the cases ranged from 4 to 30 years, with a median age of 12. Among the cases, 20 were within the age range of 0-18 years (87%), while 3 cases (13%) were over 18 years old. The median G6PD value was found to be 26.28 U/g Hb (2.22-36.98). G6PD deficiency was detected in 2 patients (8.7%), while it was not detected in 21 patient **Conclusion:** Screening for G6PD deficiency is necessary in patients with Sickle Cell Anemia (SCA) to prevent deterioration of their condition during treatment. The co-inheritance of both diseases can worsen hemolysis in SCA patients. Therefore, caution should be exercised in drug selection for SCA patients with G6PD enzyme deficiency.

https://doi.org/10.1016/j.htct.2023.09.080

Pediatric Hematology Abstract Categories

Stem Cell Transplantation
PP 31

VIRAL INFECTIONS IN PEDIATRIC HEAMTOPOIETIC STEM CELL TRANSPLANT PATIENTS

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Objective: The aim of this study is to determine the frequency and causative virus of viral infections seen after hematopoietic stem cell transplantation (HSCT) in pediatric patients, the effect of the immunosuppresive agents and antiviral prophylaxis to viral infections, to evaluate the efficacy of antiviral treatment used for viral infections, the impact of viral infections on mortality after HSCT. **Methodology:** 295 pediatric HSCT patients between April 2010-August 2022 from a Children's Stem Cell Transplantation Unit were included. Patients' demographic info, HSCT-related data, GVHD prophylaxis regime, antiviral prophylaxis after HSCT, the time span of prophylaxes applied, 27 different viral infections diagnosed from serum, stool and nasopharyngeal swab samples after HSCT, their frequencies and their timespans, patients' mortalities were documented from patients' files. **Results:** 68% of 295 patients were documented with a viral infection, most common isolates are CMV 26%, EBV 11%, ADV 9%, COVID-19 9%, BKV 7%, VZV 6%. Mortality rates are CMV 27%, EBV 38%, ADV 47%. Virus detection after HSCT is 1,10 months for CMV, 2,33 for EBV, 1,16 for ADV, 11 for VZV, 1 for BKV. The most common co-infections documented are CMV/EBV. For CMV treatment 69% valgancyclovir, 54% gancyclovir, 7% foscarnet is used. 53% of VZV infections were seen after acyclovir prophylaxis is stopped. **Conclusion:** HSCT is a curative treatment for a variety of hematological diseases, immune deficiencies, solid organ tumors, some genetic and metabolic disorders. With preparations before HSCT and the GVHD prophylaxis after HSCT, patients become immunosuppressive and susceptible to opportunistic viral infections. Viral infections have an impact on mortality, and it is beneficial to know the common viral agents, when they are detected, viruses that are frequently detected together, and their treatment responses.

https://doi.org/10.1016/j.htct.2023.09.081

Pediatric Hematology Abstract Categories

Quality improvement / Patient safety
PP 32

EVALUATION OF MENSTRUATION RELATED QUALITY OF LIFE IN ADOLESCENTS WITH ABNORMAL UTERINE BLEEDING

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Objective: Abnormal uterine bleeding (AUB) is a common menstrual problem in adolescent girls. Every adolescent with AUB should also be evaluated for bleeding disorders. This study evaluated adolescent girls with AUB, with and without bleeding disorders, as well as their coping skills and menstruation specific quality of life compared to their peers. **Methodology:** The research was conducted in Ankara Bilkent City Hospital, Department of Pediatric Hematology and Adolescent Health as a prospective cross sectional study. The aim of this study was to determine coping skills and menstruation-related quality of life of adolescent girls with AUB according to Pediatric Bleeding Questionnaire Scoring and Menstrual Assessment Chart. 167 patients with AUB and 165 control group, were included in our study. Each patient was evaluated by the hematology department in terms of bleeding disorder. The participants completed the Adolescent Coping Scale (CEIBO), the Children's Quality of Life Scale (PedsQL) and a scale developed by the researchers to determine the directly menstruation related quality of life (MRQL). **Results:** Bleeding disorder was found in 10.1% of adolescents diagnosed with AUB. When the CIBS sub-dimensions were compared between the patient and control groups, no significant difference was found between them (p=0,056). In adolescents with AUK; total quality of life score, and quality of life score related to school and physical health functionality were found to be statistically significantly lower than the adolescents in the control group (p=0,004; p=0,007). When the adolescents with AUK were compared with the adolescents in the control group, there was no significant difference between the social functionality and emotional functionality quality of life subdimensions (p=0,116; 0,063). Menstruation related quality of life was found to be significantly lower in adolescents with AUB (p<0,001). The quality of life of adolescents with severe AUB was found to be lower than those with moderate and mild AUB (p=0,026) .When the total PedsQL scores were compared between the patient, control, the patient group's score was significantly lower than the control group (p=0,012). However, there was no significant difference between the patients

