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Objective: Pro-B ALL is an unusual and highly malignant form of ALL often presenting with CNS involvement. The involvement of the CNS makes the central objective of these treatments that is attaining and maintaining remission more challenging. This is a report of Pro-B ALL of a 52-year old female who had a CNS involvement and received blinatumomab both as bridge to allo -HSCT and post transplantation consolidation for MRD positivity. Case Report This 52 year old female is presented with Pro-B ALL. Standard chemotherapy was complicated by intracranial extension of the disease. The patient was positive for the Philadelphia chromosome with BCR-ABL (9;22) translocation hence dasatinib was added. Intrathecal therapy of blinatumomab was used as well due to infiltration of cytokines in the central nervous system. Following several sessions of treamtnet, complete remission including of central nervous system was achieved. Afterall the patient was to receive matche allo-HSCT post which clinical stabilization was ascertained. However bone marrow aspiration, biopsy and flow cytometry showed that there was persistence of MRD. However the patient had blinatumoma as targeted therapy. **Discussion:** This case illustrates the effective use of blinatumomab in managing Pro-B ALL with CNS involvement, particularly in the post-transplant setting. CNS involvement complicates treatment due to the blood-brain barrier, requiring targeted intrathecal therapy alongside systemic chemotherapy. Blinatumomab played a crucial role as a bridging therapy to allo-HSCT and in addressing MRD post-transplant, significantly reducing the risk of relapse. This case demonstrates that blinatumomab can effectively target MRD, even in patients with CNS involvement, contributing to better disease control and outcomes.

Keywords: Acute Lymphoblastic Leukemia Pro-B, Central Nervous System Involvement, Blinatumomab, Allogeneic Stem Cell Transplantation, Minimal Residual Disease.

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CARCINOID SYNDROME PRESENTING AS AN ELEVATED 5-HIAA IN A PATIENT EVALUATED FOR AN ELEVATED WBC COUNT: BEWARE OF THE POSSIBLE DIAGNOSTIC DIFFICULTY.

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Introduction: Carcinoid syndrome is an extremely rare paraneoplastic disorder associated with serotonin-secreting neuroendocrine tumors, which classically present with flushing, weight loss, hypertension, and gastrointestinal complaints. In fact, symptoms are often nonspecific, and the presentation could promote confusion with hematologic or inflammatory diseases. Early diagnosis is of great importance in allowing proper therapy to avoid delays. **Case Report:** A 45-year-old female was referred to the hematology clinic owing to high WBC count (21,000/μL), associated with fatigue, flushing, and unintentional weight loss of 10 kg over the past 3-4 months. Her history included hypothyroidism on thyroxin and asthma —both on symptomatic medications. Gastroenterology workups, including endoscopy, showed mild antral gastritis and a hiatal hernia but no evidence of malignancy. Thus, the imaging studies demonstrated a low-density nodule measuring 1 cm in size on the right adrenal gland, hence the suspicion of a neuroendocrine tumor. Excess serotonin production was confirmed by demonstrating a 24-hour urinary 5-HIAA level of 18.7 mg/day, with a reference range being 2-9 mg/day, compatible with carcinoid syndrome. Confirmatory Ga-68 DOTA-TATE PET-CT revealed moderate increased somatostatin receptor expression in the adrenal lesion. No anemia or other hematologic disorders were observed, despite the initial suspicion of one. **Discussion:** This case highlights carcinoid syndrome as a potential cause of systemic symptoms such as flushing, weight loss, and leukocytosis, even in cases referred for suspected hematologic conditions. Confirmation was based on the elevated level of 5-HIAA and advanced imaging with Ga-68 DOTA-TATE PET-CT. This report emphasizes the need for interdisciplinary collaboration between hematology, endocrinology and oncology for managing complex systemic cases. Early diagnosis of carcinoid syndrome ensures appropriate care, prevents misdiagnosis, and improves outcomes.

Keywords: Carcinoid Syndrome, Neuroendocrine Tumor, 5-HIAA, Flushing, Leukocytosis.

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MYCOSIS FUNGOIDES PROGRESSING TO PERIPHERAL T-CELL LYMPHOMA AND THE POTENTIAL ROLE OF ROMIDEPSIN THERAPY

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Introduction: PTCL-NOS is an uncommon and highly aggressive kind of non-Hodgkin lymphoma. Transformation of MF, a cutaneous T-cell lymphoma, into systemic PTCL is infrequent and poses serious challenges both diagnostically and therapeutically. This report describes the challenges in diagnosis and therapy of a transformation case from MF to PTCL which responded to romidepsin. **Case Report:** A 58-year-old male presented to the OPD in the year 2022 with complaints