Case report: Bone involvement is rare in DLBCL. 70-yearold patient, applied to the orthopedics clinic dueto knee pain. Kneeprosthesis was planned. During operation suspicious nontumoral lesion with unclear borders was observed. Bone biopsy was taken from the intraoperatively detected lesion and a knee prosthesis was placed. According to PETCT and bonemarrow biopsy results, patient was diagnosed as stage 1E. Awareness of DLBCL with atypical presentation are of great importance in terms of early diagnosis

https://doi.org/10.1016/j.htct.2021.10.1037

PP 28

THE EFFECT OF COMORBIDITY AND BODY MASS INDEX ON SURVIVAL IN PATIENTS WITH MARGINAL ZONE LYMPHOMA

Esra TURAN ERKEK, Tuba TAHTALI

Kartal Dr. L.Kırdar City Hospital

Objective: Marginal zone lymphoma is a biologically and clinically heterogeneous group of indolent lymphoproliferative diseases, constituting 5-15% of all NHLs (Non-Hodgkin Lymphoma) [1]. By the World Health Organization; subgroups as extranodal marginal zone lymphoma (ENMZL, MALT lymphoma, Maltoma), nodal marginal zone lymphoma (NMZL), splenic marginal zone lymphoma (SMZL) constitute 70%, 20%, 10% of MZL (Marginal Zone Lymphoma) cases, respectively. **Methodology:** A total of 50 patients with a diagnosis of MZL who applied to our hospital between 2013 and 2021 were included in this retrospective study. All analyzes were performed on SPSS v21. The Kolmogorov-Smirnov test was used for normality control. Data are given as mean ± standard deviation for continuous variables and frequency for categorical variables. Survival times were calculated using the Kaplan Meier method. Cox regression analysis (enter method) was performed to identify important prognostic factors. p<0.05 values were accepted as statistically significant results. **Results:** The mean age of 50 people in the study group was 62.88 ± 11.50 years and ranged from 34 to 84 years. 50% of the participants were male and 50% were female . The mean follow-up period of the patients was 51.80 ± 27.47 months. It was observed that none of the parameters measured in the study, such as age, gender, body mass index, diabetes, heart disease, thyroid diseases, non-hematological malignancies, chemotherapy, and radiotherapy intake, had an effect on survival. **Conclusion:** Age at diagnosis should be considered in risk assessment of patients with marginal zone lymphoma. It is thought that the fact that the patients are predominantly in the advanced stage MZL group, and the relatively short follow-up period compared to the indolen lymphoma group, has an effect on the absence of a determining effect of comorbid diseases on mortality. Prognostic markers determined by multicenter and detailed studies are needed to provide a better prediction.

https://doi.org/10.1016/j.htct.2021.10.1038

PP 29

CASE REPORT: FOLLICULAR LYMPHOMA PRESENTED WITH CHYLOTHORAX

Senem MARAL, Murat ALBAYRAK, Berna AFACAN ÖZTÜRK, Merih REİS ARAS, Fatma YILMAZ, Pınar Tığlıoğlu, Mesut TIĞLIOĞLU, Buğra SAĞLAM

Dışkapı Research and Training Hospital, Department of Hematology

Objective: Chylothorax is the leakage of chylous contents into the pleural space as a result of damage to the thoracic duct. Chylous effusion is seen often unilateral but may be bilateral rarely. Etiology includes non-traumatic and traumatic causes. While sarcoidosis, amyloidosis, superior vena cava thrombosis and congenital anomalies are non-traumatic causes, non-Hodgkin lymphomas are the most common causes.Herein, we present a follicular lymphoma patient who was presented chylothorax at diagnosis. **Case report:** A 31-year-old male patient presented with fatigue, and dyspnea. On physical examination, inguinal and axillary multiple palpable lymphadenopathies (LAP) were observed, and respiratory sounds were significantly decreased on the left side.Computed tomography imaging revealed prevascular, paratracheal, subcarinal LAPs and 5 cm thick pleural effusion in the deepest part and compression atelectasison the left. Excisional LAP biopsy revealed follicular lymphoma **Methodology:** When thoracentesis was performed and milky effusion was classified as an exudative. The high triglyceride level was consistent with a chylous effusion. After 6 cycles of R-CHOP treatment, the patient had a significant regression in the initial LAPs, while the chylous effusion persisted. When cytological examination of thoracentesis did not reveal lymphoma, the patient was followed-up. **Conclusion:** Chylothorax is associated with significant morbidity and mortality if left untreated. Control of the underlying malignancy is still the mainstay of treatment and reported as the most effective. In the literature, successful results were reported with the treatment of the underlying lymphoma. owever, it is known, chylothorax may recur and patients should be follow-up closely.

