accounting for 2-3% of all leukemias in the pediatric population under the age of 15. (1) It is defined by the presence of a translocation (9;22), a cytogenetic abnormality associated with the disease. We report one of these rare cases because of its unusual frequency. **Case Report:** Fourteen year male child came to the pediatric hematology policlinic complaints of abdominal distension, bone pain and weakness. Clinical examination revealed mucocutaneous pallor and hepatosplenomegaly. The complete blood count received on the day of admission showed hyperleukocytosis at 178000/μL, normocytic normochromic anemia at 10,8 g/dl and thrombocytosis at 281000/μL. When the blood smear was examined, it was seen that there were myelocytes, metamyelocytes and promyelocytes, neutrophils and 4% myeloid-appearing blasts. Subsequent bone marrow aspiration showed hyperplasia of the neutrophilic granulocytic lineage at all stages of maturation, with promyelocyte, hyper granular myelocyte, metamyelocyte. (Figure 1) Cytogenetic analysis of the bone marrow as part of the etiological work-up confirmed the presence of the Philadelphia chromosome. Molecular testing for the BCR-ABL1 fusion transcript by RT-PCR on EDTA whole blood detected 64% (IS). The patient was admitted to the pediatric hematology service and started on hydroxyurea treatment. After the genetic diagnosis was confirmed, he was treated with Imatinib, a first-generation tyrosine kinase inhibitor (TKI). In the molecular evaluation performed at the 3-month follow-up, BCR-ABL1 fusion transcript was detected as 5% (IS) by RT-PCR. **Discussion:** Chronic myeloid leukemia (CML) is a rare hematological malignancy in the pediatric population. For treatment, our patient benefited from specific Imatinib therapy. According to the literature, Imatinib is the first-line drug.

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Adult Hematology Abstract Categories

Coagulation Diseases
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PAGET SCHROETTER SYNDROME AND HOMOZYGOUS FACTOR V LEIDEN MUTATION: A CASE PRESENTATION

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Case Report: Thrombosis in the deep veins of the upper extremity accounts for only 5% of symptomatic cases but constitutes approximately 50% of hospital-acquired thromboses. The vast majority of upper extremity thromboses, result from the presence of permanent venous catheter. Unprovoked cases are often secondary to "effort" thrombosis. Here, we present a case of Paget-Schroetter syndrome combined with a homozygous mutation of factor V Leiden. A 19-year-old female patient presented with pain and swelling in her right arm. The report of the right arm venous Doppler ultrasound indicated the presence of thrombus within the lumen at the proximal and distal segments of the basilic vein at the fossa cubiti level. The patient was found to have a homozygous mutation of factor V Leiden, and it was learned that she had been undergoing intense training and was engaged in water polo for the last two months. She had no history of medication use or chronic illnesses, nor any previous history of thrombosis. The patient was started on low molecular weight heparin for three months. A control Doppler ultrasound showed that the existing thrombus had resolved. It was recommended that the patient continue on her current anticoagulation with a new generation oral anticoagulant for one year. During this period, the patient, who ceased sports activities, did not develop any new thrombosis. The combination of young age, intense physical activity, especially in sports that utilize the upper extremities, and risk factors such as the factor V Leiden mutation strengthens the diagnosis. In the pathophysiology of this syndrome, vascular microtravma and exercise, muscle hypertrophy and thrombophilias contribute to the condition. Low molecular weight heparin and new generation oral anticoagulants are effective in preventing thrombosis formation and in inhibiting the growth of existing thrombus. Thrombolytic therapy may be considered in cases of large thromboses or severe symptoms.

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DESENSITIZATION TO RIVAROXABAN IN A PATIENT WHO EXPERIENCED ANAPHYLACTOID SHOCK AFTER ANTICOAGULANT USE: CASE REPORT

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Case Report: Over the last two decades, new anticoagulants have been developed to prevent and manage thromboembolic diseases, including direct-acting anticoagulants like rivaroxaban, which is used for venous thromboembolism prevention, stroke prevention in atrial fibrillation, and ischemic heart disease. Here, we present the experience of a case with a history of multiple thromboses and an anaphylactoid reaction to anticoagulants, who was able to continue prophylaxis without allergic reactions after rivaroxaban desensitization. A 42-year-old female patient visited the hematology outpatient clinic to obtain a prescription for a new anticoagulant due to a supply issue with her current medication, fondaparinux..