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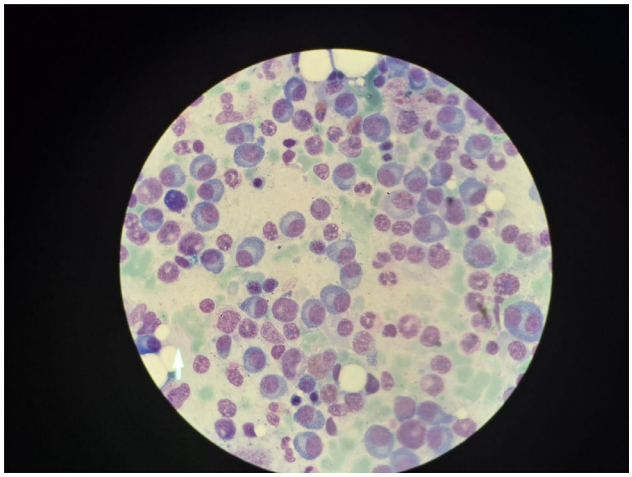

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PP 12

A SUCCESSFUL CASE OF PRIMARY PLASMA CELL LEUKEMIA TREATED WITH DARATUMUMAB-BASED THERAPY FOLLOWED BY AUTOLOGOUS BONE MARROW TRANSPLANTATION

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Case report: Context: Primary plasma cell leukemia is a rare and aggressive variant of plasma cell neoplasm, and its diagnosis is based on the percentage (≥ 20%) of circulating plasma cells in the peripheral blood. It accounts for about 0.5-2% of all plasma cell dyscrasias and the median age of presentation is 55 years. In young adults, it is even rarer, and only a few isolated case reports have been reported. **Objective:** In this case, we are representing an aggressive form of plasma cell leukemia that was successfully treated with daratumumab therapy and autologous bone marrow transplantation. **Case report:** In October 2021 a 38-year-old man was admitted to the emergency room with extreme sweating and fatigue, problems with urination, and pain in the lower abdomen. The complete blood count showed anemia (Hb=8.0 g/dl) and biochemistry showed high levels of urea (26.55 mmol/l) and creatinine (1142 μmol/l). He was admitted to the nephrology department when he started immediate dialysis. Abdominal ultrasound showed splenomegaly (180mm). Because of anemia and splenomegaly, a hematologist consultation was requested. Immune electrophoresis revealed low levels of IgG, IgM, IgA, and kappa chains (4.9 mg/l) and normal levels of lambda chains (26.3 mg/l). Lambda/kappa ratio was 5.36. The sedimentation rate was 150 mm/h, there were no osteolytic bone lesions according to standard X-rays and calcium levels were normal. Peripheral blood smear showed plasma cells up to 22 percent. Bone marrow aspiration and biopsy showed full infiltration with plasma cells with lambda expression that were CD56 negative and CD38 and CD138 positive. The diagnosis of plasma cell leukemia was made, and he was transferred to the hematology union for further therapy. We started chemotherapy with the VTD PACE protocol. After 2 cycles bone marrow aspiration was performed and still the presence of more than 90% of plasma cells was detected. The patient was still in dialysis and in critical condition with a Lambda/kappa ratio of 100 (1200/11.9 mg/l). Because the disease was refractory, he was referred to a clinic outside of Kosovo for further therapy and bone marrow transplantation. He received triple therapy with Daratumumab, Thalidomide, and Bortezomib. After two cycles he underwent remission, and an Autologous bone marrow transplant was successful. The patient has been in remission since July 2022. He is taking subcutaneous Bortezomib every two weeks and is no longer on dialysis. **Discussion:** In this case, the patient demonstrated an aggressive clinical course with typical features of plasma cell leukemia i.e. severe anemia, renal failure, lack of bone involvement, more than 20% plasma cell on peripheral blood smear, splenomegaly and bone marrow infiltration of plasma cells negative for CD56. Daratumumab therapy followed by autologous bone marrow transplantation was successful and was the best treatment option in this case.

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Adult Hematology Abstract Categories, Platelet Diseases

PP 13

DIFFERENTIAL DIAGNOSIS OF SPONTANEOUS LESIONS ON THE SKIN AND FACTITIAL DERMATITIS IN A PATIENT DIAGNOSED WITH ITP: A CASE REPORT

