

indented by 'hug' the surrounding RBC. The nucleus exhibits loosely condensed chromatin with inconspicuous nucleoli. Less frequently, lymphoplasmacytoid lymphocyte was noticed in the stained blood smear. These cells showed ample pale blue unevenly stained cytoplasm with paranuclear of which contains eccentric nucleus with condensed chromatin.

Methodology: In this study, a peripheral blood smear of a COVID-19 patient was examined for the presence of abnormal leukocytes morphological changes.

Results: The blood film showed presence of atypical lymphocytes constituting about 43% of all lymphocytes (14.5% of the white cell count). This case report of COVID-19 patient represents an unusual feature of coronavirus family infections other than severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

Conclusion: This study shows that the presence of reactive lymphocytes in the patient's blood film can be a pivotal finding in the diagnosis of COVID-19. Additionally, it emphasized the importance of blood film examination as an essential hematological test for COVID-19.

<https://doi.org/10.1016/j.htct.2020.09.104>

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A study of hematological disease prevalence in covid-19 pandemic: a single center experience

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Objective: In the present study we aimed to investigate the prevalence of hematological conditions and patient characteristics among a patient population diagnosed with the COVID-19 infection at our hospital during the COVID-19 pandemic.

Methodology: Our study enrolled patients older than 18 years of age who were diagnosed with COVID-19 infection by physical examination and various studies and managed as inpatients at our hospital designated as a pandemic hospital within a two-month period between 15 March 2020 and 15 May 2020. The patients' age and sex distributions, contact status, comorbidities, primary hematological disorder, polymerase chain reaction (PCR) smear tests, computerized tomographic findings, need for intensive care, treatments regimens, total length of clinic stay, and rates of discharge and mortality were retrospectively reviewed.

Results: We reviewed the medical records of a total of 1928 patients who were admitted to pandemic clinics with the diagnosis of PCR-positive COVID-19 or suspected COVID-19 during the prespecified two-month period. Among these patients, 963 (49.9%) were male, and 965 (50.1%) were female. Their mean age was 51.3 ± 21.4 (min-max: 18-99) years. Eleven (0.57%) patients had a hematological condition and were thus consulted with the hematology department. They consisted of 3 females and 8 males with a mean age of 64.7 ± 18.7 (min-max: 22-89) years. A review of their diagnoses identified 4 patients with chronic lymphocytic leukemia (CLL),

2 patients with acute myeloid leukemia (AML), 1 patient myelodysplastic syndrome (MDS), 1 patient with non-Hodgkin lymphoma (NHL), 1 patient with chronic immune thrombocytopenia (ITP), 1 patient with polycythemia vera (PV), and 1 patient with thalassemia intermedia. While 4 patients had not taken any treatment for a hematological condition prior to the COVID-19 infection, 2 patients had taken azacitidine, 1 patient hydroxyurea, 1 patient chlorambucil, 1 patient R-FC (rituximab- fludarabine, cyclophosphamide), 1 patient R-Benda (rituximab-bendamustine), and 1 patient CHOP (Cyclophosphamide, Vincristine, Doxorubicin, Prednisolone). Three patients had a history of contact with COVID-19. While all patients had pulmonary involvement on a thoracic computerized tomography, three of them had mild involvement. Four patients needed intensive care. Seven (64%) patients had at least one comorbidity such as diabetes, hypertension, or coronary artery disease. All patients were treated with hydroxychloroquine, azithromycin, and enoxaparin. Four patients showing signs of disease progression were administered favipiravir while a patient received IVIG and another one received plasma therapy. The mean length of hospital stay was 12.7 days (min-max 2-27). Three of 11 patients died.

Conclusion: "COVID-19" and the "pandemic" it has caused, every detail of which we have still not understood, is a significant global problem from every aspects. Alongside of particularly the elderly, the patient group with hematological conditions that are immunosuppressed due to conditions themselves or their treatment regimens are at particular risk of infection by the COVID-19 pandemic. Our study have shown that the prevalence of hematological conditions is about 0.5% among patients infected by COVID-19. Patients with hematological conditions taking utmost care of isolation measures, protecting themselves, having strong family support, and being accustomed to the isolation process make a significant contribution to such a low prevalence.

<https://doi.org/10.1016/j.htct.2020.09.105>

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A case of malignant peritoneal mesothelioma as a rare cause of autoimmune haemolytic anaemia

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Objective: Nearly half of the cases of autoimmune haemolytic anaemia (AIHA) are associated with an underlying disorder that leads to immune dysregulation, and malignancies is one of them. Although AIHA is reported in patients with a wide range of haematological malignancies, most frequently in Chronic Lymphocytic Leukemia and Non-Hodgkin Lymphoma, only 1-2% are associated with solid organ malignancy. This case report highlights malignant peritoneal mesothelioma as a rare cause of autoimmune haemolytic anaemia.

Case report: We report a case of a twenty-nine year old female who initially presented to her general practitioner with a six month history of symptoms suggestive of irritable