vertebra involvement is less common. In the course of AL amyloidosis, heart, kidney, liver and nervous system involvement have prognostic importance. Since the disease is based on a defect in the production of light chains in plasma cells, multiple myeloma-like treatments are applied. Patients who have a complete response to induction therapy (4–8 cycles) should be directed to autologous stem cell transplantation. In our patient, factor 10 deficiency accompanies this condition, which leads to acquired factor 10 deficiency resulting from the adsorption of factor 10 by amyloid fibrils. Since therapeutic factor 10 replacement is insufficient in its treatment, the underlying disease should be corrected. AL Amyloidosis has a cardiac involvement of 50%–70%, renal involvement of 16% and neurological involvement of 10%. The pathogenesis of cardiac involvement involves direct toxic effects of amyloid fibrils on myocytes. Conduction defects such as hypertrophic cardiomyopathy, left ventricular outflow tract stenosis and atrial fibrillation are seen in ECHO. Our patient had a mild elevation in NT pro BNP. ECHO showed findings consistent with cardiac amyloidosis. NT pro-BNP and troponin are used to monitor cardiac involvement. Amyloidosis is a diagnosis that should be considered in patients with heart failure with preserved EF. AL amyloidosis is a disease in which the average life expectancy decreases as organ involvement increases. **Methodology:** In patients who do not respond to treatment, survival may be reduced to 3 months. VCD regimen alone is not an adequate treatment option in cases with organ involvement. Combined treatments with daratumumab and ixazomib enhance the response. **Conclusion:** In conclusion, AL amyloidosis is very rare to be diagnosed as vertebral amyloidoma. Pain is the first symptom due to the formation of a compression fracture, then paraparesis occurs. Rapid decompression and stabilization of the vertebrae should be provided in local treatment. In addition to the local effects of vertebral amyloidoma, it is closely related to shortening the average life expectancy.

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OP 14_Case report

PROGRESSION OF POLYCYTHEMIA VERA TO ACUTE MYELOID LEUKEMIA FOLLOWING LONG-TERM HYDROXYUREA THERAPY: A CASE STUDY

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Polycythemia Vera (PV) is a chronic Myeloproliferative Neoplasm (MPN) with a well-documented risk of progression to Aute Myeloid Leukemia (AML), particularly in patients undergoing prolonged cytoreductive therapy. This report details the case of a 66-year-old male diagnosed with PV five years prior, initially managed with hydroxyurea. Over time, he developed progressive pancytopenia, ultimately leading to a diagnosis of AML. Following leukemic transformation, the patient was treated with azacitidine, a hypomethylating agent commonly utilized in myeloid malignancies. However, hematologic response was minimal, and disease progression ensued. Molecular analysis identified AML-associated mutations, which are implicated in disease evolution, therapeutic resistance, and poor prognosis. The transition from PV to AML represents a critical clinical challenge, significantly worsening patient outcomes. While hydroxyurea remains a widely used first-line therapy for PV, its potential role in leukemic transformation continues to be debated. Azacitidine, although a viable therapeutic option for post-MPN AML, frequently yields limited and non-durable responses, particularly in patients with high-risk genetic alterations. This case underscores the necessity of vigilant monitoring in PV patients receiving long-term cytoreductive therapy to enable early detection of leukemic progression. Alternative treatment approaches, including JAK inhibitors, interferon therapy, and early hematopoietic stem cell transplantation in eligible patients, may play a role in reducing leukemic transformation risk. Further research is essential to enhance the understanding of post-MPN AML pathogenesis and optimize treatment strategies to improve patient survival.

Keywords: Acute myeloid leukemia, Azacitidine, Leukemic transformation, Myeloproliferative neoplasms, Polycythemia vera.

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OP 15

T-CELL LYMPHOMA DIAGNOSIS AND TREATMENT IN KOSOVO, A CROSS SECTIONAL STUDY

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Background: T-cell Lymphoma is a relatively common hematological malignancy in Kosovo compared to the other lymphoid malignancies. Among the other subtypes, Anaplastic large T-cell lymphoma is the most common. The diagnosis of this disease has increased in the last few years and the treatment with chemotherapy and other supportive care has still many challenges. In this study we aimed to better define the presenting features of these diseases in Kosovo. **Methods:** Cross sectional retrospective epidemiological study. The data was collected during the period of June 2018 to June 2023.The data were collected from the chemotherapy treatment protocol books in the Hematology clinic of the UCC Kosovo. The studied population was constituted by patients aged 18-years old and older, both genders, diagnosed the treated with T-cell