

realizaram-se 93.940 exames, e o número de amostras recoletadas caiu para 343 (0,35%). O exame com maior índice de recoleta foi DD, com 0,99%, em sequência, TTPa (0,57%), TP (0,43%), Fib (0,37%), e, por fim, FV (0,24%). Já no ano seguinte, evidenciou-se, também, uma queda nas amostras recoletadas, com DD sendo o mais frequente (0,61%), seguido de TTPa (0,42%), Fib (0,38%), TP (0,32%) e, acerca do FV, nenhuma amostra precisou ser recoletada. **DISCUSSÕES:** A hemólise acaba por interferir negativamente na maioria dos testes de coagulação, ocasionando uma depleção de alguns fatores da coagulação e alterando os resultados dos testes, por exemplo, TP e TTPA. O equipamento ACL Top® 750 demonstrou ser efetivo ao evidenciar a hemólise nas amostras em que o analista não conseguiu visualizar macroscopicamente este interferente, uma vez que esta tecnologia determina o grau de hemólise através da absorbância da amostra entre os comprimentos de onda de 405 nm e 535 nm. Ademais, notou-se que o DD foi o exame mais recoletado - este sofrendo resultados falso-positivos na presença de hemólise, devido à ativação da cascata de coagulação. Por fim, como demonstrado, a análise por inspeção visual de hemólise enquadra-se como subjetiva, ao passo que a análise por automação mostrou eficácia na sua análise. **Conclusões:** Pode-se verificar que as metodologias automatizadas diminuem a subjetividade da avaliação visual da hemólise, reduzindo as amostras que necessitaram de recoleta e aumentando a segurança na liberação dos resultados na rotina laboratorial.

<https://doi.org/10.1016/j.htct.2024.09.284>

BACTERIAL INFECTIONS IN ONCOHEMATOLOGICAL PATIENTS DURING THE FIRST 100 DAYS AFTER HEMATOPOIETIC STEM CELL TRANSPLANTS

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Introduction: The patients with hematopoietic stem cell transplants (HSCT), present a high risk of infections due to the depletion of the immunological system. 3 periods are described: pre-engraftment, extending from the infusion until the recovery of neutrophils (days 0-30), early post-engraftment (days 30-100) and late post-engraftment (until day 100). The bacteremias constitute one of the more frequent complications in the first period, whereby it's necessary to understand their prevalence and perform a quick diagnosis. **Objective:** To evaluate the bacterial infections in patients HSCT during the first 100 days post infusion. **Material and methods:** Retrospective and observational study. Data from pediatric and adult patients subjected to a bone marrow transplant (BMT) between 2021-2022 was collected from a University Hospital. Age group, sex, underlying pathology, type of transplant and bacterial infections during the first 100 days post infusion were registered. To assess whether the variables presented significant differences, the chi-square test was applied using the R Core Team statistical package

(2020). **Results:** 182 HSCT patients were included in this study: 109 males y 73 females. The 80.8% corresponded to adult patients. Among the underlying pathologies the 96.8% were hematological malignancies. Major underlying hematologic disorders were multiple myeloma (36.7%), B cell acute lymphoblastic leukemia (16.7%) and non-Hodgkin lymphoma (13.3%). Regarding the type of transplant, 94 were autologous and 88 allogeneic. From all the patients, 66 developed bacterial infections within the 0-30 days period, in which 56 of them were bacteremias, the remaining were urinary tract infections. 16 patients developed infections within the 30-100 days period: 5 bacteremias, 8 urinary tract infections, 3 respiratory infections y 2 gastrointestinal infections. Bacterial infections were more frequent in the 0-30 day period than in the 30-100 day period: 36.3% vs 8.8% ($p < 0.0001$). Among the 61 bacteremias observed in the first 100 days post infusion, 30 corresponded to an autologous transplant and 31 to a allogeneic transplant (49,2% vs 50,8%; $p = 1$). Bacteremias due to Gram negative bacilli were more frequent than to Gram positive cocci: 67.2% vs 27.9% ($p < 0.0001$). The main isolated microorganisms (Autologous/Allogeneic) were: *Escherichia coli* (8/4), *Klebsiella pneumoniae* (4/8), y *Pseudomonas aeruginosa* (4/5). **Conclusion:** In conclusion, we observe a higher number of bacterial infections within the 0-30 day period at the expense of the bacteremias, being Gram-negative bacteria the more frequent. The bloodstream infections presented a similar percentage in autologous and allogeneic HSCT recipients, and, despite the three more isolated types were the same, their prevalence differed in both groups.

<https://doi.org/10.1016/j.htct.2024.09.285>

LONG-TERM RHEOLOGICAL BENEFITS OF GBT021601 IMPROVE PATHOLOGICAL ANGIOGENESIS IN THE SICKLE MOUSE BONE MARROW AND PREVENTS DEVELOPMENT OF HYPERALGESIA.

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Background: In sickle cell disease (SCD), the abnormal sickle hemoglobin (HbS) on deoxygenation, polymerizes causing repeated vaso-occlusive episodes and hypoxic injury leading to significant morbidity and mortality. Acute pain is the single most cause of hospitalization, but by adulthood, 55% develop chronic pain. Hypoxia-induced angiogenesis is hyperinflammatory and linked to chronic pain in other chronic pain disorders; pathologic angiogenesis is seen in the sickle mouse bone that is reversible with chronic transfusions. Currently there are no approved oral therapies targeting pathologic angiogenesis and chronic pain in SCD. Chronic pain can be due to allodynia, where ordinary stimuli induce pain response vs hyperalgesia where pain response is exaggerated with painful stimuli. The von Frey Filament test is a validated method to assess hyperalgesia in the sickle mouse model. **Objective:** Evaluate the impact of a novel oral second