eritroides e megacariocítica. A imunofenotipagem não identificava população imatura e/ou de imunofenótipo aberrante na amostra. A pesquisa para HPN demonstrou ausência de clone na amostra e o cariótipo normal feminino sem anormalidades. Após os exames, iniciou-se tratamento para o diagnóstico de aplasia medular, com imunossupressão com ciclosporina, pulsoterapia com metilprednisolona e manutenção com prednisona, o que permitiu uma melhora parcial da plaquetopenia. Havia plano de iniciar com eltrombopague, portanto medicação foi solicitada, com liberação por via judicial depois de um mês de processo. Nesse período, a paciente manteve-se internada, ainda bastante plaquetopênica (3.000 a 8.000 μl) e anêmica (Hb 5 a 5,8 g/dL). Ademais, os exames laboratoriais complementares não demonstraram sinais de hemólise, nem perda de função renal ou hepática. As sorologias virais agudas foram negativas, indicando somente infecção prévia por CMV, EBV e toxoplasmose. Paciente não apresentou hepatoesplenomegalias ou linfonodomegalias. Até o momento, a paciente ainda encontra-se internada por investigação hematológica inconclusiva. **Discussão:** A bicitopenia, caracterizada pela redução de eritrócitos e plaquetas, pode ter diversas etiologias, incluindo incluindo distúrbios medulares, hemólise, infecções, doenças autoimunes e exposição a agentes tóxicos. A avaliação diagnóstica inicial deve incluir um hemograma completo, esfregaço sanguíneo, testes de função hepática e renal, além de exames para detecção de infecções virais e autoimunes. A biópsia da medula óssea é crucial para avaliação de distúrbios medulares, como a aplasia medular. No caso em questão, a avaliação hematológica inconclusiva levanta a suspeita de aplasia medular, uma condição caracterizada pela hipoplasia ou ausência de células hematopoiéticas na medula óssea. O manejo depende da causa na aplasia medular, incluindo transfusões, imunossupressores e transplante de medula. **Conclusão:** A bicitopenia com avaliação hematológica inconclusiva demanda investigação rigorosa, principalmente com a exclusão de outras causas para o diagnóstico e manejo adequados da condição.

https://doi.org/10.1016/j.htct.2024.09.1977

IDIOPATHIC PNEUMONIA SYNDROME AFTER HEMATOPOIETIC STEM CELL TRANSPLANTATION

MCQL Verde, AS Mota, WLA Costa, JFC Sampaio, JL Vasconcelos, BS Araujo, SL Vasconcelos, IA Estevam, LCC Temoteo, SL Rodrigues

Universidade Estadual do Ceará (UECE), Fortaleza, CE, Brasil

Objectives: Hematopoietic stem cell transplant (HSCT) is the replacement of the patient's bone marrow with hematopoietic stem or progenitor cells, in order to restore immune-hematopoietic function. Pulmonary complications can occur in up to a third of hematopoietic stem cell recipients, and can lead to significant morbimortality. Usually between 20 and 42 days after the transplantation, there's a chance of occuring Idiopathic Pneumonia Syndrome, that is a noninfectious lung injury. Patients affected by this condition, in order to fit diagnosis, need to present pneumonia's symptomatology, absence of lower respiratory tract infection, or of an etiology related to cardiac dysfunction, acute renal failure, or iatrogenic fluid overload. The mortality of IPS ranges between 60-86%, which indicates that the syndrome has a poor prognosis. The objective of this review was to summarize the literature findings describing the development of Idiopathic Pneumonia Syndrome after a hematopoietic stem cell transplantation. **Material and methods:** The following study consists of a literature review constructed based on the comprehensive search of articles from the past 5 years in PubMed, Scielo and Embase databases. Using the keywords "Idiopathic Pneumonia Syndrome", "Pulmonary Complications"and "Hematopoietic Stem Cell Transplantation", combined by boolean operator "AND", we were able to find 5 articles that fit the objective of this review. **Results:** Patients subjected to HSCT have an incidence of developing IPS that varies from 4% to 12%. There is a higher risk of acquiring this syndrome for patients with acute graft-versus-host disease (GvHD), and for individuals who have received intense myeloablative conditioning with high-dose total body irradiation (TBI). Advanced patient age is also a relevant risk factor for IPS. Chest computed tomography is an essential scanning tool for patients with IPS, and bilateral multilobar opacities are the predominant findings. The incidence of IPS cases that are non-responsive to corticosteroids reaches up to 85%, progressing to respiratory failure, with 90% requiring mechanical ventilation. Higher doses of TBI have major effects on the lungs, including damages to lung endothelial DNA, culminating in the death of alveolar macrophage colony-forming cells, and reducing the lung's damage repair capacity. The use of nonmyeloablative conditioning and better GvHD management suggests a possible decrease in the incidence of IPS, as long as there are continuous advances in the technique and in the knowledge associated with HSCT. **Discussion:** Idiopathic pneumonia syndrome (IPS) remains a significant concern for patients undergoing hematopoietic stem cell transplantation (HSCT).Although IPS tends to occur shortly after the HSCT, some studies have reported cases initiating after 3 months, which indicates the need for continuous monitoring of patients, due to the damaging nature of the disease and of its treatment's adverse effects. The damage related to the use of TBI highlights the need for the development of alternative approaches, which is also supported by the high incidence of corticosteroid resistance, which tends to lead to lung failure. **Conclusions:** The findings of the present review indicate the need for physicians who care for HSCT patients to remain vigilant to the possibility of IPS, in order to provide an early diagnosis and, by extension, a more favorable prognosis.

https://doi.org/10.1016/j.htct.2024.09.1978