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.

https://doi.org/10.1016/j.htct.2025.103928

OP 14_Case report

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

Bengisu Ece Duman [a], Melis Selin Kadıoğlu [a], Halil İbrahim Yüksel [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*

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.

https://doi.org/10.1016/j.htct.2025.103929

OP 15

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

Adriatik Berisha [a,b,c]

[a] *University Clinical Center of Kosovo, Clinic of Hematology, Prishtina, Kosovo*
[b] *Faculty of Medicine, University of Prishtina "HasanPrishtina", Prishtina, Kosovo*
[c] *University of Zagreb, Zagreb, Croatia*

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

Lymphoma in the Hematology clinic of Kosovo. The diagnosis was made based on histopathological and immunohistochemical analysis of lymph nodes or bone marrow biopsies. **Results:** During the period considered time-period, 44 patients were diagnosed and treated with T-cell lymphoma, the most common was Anaplastic large T-cell lymphoma (n = 9, 19.5%) followed by Enteropathy associated T-cell lymphomawith (n = 7, 14.6%), and NK/T-cell lymphoma with (n = 5, 9.7%). Other cases included a T Lymphoma/Leukemia accompanied by cirrhosis hepatis and the only case of gamma/delta T-cell lymphoma. Among the 44 TCL, 29 were treated with CHOP regimen as first line chemotherapy. **Conclusions:** TCL are relatively common in Kosovo, with 44 cases diagnosed over 5-years. The majority of patients were treated with the CHOP chemotherapy protocol as first line therapy. The results of the treatments were successful in achieving remissions in a small number of patients. The patients that did not achieve remission received a second treatment protocol with mixed results and were sent to transplant center. Prolonged survival was exceptional, confirming the need for new targeted approaches.

Keywords: T-cell lymphoma, T Lymphoma/leukaemia, Anaplastic large T-cell lymphoma CHOP, ICE.

https://doi.org/10.1016/j.htct.2025.103930

OP 16

CHARACTERISTICS OF HEMATOLOGICAL MANIFESTATIONS IN PATIENTS WITH SYSTEMIC LUPUS ERYTHEMATOSUS: SINGLE CENTER EXPERIENCE

Gül Sandal Uzun

University of Health Sciences Turkey, Gülhane Training & Research Hospital, Rheumatology Department, Ankara, Turkey

Objective: Systemic Lupus Erythematosus (SLE) is an autoimmune disease that manifests with various organ involvement, including hematological involvement. The objective of this study was to examine the demographic and clinical information, as well as the hematological involvement characteristics, of SLE patients. **Methodology:** The study was a single-center retrospective study. Patients with SLE who underwent complete follow-up visits were included in the study according to the classification criteria established by the American College of Rheumatology (ACR) and the Systemic Lupus International Cooperation Clinics (SLICC). A retrospective review of the patients' demographic and clinical information was conducted by examining the hospital's electronic record system. The clinical information, laboratory parameters, and SLE-specific treatments were documented. Patients were divided into sub-phenotypes according to organ involvement, and patients with hematologic involvement (anemia, leukopenia, thrombocytopenia, and splenomegaly) were identified. Statistical analyses were performed using SPSS version 26.0 (SPSS Inc., Chicago, IL, USA). The variables were calculated using visual (histogram and normality plots) and analytical methods (Kolmogorov-Smirnov) to determine whether they were normally distributed. Descriptive analysis was performed using mean ± Standard Deviation (SD) or median and Interquartile Range (IQR). **Results:** The study included 302 patients with SLE, 87 (34.7.8%) of whom had hematological manifestations. The mean age at diagnosis was 36.4 (±9.8). 237 (78.7%) of these patients were female. Clinical manifestations were observed among the patients, including skin involvement in (54.3%), articular involvement (48%), renal involvement in (26%). The ANA test was positive in 96.2% of patients with hematologic involvement. In addition, 34.7% had high anti-dsDNA autoantibodies and 33% had low C3 levels. Anemia was the most common hematological abnormality, affecting 55.7% of patients. The mean hemoglobin value was 9.7 mg/dL. Autoimmune hemolytic anemia was seen in 13.2% of patients. Thrombocytopenia was present in 9.2% of patients, and leukopenia in 12.2%. 57 (18.8%) SLE patients had secondary antiphospholipid antibody syndrome. 76.8% of patients received glucocorticoids and 81% received hydroxychloroquine treatment. 41% of patients received at least one steroid-sparing agent, including azathioprine, cyclophosphamide, mycophenolate mofetil, and rituximab. **Conclusion:** The hematologic manifestations of SLE should be evaluated and treated in order to provide a better outcome.

https://doi.org/10.1016/j.htct.2025.103931