with and without bleeding disorders in terms of quality of life and other scales. (p>0,05) Menstruation related quality of life was found to be significantly lower in adolescents with AUB than in those with bleeding disorders and the control group. (p<0,001). **Conclusion:** Although the coping skills of adolescents with AUB are similar to their peers, their quality of life is significantly impaired due to heavy menstrual bleeding. In addition to the treatment for the anemia, it is important to reduce their bleeding for their comfort in their school and social life. Also MRQL, which has been specially developed for this research, can be used for screening purposes due to its short and consistent results in primary health centers, pediatric clinics and hematology clinics.

https://doi.org/10.1016/j.htct.2023.09.082

Pediatric Oncology Abstract Categories

Neuroblastoma
PP 33

NEUROBLASTOMA AND ASSOCIATED DISORDERS, A SINGLE CENTER EXPERIENCE

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Objective: The genetic factors involved in development of neuroblastoma are not yet well understood. The most common somatic genomic alterations in neuroblastomas are recurrent chromosomal copy number alterations. In addition a number of genes with germline mutations commonpolymorphisms have been identified that raise the risk of developing neuroblastoma, it is unclear what role they play. With this aim, we investigated the syndromes, diseases and abnormalities accompanying our neuroblastoma patients. **Case report Methodology:** The files of patients with neuroblastoma in Ankara Dışkapı Children's Hospital, Ankara Oncology Hospital, and Ankara City Hospital between 1993 and 2023 were retrospectively analyzed. Data collected from the files included the age, sex, pathological findings, physical examination findings, imaging findings and follow-up time. **Results:** The files of 194 patients diagnosed with neuroblastoma were retrospectively evaluated, and distinct abnormalities and syndromes were noted in 11 patients (0.56%). The patient characteristics were presented in the Table1. Heterochromia have been known in association with NB. Neuroblastomas are rare per se in the setting of NF1 (0.2% of all NBs) and even if compared to the overall frequency of malignancies in NF1 (i.e., 14.7%). Paraneoplastic syndromes including opsoclonus-myoclonus-ataxia syndro **Conclusion:** Here we report on a new patient with Kabuki syndrome and a germline variant in KMT2D who developed a neuroblastoma. Including our patient literature review identifed 19 patients with Kabuki syndrome and a malignancy. Although we found no strong arguments pointing towards KS as a tumor predisposition syndrome, based on the small numbers any relation cannot be fully excluded. As the genetics of neuroblastoma become understood in syndromic patients, steps towards intervention may be successful.

Patient no	Age at diagnosis/ gender	Syndrome/ disease	Histology	Follow-up time (year)
1	8y,F	MMR+NF type 1	GNB	3
2	1,5y, M	Heterochromia	NB	13
3	2,5y, F	Heterochromia	NB	13
4	2y, M	Hypotonic infant	GNB	6
5	12y, F	Hereditary sferocytosis	GN	12
6	1y, M	Vertebral fusion anomalies, syndactily	NB	3,5
7	9y, F	Congenital C3 deficiency	GNB	3
8	1.5y, F	Congenital adrenal hyperplasia	GNB	2,5
9	7y, F	Kabuki syndrome	GNB	0,25
10	2y, F	OMAS	GNB	5
11	1y, M	OMAS	GNB	12

Abbreviations:
GN: ganglioneuroma
GNB: ganglioneuroblastoma
NB: neuroblastoma
NF: neurofibromatosis
MMR: mental motor retardation
OMAS: opsoclonus myoclonus ataxia syndrome

https://doi.org/10.1016/j.htct.2023.09.083

Pediatric Oncology Abstract Categories

Rare Tumours and Histiocytosis
PP 34

TWO RARE CASES OF SUBGLOTTIC HEMANGIOMA TREATED WITH PROPRANOLOL

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