epidermolysis bullosa. **Case presentation:** A 20-year-old female with Norwegian scabies and epidermolysis bullosa was admitted due to fatigue and worsening skin lesions. Laboratory findings included severe thrombocytosis (PLT: 947,000 μL), microcytic anemia (Hb: 8.3 g/dL, MCV: 69.6 fL), elevated inflammatory markers (CRP: 118 mg/L, sedimentation rate: 63 mm/h), and positive direct Coombs test. Imaging revealed multiple mildly enlarged lymph nodes (axillary, inguinal, iliac) and hepatosplenomegaly, but bone marrow biopsy showed normocellular marrow with increased megakaryocytes. Molecular testing for JAK2, CALR, MPL, and BCR-ABL mutations was negative, ruling out Essential Thrombocythemia (ET) and Chronic Myeloid Leukemia (CML). Since the patient's thrombocytosis was determined to be secondary to chronic inflammation, she was treated with Hydroxyurea (Hydrea) 2×500 mg/day and aspirin, leading to a gradual decrease in platelet counts, confirming a reactive process rather than a primary hematologic disorder. Concurrent corticosteroid therapy for epidermolysis bullosa resulted in significant improvement in dermatologic symptoms and inflammatory markers. Given the severity of epidermolysis bullosa, therapeutic apheresis was performed as part of supportive treatment, contributing to clinical stabilization and symptom relief. **Conclusion:** This case underscores the importance of differentiating secondary thrombocytosis from primary myeloproliferative disorders and highlights therapeutic apheresis as a supportive intervention in severe epidermolysis bullosa. It emphasizes the role of multidisciplinary management, where targeting the underlying dermatologic inflammation can help control hematologic abnormalities. In complex inflammatory disorders, therapeutic apheresis may serve as an adjunct therapy, improving patient outcomes.

Keywords: Chronic Inflammation, Epidermolysis Bullosa, Norwegian Scabies, Secondary Thrombocytosis, Therapeutic Apheresis.

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PP 36_Case report

TRANSFORMATION OF FOLLICULAR LYMPHOMA INTO DIFFUSE LARGE B-CELL LYMPHOMA AFTER A DECADE OF REMISSION: A CASE REPORT

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Introduction: Follicular Lymphoma (FL) is the second most common subtype of Non-Hodgkin Lymphoma (NHL) and is generally indolent. However, a significant proportion of patients experience histologic transformation to Diffuse Large B-Cell Lymphoma (DLBCL), which leads to a more aggressive clinical course and worsened prognosis. Transformation typically occurs within the first few years of diagnosis, but this case presents a rare instance of transformation after a decade of complete remission, emphasizing the importance of long-term monitoring. **Case presentation:** A 78-year-old male was diagnosed with FL in 2014 following excisional biopsy of a left supraclavicular lymph node. The patient underwent six cycles of R-CHOP chemotherapy, achieving complete remission and remained asymptomatic for 10-years. In 2024, he presented with a rapidly enlarging anterior chest wall mass. A contrast-enhanced CT scan revealed a 46×76 cm pleural-based tumor invading the sternum and pectoral muscle. A tru-cut biopsy confirmed Diffuse Large B-Cell Lymphoma (DLBCL) with CD20 positivity. Notably, there were no systemic B symptoms (fever, weight loss, night sweats), but the rapid extranodal tumor growth raised suspicion for transformation. Given the patient's age and disease aggressiveness, rituximab plus ibrutinib therapy was initiated instead of intensive chemotherapy. The patient's response is being closely monitored. **Conclusion:** This case underscores the importance of long-term surveillance in FL patients, as transformation to DLBCL can occur even after a decade of remission. The presence of a rapidly growing, painless mass should raise suspicion for transformation, particularly in the absence of B symptoms. Extranodal involvement is a critical prognostic factor and often necessitates targeted therapeutic approaches. The use of rituximab and ibrutinib in this elderly patient represents a modern, less intensive treatment option for transformed FL, reflecting evolving lymphoma management strategies.

Keywords: Diffuse Large B-Cell Lymphoma, Follicular Lymphoma, Ibrutinib, Lymphoma Transformation, Rituximab.

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