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Acute ischemic stroke presentation of otherwise asymptomatic covid-19 patient

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Objective: Coronavirus disease 2019 (COVID-19), first identified in Wuhan, China in December 2019, become widespread and may be mortal, especially in some high-risk group. Most of the reported experiences suggested that COVID-19 is associated with a distinct coagulation disorder resulting in fibrin thrombi within small vessels and capillaries. Data focusing on arterial thrombotic events is few. In milder COVID cases, both hemorrhagic and ischemic stroke may occur. Acute ischemic stroke seems to be higher than the rate identified among patients who visited the emergency departments (ED). On the other hand, SARS-CoV-2 has the potential for neurotropism. We here present a case who had neurological symptoms during pandemic days and has been diagnosed with imaging-proven ischemic stroke with COVID-19.

Case report: A 40-year-old female patient presented to the ED with an articulation of speech and numbness in the right arm and leg. She is not a smoker and denied any environmental exposure. Physical examination revealed fever and hypotension with a respiratory rate was 18 breaths/min. She had dysarthria, hypoesthesia, and frustrated hemiparesis on the right arm and leg. Oxygen saturation was 98% on room air. Mild normocytic anaemia and lymphopenia associated with a mild elevation in transaminases (AST 73 U/L, ALT 103 U/L) and in D-Dimer (1440 ng/ml) associated the clinical picture. Thoracic CT showed bilateral multifocal peripheral ground glass infiltrations (Picture-1). Conventional MRI imaging is consistent with acute ischemia of millimetre in size on the left parietal lobe (Picture-2). The patient was accepted as having COVID-19 and acute ischemic stroke. She commenced on hydroxychloroquine and azithromycin with enoxaparin. Nasopharynx swab sample was found to be severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) positive by RT-PCR. She did not progress to the hyperinflammation phase and discharged on 10th day of admission. One month later on, outpatient visit her neurological findings resolved, no weakness was detected.

Conclusion: For each patient with an acute stroke clinic, thoracic CT and SARS-CoV-2 PCR should be performed before transferring to stroke or neurointensive care unit. For our patient, she did not have apparent risk factors for stroke. She

was nearly asymptomatic apart of the stroke-related clinic, which points to the direct effect of coronavirus on vascular endothelial cells apart of the relationship between inflammation and coagulopathic complications in COVID-19.

<https://doi.org/10.1016/j.htct.2020.09.082>

LYMPHOMA

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Isolated primary spinal mucosa-associated lymphoid tissue (malt) lymphoma: a rare case report

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Objective: Mucosa-associated lymphoid tissue (MALT) lymphoma, also known as extranodal marginal zone lymphoma (MZL), is a subtype of indolent B-cell non-Hodgkin's lymphoma (NHL). MALT lymphomas are encountered mainly in mucosal organs such as the stomach, however, they can also be found in non-mucosal organs and tissue regions. MALT lymphoma of the spinal dura is a very rare condition. Here, we present the clinical presentation pattern, histopathologic and radiographic findings, treatment options, and response to treatment in a rare case of isolated primary spinal MALT lymphoma.

Case report: A 74-year-old male presented to our hospital with progressive weakness and loss of sensation in bilateral lower extremities, and fecal and urinary incontinence. Spinal MRI examination visualized an extra-axial mass lesion of approximately 45 mm × 11 mm between the vertebral levels T5 and T7. The lesion markedly compressed the spinal cord, severely narrowing the spinal canal and bilateral neural foramina. In order to ensure early decompression of the spine and histopathological diagnosis of the epidural mass, a total laminectomy of T6 and a subtotal resection of the mass were performed. On immunohistochemical examination of the mass, neoplastic cells showed: LCA(+), CD20(+), CD79a(+), PAX5(+), bcl-6(-), fascin(-), CD3(-), CD5(-), cyclin D1(-), CD23(-), CD138(-), kappa (-), lambda (-), MUM1(-), CD10(-), tdt(-), CD15(-), CD30(-), reticulin(-), and a Ki67 proliferation index of 20%; and the pathology department reported the findings to be consistent with MALT lymphoma of the dura. Following mass resection, FDG-PET CT) was performed to determine the extent of the disease, and other regions of the body did not show 18-FDG uptake. Bone marrow aspiration and biopsy showed that there was no infiltration. Only systemic chemotherapy was planned as the patient refused to undergo radiotherapy. A systemic combination therapy with R-CHOP protocol every 3 weeks and central nervous system prophylaxis with intrathecal cytarabine and dexamethasone were carried for the patient. After