demonstrated a broad panorama, with several possibilities for improving patient care, producing scientific work and acquiring knowledge, free of charge.

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MUCORMICOSE HEPATOESPLÊNICA CRÔNICA EM TRANSPLANTE ALOGÊNICO DE CÉLULAS-TRONCO HEMATOPOIÉTICAS

MR Sagrilo, GB Fischer, LPD Santos, G Bellaver, AV Schwarzbold, A Zago, BBC Paula, VG Weber, NM Mottecy, CCD Nascimento

Universidade Federal de Santa Maria (UFSM), Santa Maria, RS, Brasil

Introdução: Transplantados de medula óssea têm alto risco para infecções oportunistas. A mucormicose, infecção fúngica invasiva, requer pronto diagnóstico e tratamento devido a alta letalidade. A forma gastrointestinal é extremamente rara. Este relato parece ser a primeira descrição na literatura de mucormicose hepatoesplênica em TCTH, essencialmente suplantando sobrevida de mais de 18 meses. **Métodos:** Relatamos caso raro de mucormicose hepatoesplênica em paciente transplantado alogênico em hospital universitário público do Rio Grande do Sul, ressaltando os desafios de diagnóstico e tratamento. **Resultados:** Masculino, 15 anos, portador de LLA-T recaída em sistema nervoso, foi submetido a TCTH haploidêntico de progenitor masculino, após condicionamento com CY-TBI em dezembro de 2022. A imunossupressão foi realizada Ciclosporina e Micofenolato. No D+9, apresentou dor abdominal, vômitos, febre e taquicardia. TC de abdome mostrou a presença de nódulos hepáticos hipodensos, lobulados e sem realce ao contraste, medindo até 2,3×2,3 cm. Iniciou tratamento com Anidulafungina pela suspeita de candidíase hepática. Paciente permaneceu febril em 48 horas e foi feita troca para Anfotericina B Complexo Lipídico. No D +17 se reavaliou a imagem, detectando-se aumento nas dimensões das lesões, as maiores com 3,3×2,5 cm, a despeito da melhora clínica do paciente. A pega medular ocorreu no D +42, retardada pela presença da infecção fúngica. A Anfotericina B foi mantida do D+11 ao D+120, quando houve nova tentativa de uso da Anidulafungina. Em 14 dias após o desescalonamento do antifúngico, a TC evidenciou aumento das lesões e surgimento de esplenomegalia, sugerindo progressão da infecção, e o retorno da Anfotericina B foi imperativo. A plaquetopenia severa permanecia desde o TCTH e inviabilizava a biópsia hepática. O paciente permaneceu utilizando a Anfotericina B diariamente e fazendo reavaliações de imagem mensalmente até o oitavo mês pós-TMO, quando atingiu condições clínicas de biópsia hepática percutânea. Duas biópsias foram necessárias para que o diagnóstico de mucormicose fosse determinado através de anatomopatológico e exame direto. Com o diagnóstico firmado foi realizada a troca do tratamento para Isavuconazol, o qual permanece em uso há cerca de nove meses, com estabilidade clínica e de imagem. O diagnóstico de mucormicose, mesmo nas apresentações típicas, como a rino-cerebral, pode ser muito difícil. Os relatos de mucormicose gastrointestinal são raríssimos e descrevem essencialmente acometimento de esôfago, estômago e intestino. Os casos de micoses hepáticas em TCTH se concentram em descrever a candidíase hepatoesplênica. Esse caso mostra uma infecção precoce, instalada na aplasia e que se cronificou, o que é incomum no que diz respeito às infecções fúngicas, pois normalmente, se não levam o paciente ao óbito na fase de neutropenia, elas melhoram e/ou curam no período pós-pega. Na revisão literária não se encontrou outro caso com clínica semelhante. **Conclusão:** A mucormicose gastrointestinal é raríssima e possui alta letalidade. Possivelmente essa seja a primeira descrição na literatura médica de uma forma aguda cronificada de mucormicose hepatoesplênica em TCTH. Ademais, esse paciente já apresenta sobrevida que suplanta mais de 18 meses, o que torna o caso mais único. Questionamentos sobre o seguimento, o tempo de tratamento e a possibilidade de suspensão do antifúngico permanecem em aberto visto que não se tem dados para manejo de tal apresentação.