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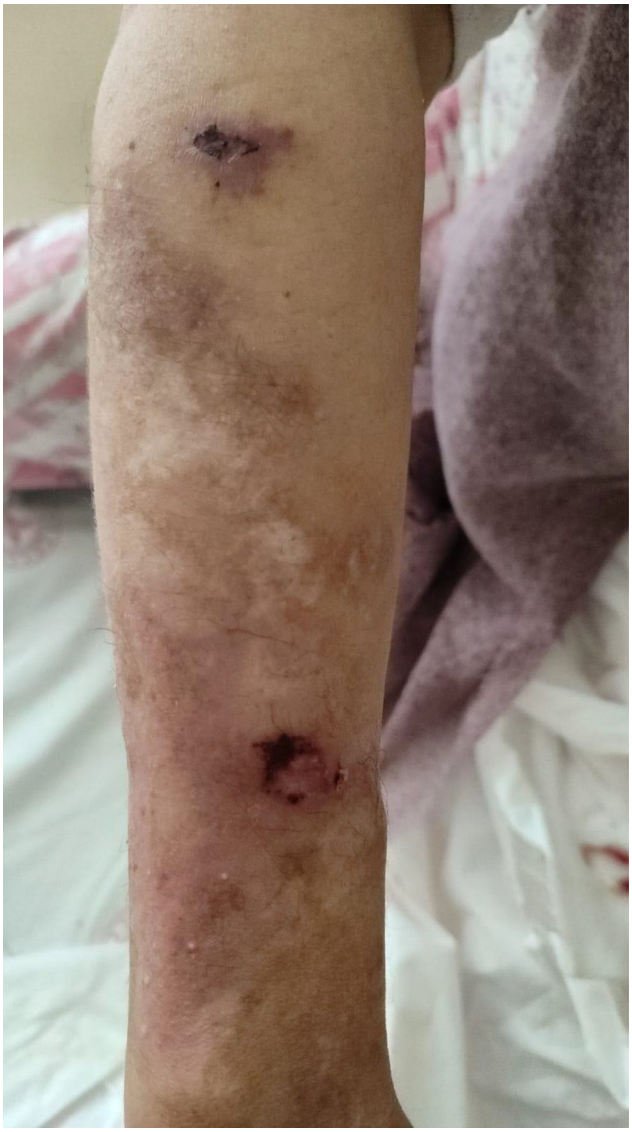
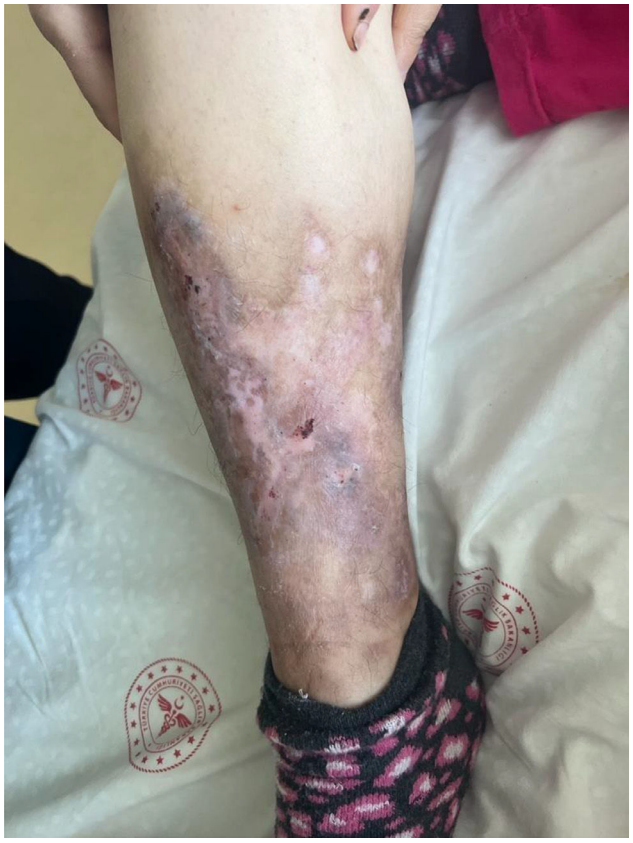
Objective: Dermatitis artifacta is a condition in which skin lesions are produced solely by the patient's own actions. This often occurs as a result or manifestation of a psychological problem (1,2). In immune thrombotic purpura (ITP), a condition characterized by a low level of platelets, petechial rashes usually occur. Patients usually seek help for these skin manifestations (3). **Case report:** A 40-year-old female patient was being followed up in the hematology clinic due to ITP. White blood count was $5.59 \times 10\text{^}3/\mu$L, hemoglobin value was 10.3 g/dL, platelet count was $21 \times 10\text{^}3/\mu$L. Peripheral smear: He was hospitalized with complaints of a low platelet count and bleeding from lesions on his arms and legs. The patient had irregularly shaped lesions and bleeding areas on both

forearms and legs. Methodology: The patient was hospitalized due to hematological ITP, but these skin lesions were not compatible with ITP. A psychiatrist was consulted as the patient attempted to draw attention to her lesions during daily visits. She was diagnosed with factitial dermatitis by psychiatry. **Results:** Later, upon the development of symptoms such as epistaxis and hemoptysis associated with ITP, the patient's attention was directed to the newly developing symptoms, and the effort to create lesions decreased and the existing lesions were observed to regress. **Conclusion:** An autoantibody-mediated thrombocytopenic condition called immune thrombocytopenic purpura (ITP) causes an accelerated loss of platelets and presents with petechial rashes (4). On the other hand, dermatitis artifacta is a psychological problem that is characterized by self-induced skin lesions and should be examined accordingly (5). Clinicians should always be aware that skin lesions in ITP patients may be oriented toward psychological disorders.





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Adult Hematology Abstract Categories, Stem Cell Transplant

PP 14

Mesenchymal stem cell supported hematopoietic stem cell transplantation from a mismatched unrelated donor to children with Fanconi anaemia: A successful technique

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Case report: Over the past 20 years, hematopoietic stem cell transplantation (HSCT) outcomes in patients with Fanconi Anaemia (FA) have improved dramatically. It is well established that the addition of mesenchymal stem cells (MSCs) to HSCT regimens in aplastic anaemias has positive effects on transplantation results. Considering these results, we present the transplantation procedure successfully performed on a patient with FA, supported by the MSC infusion from a 9/10 HLA-matched unrelated donor. **Case:** An 11-year-old girl was admitted with multiple congenital anomalies and pancytopenia. DEB test was positive, compound heterozygous FANCA mutation was detected. A diagnosis of Fanconi anemia (FA)