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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

of chronic itching. Skin biopsy diagnosis was lichen planus. Further skin biopsies done in the year 2023 established mycosis fungoides with patch-stage disease. Thereafter, the disease evolved to involve lymph nodes within a year. Excisional biopsies of these lymph nodes showed dermatopathic lymphadenopathy, which later was transformed into T-cell lymphoid neoplasia indicating transformation into PTCL-NOS. Immunohistochemical analysis showed positivity for CD3+, CD4+, CD7+, GATA3+, and Ki-67 expression. CD30 was negative. In spite of first-line therapies administered, such as photopheresis, methotrexate, and PUVA, the disease further progressed, as indicated in the PET-CT scan with increased metabolic activity in multiple lymph nodes and cutaneous thickening. The patient was initiated with romidepsin—a histone deacetylase inhibitor—on salvage therapy for PTCL. The current follow-up represents clinical stability, with no development of new lesions or disease progression. **Discussion:** The case serves to underline the complex evolution as seen from mycosis fungoides to systemic PTCL and challenges in the management of refractory disease. Use of romidepsin underlines the potential of epigenetic therapies in the treatment of advanced T-cell lymphomas, especially in relapsed or refractory states. The patient's journey underlines the importance of early diagnosis, a multidisciplinary approach, and adaptive treatment strategy in the management of these aggressive lymphomas.

Keywords: Peripheral T-Cell Lymphoma, Mycosis Fungoides, Romidepsin, Epigenetic Therapy, PET-CT.

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INNOVATIVE MANAGEMENT OF REFRACTORY CLASSICAL HODGKIN LYMPHOMA WITH ATYPICAL HEPATIC PRESENTATION: A CASE STUDY

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Introduction: Classical Hodgkin Lymphoma (cHL) typically manifests through swollen lymph nodes, yet unusual cases do arise with atypical presentations. This report focuses on the management of a challenging case of refractory cHL, where the disease initially presented in the liver. The case underscores the effectiveness of a customized, multimodal treatment strategy. **Case Report:** A 59-year-old man was diagnosed with stage 4A cHL after a liver biopsy confirmed the disease. His initial PET-CT scans showed extensive involvement, with spread to cervical lymph nodes, nasopharyngeal and oropharyngeal regions, as well as diffuse splenic activity. The patient underwent six cycles of ABVD chemotherapy, but follow-up PET-CT scans revealed disease progression, confirming primary refractory status. Subsequently, he was given salvage therapy with BV-DHAP, followed by high-dose chemotherapy and an autologous stem cell transplant (ASCT). Post-ASCT PET-CT scans demonstrated a significant metabolic response, with near-complete resolution of previous lesions, though splenomegaly persisted. Currently, the patient is undergoing maintenance therapy with brentuximab vedotin and has completed seven cycles successfully. **Discussion:** This case illustrates key challenges in the treatment of refractory cHL, particularly with atypical liver involvement, stressing the importance of considering lymphoma in cases of unexplained liver lesions. When the standard ABVD regimen failed, prompt initiation of aggressive salvage therapy was crucial in halting disease progression. The role of serial PET-CT imaging was pivotal in monitoring treatment effectiveness and guiding further clinical decisions. The tailored combination of salvage chemotherapy, ASCT, and maintenance with brentuximab vedotin showcases the evolving strategies in handling refractory cHL. Despite a significant overall response, the persistence of splenomegaly post-ASCT highlights the need for vigilant follow-up. This case emphasizes the potential for successful remission in refractory cHL through personalized, comprehensive treatment approaches, while also recognizing the need for continued exploration of emerging therapies.

Keywords: Classical Hodgkin Lymphoma,Refractory cHL, Hepatic Involvement, Autologous Stem Cell Transplant, Personalized Treatment.

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MULTIPLE MYELOMA IN A PATIENT WITH SJOGREN'S SYNDROME: A CASE REPORT OF DIAGNOSTIC AND THERAPEUTIC CHALLENGES

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Introduction: MM is a hematologic malignancy characterized by the proliferation of a clone of plasma cells that ultimately causes organ damage and the production of abnormal proteins. Sjögren's syndrome rarely coexisted with MM, a chronic autoimmune disease affecting exocrine glands and presenting very unique diagnostic and management challenges to the physician. This case illustrates the therapeutic journey of a patient with coexisting MM and Sjögren's syndrome and points out the importance of care provided in a multidisciplinary fashion. **Case Report:** A 64-year-old female patient with a history of hypertension for 14 years and prostheses of both hips was referred to the rheumatology department with