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LOMUSTINE, ETOPOSIDE AND CYCLOPHOSPHAMIDE IN CONDITIONING REGIMEN FOR LYMPHOMAS: FINAL ANALYSIS

RC Samico [a], CTS Leal [b], JD Ferreira [b], KBD Santos [b], AEH Neto [b]

[a] *Hospital do Câncer de Muriaé, Muriaé, MG, Brazil*
[b] *Hospital Universitário da Universidade Federal de Juiz de Fora (UFJF), Juiz de Fora, MG, Brazil*

Objectives: The objective of this study is comparing the characteristics and outcomes of patients with lymphoma who received the conditioning regimen protocol with Lomustine, Etoposide, and Cyclophosphamide (LEC) for autologous hematopoietic stem cell transplantation, with patients with lymphoma who underwent another conditioning regimen protocol (CBV). **Method:** In the first step, the maximum tolerated dose of lomustine was set at 400 mg/m^2, using a 3:3 scale. The second step consisted of evaluating the protocol with the use of lomustine (400 mg/m^2) and etoposide (1g/m^2) on day -5, followed by cyclophosphamide (6g/m^2 from days -4 to -2). The results were compared with the historical series of patients submitted to conditioning with carmustine, cyclophosphamide, and etoposide (CBV). Treatment-Related Mortality (TRM), Progression-Free Survival (PFS), and Overall Survival (OS) were calculated. **Results:** Of the 109 patients evaluated, 42 received LEC and 67 received CBV. Sixty-six (60%) patients had Hodgkin's lymphoma, with the following distribution between the two protocols: CBV: 64% (42); and LEC: 36% (24). A total of forty-three (40%) patients had non-Hodgkin lymphoma, with the following histological types: Mantle cell lymphoma 25.6% (11); Diffuse large B-cell 48.8% (21); Peripheral T-cell 11.6% (5); Burkitt 2.32% (1); Anaplastic 2.32% (1); with 4 having histology not found in the medical records. Among patients with non-Hodgkin lymphoma, 42% (18) were submitted to LEC and 58% (25) to CBV. At the time of ASCT, 10 patients had refractory disease, with no statistically significant difference between treatment groups, as well as

for age. Only one patient in the LEC group died within the first 100 days of ASCT, showing a trend toward lower TRM. OS at 2-years for the two conditioning protocols was 85.31% for LEC and 55% for CBV, respectively (p = 0.001). **Discussion:** The Autologous Stem Cell Transplantation (ASCT) is considered the consolidation treatment of choice for patients with relapsed Hodgkin's or non-Hodgkin's lymphoma, and the first line of treatment for eligible patients with aggressive T-cell or mantle cell non-Hodgkin's lymphoma. In this study, the LEC protocol, the conditioning regimen studied, proved to be safe and in line with what is desired for the treatment of patients with lymphoma today. With the scarcity and sometimes discontinuation of some chemotherapy drugs in Brazil, the use of alternative regimens, such as the one in this study, which demonstrated efficacy and safety, is corroborated. **Conclusion:** LEC proved to be a safe protocol, with OS at 24-months being higher in the LEC group than in the CBV conditioning groups. Despite the good results with LEC, unfortunately, there is a new shortage of both lomustine and carmustine in Brazil, which will require the use of new alternative protocols. **Conflicts of interest:** The author declares no conflict of interest.

