lymphoma is challenging due to its nonspecific symptoms, such as chronic abdominal pain, weight loss, and anemia, which can mimic benign gastrointestinal disorders. This case highlights a patient with persistent GI symptoms who was ultimately diagnosed with DLBCL, underscoring the importance of considering lymphoma in cases of unexplained GI complaints and treatment-resistant anemia. A 45-year-old female presented with eight months of persistent epigastric pain, bloating, and indigestion. Despite undergoing multiple endoscopic and colonoscopic evaluations, no active pathology was identified. Due to persistent symptoms and treatment-resistant anemia, a bone marrow biopsy was performed, which was reported as normocellular. Over the next two months, she experienced unintentional weight loss of 25 kg raising suspicion for an underlying malignancy. FDG-PET/CT was performed, revealing diffuse thickening of the bowel wall in the left abdomen and periumbilical region, increased metabolic activity in mesenteric lymph nodes, mild bone marrow uptake, and abnormal activity in the anal canal. Given the concern for a lymphoproliferative disorder, the patient underwent diagnostic laparoscopy followed by excisional mesenteric biopsy, which confirmed Diffuse Large B-Cell Lymphoma (DLBCL) of non-germinal center B-cell phenotype. This case emphasizes the importance of recognizing lymphoma as part of the differential diagnosis in chronic gastrointestinal complaints, particularly when associated with unexplained anemia and significant weight loss despite normal endoscopic findings. It also underscores the critical role of PET/CT in identifying occult lymphoma and the necessity of excisional biopsy for definitive diagnosis in cases where conventional diagnostic methods fail to reveal a cause. Early recognition and diagnosis of GI-DLBCL are crucial for timely treatment and improved patient outcomes.

Keywords: Anemia, Diffuse Large B-Cell Lymphoma, Gastrointestinal Lymphoma, PET-CT, Weight Loss.

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PP 32_Case report

ACUTE MYELOID LEUKEMIA PRESENTING AS ISOLATED MYELOID SARCOMA: A CASE REPORT

Elif Canpolat Hırfanoğlu [a], Ali Turunç [b], Birol Güvenç [b]

[a] *Department of Internal Medicine, Cukurova University Medical Faculty Hospital, Adana, Turkey*
[b] *Department of Internal Medicine, Cukurova University Medical Faculty Hospital, Division of Hematology, Adana, Turkey*

Myeloid Sarcoma (MS), also known as granulocytic sarcoma or chloroma, is a rare extramedullary tumor consisting of immature myeloid cells. It can occur as an isolated entity, concurrently with Acute Myeloid Leukemia (AML), or as a relapse manifestation. In cases where myeloid sarcoma presents without prior hematologic malignancy and with normal peripheral blood counts, diagnosis can be significantly delayed, leading to disease progression. Recognizing MS as a potential early sign of AML is crucial to initiating timely treatment. A 48-year-old female with a history of hypertension and a prior L1 vertebral compression fracture in 2016 presented with new-onset lumbar pain in 2024. Lumbar MRI revealed a paraspinal soft tissue lesion at the T12–L1 level, prompting further investigation. The patient's hematologic parameters were within normal limits, with a white blood cell count of 8290 μL, hemoglobin of 13 g/dL, and platelet count of 400,000 μL. The lesion was surgically excised, and histopathological examination confirmed myeloid sarcoma. Following this diagnosis, hematology consultation was requested, and bone marrow aspiration and biopsy were performed. Although the blast percentage was only 7%–8%, flow cytometry findings were consistent with AML. PET-CT revealed hypermetabolic activity in the paravertebral region with a maximum SUV of 10.94 and abnormal uptake in both humeri and femurs, suggesting possible bone marrow involvement. The patient was diagnosed with AML and started on 7+3 induction chemotherapy with cytarabine and daunorubicin, along with radiotherapy for local disease control. This case highlights the diagnostic challenge of isolated myeloid sarcoma in the absence of peripheral blood abnormalities and emphasizes the importance of early hematologic evaluation. PET-CT played a crucial role in detecting subclinical bone marrow involvement, guiding treatment decisions. Recognizing myeloid sarcoma as a potential precursor to AML is essential for timely diagnosis and intervention, as early systemic chemotherapy can prevent disease progression and improve patient outcomes.

Keywords: 7+3 Chemotherapy, Acute Myeloid Leukemia, Extramedullary Leukemia, Myeloid Sarcoma, Soft Tissue Involvement.

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PP 33_Case report

COLD AGGLUTININ DISEASE IN A PATIENT WITH WALDENSTRÖM'S MACROGLOBULINEMIA: A DIAGNOSTIC AND THERAPEUTIC CHALLENGE

Ceren Kısa [a], Feride Aslanca [a], Melisa Ural [a], Birol Güvenç [b]

[a] *Department of Internal Medicine, Cukurova University Medical Faculty Hospital, Adana, Turkey*
[b] *Department of Internal Medicine, Cukurova University Medical Faculty Hospital, Division of Hematology, Adana, Turkey*

Introduction: Cold Agglutinin Disease (CAD) is a form of Autoimmune Hemolytic Anemia (AIHA) caused by IgM antibodies binding to erythrocytes at low temperatures, leading to complement-mediated hemolysis. CAD can be primary (idiopathic) or secondary, often associated with lymphoproliferative disorders, infections, or autoimmune diseases. Waldenström's