https://doi.org/10.1016/j.htct.2021.10.1039

MYELOMA

PP 30

LENALIDOMIDE ASSOCIATED İMMUNE THROMBOCYTOPENIA: A CASE REPORT

İbrahim Halil Acar, Birol Guvenc

Çukurova University Faculty of Medicine

Objective: Autoimmune cytopenia is observed in many hematological malignancies, whereas immune thrombocytopenia is rarely observed in plasma cell dyscrasias, such as multiple myeloma. On the other hand, cytopenias secondary to myelosuppression due to lenalidomide use are frequently observed,

whereas immune thrombocytopenia is a rarer complication. **Case report:** A 63-year-old female patient without any known disease was performed bone marrow biopsy in January 2019 due to anemia and high sedimentation rate. She was diagnosed with IgG-kappa type multiple myeloma and administered four cycles of bortezomib-cyclophosphamide-dexamethasone treatment. She went into remission after this treament and was then performed autologous stem cell transplantation followed by a consolidation therapy comprising 2 cycles of bortezomib-lenalidomide-dexamethasone treatment. Subsequently, she was administered lenalidomide maintenance therapy with regular follow-up visits. Isolated thrombocytopenia was observed in the patient in her last follow-up visit and was therefore hospitalized for further examination. No schistocyte was observed in the peripheral smear as well as no rouleaux formation. It was determined that her LDH (lactate dehydrogenase) levels were normal and that she did not have organomegaly. The results of the Coombs test, in addition to the results of hepatitis B, hepatitis C, HIV (Human Immunodeficiency Virus), EBV (Ebstein-Barr Virus), and ANA (antinuclear antibody) tests, which were run in order to determine whether she had any viral diseases, came out as negative. Post-transfusion purpura was ruled out in the patient as she had no history of transfusion in the last three months. She was then performed bone marrow biopsy, since her platelet count did not increase after discontinuation of lenalidomide treatment despite the fact that she was given platelet suspension transfusion. Subsequently, it was was determined that her megakaryocyte count increased, whereas her plasma cell ratio was less than 5%. In view of the foregoing, she was pre-diagnosed with lenalidomide-related immune thrombocytopenia, and was thus given 1 gr of methylprednisolone for 3 days followed by the administration of methylprednisolone at a daily dose of 1 mg/kg for 5 days. However, a sufficient increase in her platelet count could not be achieved with the said treatment. Therefore, she was administered eltrombopag therapy instead, since she was refractory to other treatments that could have been administered as a replacement treatment, such as IVIG (Intravenous Immunoglobulin), rituximab or cyclophosphamide. The patient, whose platelet count increased after the administration of eltrombopag therapy, was then discharged with full recovery. **Conclusion:** The aim of this case report is to demonstrate that lenalidomide-associated immune thrombocytopenia should also be considered when there is isolated thrombocytopenia in patients with multiple myeloma without a decrease in other cell lines.

https://doi.org/10.1016/j.htct.2021.10.1040

PP 31

CLINICAL PARAMETERS OF MULTIPLE MYELOMA PROGRESSION IN RESIDENTS OF THE GOMEL REGION OF BELARUS

Zhanna KOZICH [1], Victor MARTINKOV [1], Janna PUGACHEVA [1], Ludmila SMIRNOVA [2], Svetlana MIHNO [1], Anna DOMANTSEVICH [1]

[1] *State Institution "Republican Research Center for Radiation Medicine and Human Ecology*

[2] *Education Institution "Belarusian Medical Academy for Postgraduate Education", Minsk*

Objective: To study clinical parameters of multiple myeloma progression in residents of the Gomel region of Belarus **Methodology:** The study included 159 MM patients who were examined at the State Institution "Republican Research Center for Radiation Medicine and Human Ecology", Gomel from 2018 to 2021. The average age was 62. Female patients prevailed and amounted 57.1%. MM was diagnosed according to international criteria. The criteria for progression were determined when new foci of destruction or extramedullary lesions appeared, and at an increase in the number of plasma cells in the bone marrow> 10%. **Results:** Progression was in 10.7%(17). No differences in the immunological variant of MM. CD20 expression>20% was found 6.18 more often in progressed patients (p=0.0001). CD56>20% was 2.37 more common at progression (p=0.006). CD117>20% was 2.34 more often at progression, (p=0.116). M-protein>15 g/l was 6.22 more often at progression (p = 0.0001). Abnormal κ/λ was in 81.3% at progression (p=0.027). LDH was different (p=0.023). Kidney damage and destructive syndrome did not affect progression (p=0.797). **Conclusion:** Identification of markers of progression at the initial examination, such as excess expression of CD20> 20%, CD56> 20%, excess of M-protein> 15 g/l, abnormal κ/λ ratio can predetermine the outcome of the disease. Our findings are consistent with the literature data, but much remains unclear, for instance, cases with normal LDH values in patients with progression. This gives rise to future research.

https://doi.org/10.1016/j.htct.2021.10.1041

PP 32

THE EFFECT OF BISPHOSPHONATE USE ON TREATMENT RESPONSE AND OVERALL SURVIVAL IN MULTIPLE MYELOMA PATIENTS

Ayşe Uysal [1], Mustafa Merter [1], Serhat Göçüncü [2]

[1] *Fırat University School Of Medicine Hematology Department*

[2] *Fırat University Scool of Medicine Internal Medicine*

Objective: Bisphosphonates are pyrophosphate analogs with a high affinity for calcium crystals. Due to the affinity of bisphosphonates for calcium, they bind rapidly to calcium-containing hydroxyapatite crystals, especially in the resorption zone. In this way, they prevent bone resorption. In this study, we aimed to investigate the effect of bisphosphonate use on treatment response and overall survival in patients with MM. **Methodology:** All patients with MM who followed by the Hematology department of Fırat University Hospital in the last 10 years were included in this retrospective observational study. Age, gender, end-organ involvement, ISS staging, LDH level, IG subtype in diagnosis, bisphosphonate use (duration and dose), treatments, response status and survival was investigated. **Results:** Ninety-one patients, of whom 53 were