(moderate risk) and Binet B (moderate risk). However, in consideration of his weight loss and symptomatic extranodal involvement, a chemotherapy protocol with bendamustine and the CD20 antibody rituximab (BR) was initiated. BR treatment was administered every 28 days for up to 6 courses. The patient's symptoms demonstrated marked improvement after two cycles of chemotherapy. After a total of 4 courses, lymphocytosis in the peripheral blood showed complete remission and the involvement that had been visualized on direct chest radiography and CT showed nearly complete remission. After 6 cycles of chemotherapy, the patient was considered in complete remission and follow-up was started.

Conclusion: Pulmonary complications and involvement in CLL typically occur after the diagnosis, in the course of the disease, while there are cases who present as pulmonary involvement (broncho-pulmonary infiltrates, hilar and mediastinal lymphadenopathies, pleural effusion, etc.), although much less frequently. Pulmonary involvement must be considered in patients diagnosed with CLL who have symptoms associated with the respiratory system. Particularly in patients diagnosed with broncho-pulmonary lesions based on peripheral blood analysis or lymph node biopsy, CLL-associated involvement should certainly be included in the differential diagnosis when the most common causes are excluded.

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PP 08

Frequency of brucellosis and hepatitis b virus seropositivity in patients with chronic lymphocytic leukemia

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Objective: Chronic lymphocytic leukemia (CLL) is a disease characterized by an increase in mature neoplastic lymphocytes in tissues with a lymphoid component, such as peripheral blood, bone marrow, lymph node, spleen, and liver. Patients with CLL show defective cellular and humoral immune responses. Although such immune failure is known to be associated with an increase in the frequency of particularly gram-positive and -negative bacterial infections, data on the increase in the frequency of zoonoses such as brucellosis and viral infections such as the hepatitis B virus (HBV) are inconclusive. This study aims to investigate the frequency of brucellosis and HBV seropositivity in patients diagnosed with CLL.

Methodology: Patients followed-up for CLL between 2005 and 2019 were evaluated. Results of patients who were tested for HBsAg and anti-HBs serology using the ELISA assay and for Brucellosis using the serum (Wright) agglutination test were recorded. Demographic data and laboratory results of all patients included in the study were evaluated.

Results: This study included 188 patients diagnosed with CLL, of whom 56 (29.8%) were female and 132 (70.2%) were male. The median age was 62 (range: 33–92) years. Complete blood count parameters at diagnosis were as follows: median leukocyte count, 54.4×10^9/L; median lymphocyte count, 42.3×10^9/L; median platelet count, 148×10^9/L; median hemoglobin level, 13.4 g/dL. HBsAg and anti-HBs were tested in 142 patients. A total of 16 (11.27%) patients were HBsAg-positive; with 5 (3.52%) positive cases in females and 11 (7.75%) in males. A total of 105 (73.95%) patients were anti-HBs-positive; with 32 (22.54%) positive cases in females and 73 (51.41%) in males. The Wright agglutination test was performed on 82 patients. A total of 4 (4.88%) patients reacted positively to the Wright test; with 3 (3.66%) positive cases in females and 1 (1.22%) in males.

Conclusion: The immune system disorders that develop due to the nature of CLL make the patient more vulnerable to infections. Accordingly, many patients lose their lives due to a clinical picture of severe infection. Based on the present study, compared with the epidemiological studies conducted in the same region; the rate of positive reactions to the Wright agglutination test was consistent with the literature data; however, a higher rate of HBsAg positivity was determined. This may be linked to the increase in the risk of HBV transmission due to the immune defect caused by CLL or the immunosuppressive picture induced by the medication used in the treatment, or viral reactivation.

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PP 09

Epidemiological spectrum and diagnosis patterns of hematological malignancies in the republic of moldova

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Objective: Hematological malignancies (HM) are the relatively frequent nosological entities within the structure of morbidity by malignant tumors, exhibiting a severe evolution, restrained prognosis and negative socio-economic impact in the advanced stages and phases. The objective of the study was to analyze the incidence and diagnosis patterns of HM in Moldova.

Methodology: The following research methods were used: epidemiological, descriptive statistics, clinico-analytic. The type of HM was identified according to the Revised 2017 WHO Classification of Tumours of Hematopoietic and Lymphoid Tissues. The diagnosis was proved by histopathological, cytological, cytogenetic, molecular and immunophenotyping examinations. The quantitative real-time PCR was used in order to assess the expression of BCR-ABL p210 and p190 transcripts for CML diagnosis. The quantitative detection of JAK2 V617F mutation served as a major criterion for diagnosis of polycythemia vera (PV) and primary myelofibrosis (PMF).

Results: The number of newly diagnosed and followed-up patients with HM at the Institute of Oncology in 2016, 2017, 2018 and 2019 amounted respectively to 725, 802, 613 and 628, the incidence (new cases per 100,000 population) being 17.6,