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RETROSPECTIVE ANALYSIS OF CHIMERISM ON PEDIATRIC PATIENTS WITH LEUKEMIA POST ALLOGENEIC STEM CELL TRANSPLANT

JPGM Biasi [a], MF Caleffi [b], TT Barros [b], AFR Taborda [b], AC Rheinheimer [b], ALM Rodrigues [b], AA Zanette [b]

[a] *Faculdade Evangélica Mackenzie do Paraná, Curitiba, PR, Brazil*
[b] *Hospital Erastinho, Curitiba, PR, Brazil*

Introduction: Allogeneic Stem Cell Transplant (ASCT) is a curative strategy for varioushematological diseases. Following ASCT, chimerism analysis becomes instrumental inassessing engraftment success, guiding immunosuppression strategies, anddetermining the necessity of interventions such as Donor Lymphocyte Infusion (DLI). Inleukemia cases, chimerism evaluation is a crucial tool for predicting and monitoringdisease relapse. However, the routine chimerism and its efficacy in the pediatricpopulation remain subjects of ongoing debate, necessitating further studies. **Objective:** Assess the correlation between chimerism levels, timing of testing, and their predictivevalue for disease relapse and survival among pediatric patients with leukemiapost-ASCT. **Materials and methods:** This retrospective study enrolled pediatric patientsdiagnosed with leukemia who underwent ASCT. Patients with other hematologicaldiseases and those who received autologous stem cell transplants were excluded fromthe analysis. This retrospective study was conducted in a tertiary care center, and thedata was collected from 2021 until January 2024. Demographic characteristics, survival,and clinical/laboratory findings, including chimerism analysis of 1-year after ASCT viaimmunophenotyping using flow cytometry. The Chimerism analysis was performed at sixcheckpoints (D+30, D+60, D+100, six months, nine months, and 12 months). Thestatistical analysis was made using descriptive statistics. **Results:** Of the 90 patients cohort, 85 (94%) patients underwent a single transplant, while 5 (6%) patients had twobone marrow transplants. Among the patients who achieved successful engraftment, 19 (21%) experienced disease relapse, with 9 relapses occurring within the first yearpost-ASCT. Notably, all relapses between D+100 and 12-months post transplantoccurred in patients with complete chimerism. The 9-month checkpoint exhibited thelowest patient attendance, with only 44% of patients having complete chimerism dataand 36 missing results. Conversely, the D+60 checkpoint had the fewest missing tests,with only 13 absences. The initial three checkpoints (D+30, D+60, D+100) demonstrated higher attendance rates than later. The majority of deaths occurred duringthe D+100 period, with 6 out of 9 relapses occurring during this timeframe. It was alsothe period with the higher percentage of mixed chimerism, having 22% in the D+30, 21% in the D+60, and 17% in the D+100. **Conclusion:** Overall, these findings suggestthat chimerism analysis, particularly at critical time points such as D+100, is valuable tohelp predict disease relapse in pediatric patients post-transplant and their survival.However, challenges in patient attendance at certain checkpoints indicate the need forimproved monitoring strategies to optimize patient outcomes.

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CONTROLLING PATIENTS'WEIGHT: IS THERE A RELATIONSHIP BETWEEN OBESITY AND GRAFT-VERSUS-HOST DISEASE IN BONE MARROW RECIPIENTS? A SYSTEMATIC REVIEW

EPL Sobrinho, OMV Neto, BF Felix, GHR Teixeira, MRFR Neto, CDC Gentile, EAC Lima, PE Oliveira, JM Dubanhevitz, LP Amorim

Universidade Federal do Ceará (UFC), Fortaleza, CE, Brazil

Objectives: This review aims to evaluate the impact of obesity on Bone Marrow Transplant (BMT) recipients diagnosed with Graft-Versus-Host Disease (GVHD), in different age groups. **Material and methods:** A search was carried out on the PubMed and Virtual Health Library platforms, using the descriptors "Graft-versus-Host Disease"and "Obesity". Articles in English published between 2011 and 2021 were selected. Rayyan® and Microsoft Excel® software were used to select manuscripts and interpret results. **Results:** 47 articles were found. 7 duplicates and 32 articles that did not focus on the relationship between obesity and GvHD were removed. 8 articles were included in this study, of which 2 are meta-analyses and 6 are retrospective cohorts. 24.9% of BMT recipients are obese (Pereira et al., 2015). Fuji et al. (2015) points out that the three main prognostic nutritional factors in BMT are obesity, diabetes mellitus and liver dysfunction. In children, the meta-analysis by Yaseri et al. (2021) showed a higher