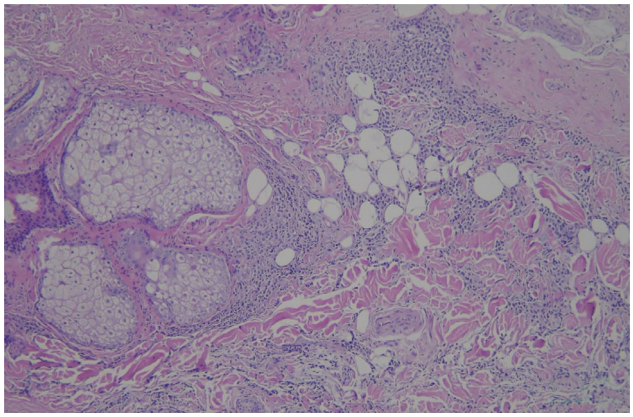

Image 2. Microscopic image of a biopsy taken from skin lesion.

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OP16

Essential Thrombocythemia Complicated by Addison's Disease: A Case of Overlapping Endocrine and Hematological Disorders

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This case report delves into the intricacies of managing a patient diagnosed with both essential thrombocythemia and Addison's disease, illustrating the challenges and importance of an integrated approach to complex, coexisting conditions. A 47-year-old woman presented with enduring symptoms of fatigue, skin darkening, and appetite loss, which progressively led to substantial weight loss. Initially treated for essential thrombocythemia, a common yet serious myeloproliferative disorder, her condition did not fully improve with standard therapy, including hydroxyurea. Further evaluation was prompted by her deteriorating clinical status, characterized by severe hypotension and exacerbated systemic symptoms, leading to the diagnosis of primary adrenal insufficiency or Addison's disease. The confirmation of Addison's disease, alongside essential thrombocythemia, necessitated a tailored therapeutic strategy that addressed both endocrine and hematological aspects. With the initiation of appropriate therapy targeting Addison's disease, alongside ongoing management of essential thrombocythemia, the patient experienced a significant alleviation of symptoms and stabilization of her condition. This case underscores the necessity for vigilance and comprehensive evaluation in patients with non-specific systemic symptoms, highlighting the potential for concurrent, serious medical diagnoses.

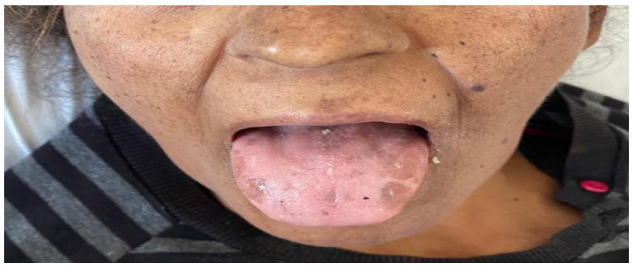

Image 1. Mucosal and skin hyperpigmentation in Addison's disease.

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OP17

A Rare Intersection: Case Study on Sickle-Cell Thalassemia and Lymphoma

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This case study explores the rare and complex coexistence of sickle-cell thalassemia (S-talassemia) and lymphoma in a 37-year-old individual, presenting an exceptional diagnostic and therapeutic challenge. Initially evaluated for non-specific symptoms including abdominal pain, nausea, and vomiting, the patient underwent extensive diagnostic investigations revealing a multifaceted clinical picture. Advanced imaging identified multiple abnormal findings, including hyperdense gallbladder stones, increased reticular density in the mesenteric root, and nodular lesions in the thyroid gland, without the presence of mass lesions in the lung parenchyma. Biopsies confirmed the presence of high-grade B-cell, diffuse large B-cell lymphoma (DLBCL), showcasing an aggressive non-germinal center phenotype. Interestingly, immunohistochemistry results pointed towards a complex interplay of markers, with notable findings such as cMYC 80% positivity and a Ki67 proliferation index of 80% positive. The dual diagnosis of S-talassemia and lymphoma, especially considering the rarity of their co-occurrence, posed a significant challenge in terms of treatment decision-making and highlighted the critical need for patient-centered care, taking into account the ethical and autonomy considerations. This case contributes to the limited literature on the intersection of hemoglobinopathies and lymphoma, offering insights into the diagnostic dilemmas and therapeutic strategies in managing such rare comorbid conditions.

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