the sepsis PCR panel results were negative. Simultaneous identification was detected in 17 (%5.2) samples. **Conclusion:** In our study, we found sepsis panel sensitivity as 90% and positive predictive value as 93%. Although conventional blood culture is a more accessible, inexpensive and reliable method for detecting the causative agent in leukemia patients, it will be useful due to early results with the sepsis qPCR MX-30 panel.

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Pediatric Hematology Abstract Categories

Hemoglobinopathies (Sickle Cell Disease, Thalassemia etc. . .)
PP 30

EVALUATION OF GLUCOSE-6-PHOSPHATE DEHYDROGENASE DEFICIENCY IN PATIENTS WITH SICKLE CELL ANEMIA

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Objective: The aim of this study was to evaluate patients with a diagnosis of Sickle Cell Anemia (SCA) for Glucose-6-Phosphate Dehydrogenase (G6PD) enzyme deficiency. **Methodology:** In our study, patients diagnosed with SCA who presented to the Pediatric Hematology and Oncology Clinic at the Adana Faculty of Medicine, Health Sciences University, Adana City Training and Research Hospital, between August 1, 2022, and August 1, 2023, were evaluated. G6PD enzyme data from routine tests performed for the patients were recorded from the patient files or the hospital system. **Results:** A total of 23 patients diagnosed with Sickle Cell Anemia (SCA) were included in the study. 65.2% (n=15) of the patients were female, and 34.8% (n=8) were male. The ages of