

epistaxis, hematuria, subcutaneous hematoma, and gastrointestinal and gingival bleeding. He continues to take Factor X concentrate prophylactically. All the patients are currently healthy and regularly follow up in our center. **Results Conclusion:** Since there is no FX concentrate in our country yet, FFP is used. Patients should be treated with the appropriate FX preparation and a prophylactic approach should be applied in necessary patients.

Table. Patient Characteristics and Diagnostic Laboratory Results

| Patient No | Age at analysis | Gender | FX % | PT sec 10.9-14.7 | PTT sec 22.5-31.3 | Bleeding score* | Treatment     |
|------------|-----------------|--------|------|------------------|-------------------|-----------------|---------------|
| 1.         | 41              | F      | 0.2  | 60.4             | 64.1              | 11              | FFP, ES, PCC  |
| 2.         | 25              | F      | 12.3 | 31.5             | 57.9              | 0               | Not need      |
| 3.         | 18              | F      | 0.8  | 37               | 19.3              | 11              | FFP, ES, PCC  |
| 4.         | 34              | F      | 34.4 | 13.9             | 28.3              | 15              | FFP           |
| 5.         | 1               | M      | 1    | 180              | 138               | 10              | FFP, FXC, PCC |

\*- International Society for Thrombosis and Hemostasis/Scientific and Standardization Committee Bleeding Assessment Tool (ISTH-BAT), FFP- fresh frozen plasma, ES- erythrocyte suspension, PCC- prothrombin complex concentrate, FXC- Factor X concentrate, F- female, M-Male

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## Adult Hematology Abstract Categories

### Lymphoma

#### PP 10

#### REACTION OF THE CIRCULATING REGULATORY T CELLS AFTER CHEMORADIATION THERAPY OF HODGKIN LYMPHOMA

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**Objective:** Purpose of the research is to determine the reaction of regulatory T cells after chemoradiation therapy of Hodgkin lymphoma. **Methodology:** 29 samples of peripheral blood of patients with Hodgkin lymphoma (before treatment – 10; after chemotherapy – 9; after consolidation radiotherapy – 10). Chemotherapy was carried out according to the following schemes: ABVD, BEACOPP with the addition of 1-2 courses of CVPP or COPP. The subsequent consolidation of radiation therapy was accomplished to a dose of 20-24 Gy. Treg-cells were identified by phenotype CD45+CD4+CD25+CD127-. Control group consisted of 40 practically healthy people. The group data were compared using the Mann-Whitney U test. **Results:** At the onset of Hodgkin lymphoma the percentage and absolute count of regulatory T cells corresponded to normal values (5.19%/0.036\*10<sup>9</sup> cells/l - Hodgkin lymphoma vs 3.69%/0.031\*10<sup>9</sup> cells/l - control level, p>0.05). After chemotherapy the percentage of regulatory T cells increased to 9.09%, p<0.05; the absolute count remained at the same level (0.037\*10<sup>9</sup> cells/l, p>0.05). After consolidation of radiation therapy the percentage of regulatory T cells was determined

at the level of 9.19%, p>0.05. The decrease of absolute count of regulatory T cells was statistically significant difference and was near 0.019\*10<sup>9</sup> cells/l. **Conclusion:** There is a relative redistribution of cells within a subpopulation of activated CD4+CD25+T cells towards an increase in the level of regulatory T cells after chemotherapy of Hodgkin lymphoma. The subsequent radiotherapy consolidation at a dose of 20-24 Gy continued to increase the sensitivity of regulatory T cells to the radiation component of chemoradiation therapy.

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#### PP 11

#### CUTANEOUS RICHTER TRANSFORMATION IN THE 16TH YEAR OF FOLLICULAR LYMPHOMA DIAGNOSIS

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**Case report:** Richter transformation may develop in lymph nodes or rarely extranodally. A 70-year-old male with an exhausted appearance had a large malodorous wound progressing to necrosis on the left chest wall. He received two treatment lines 5 years apart for follicular lymphoma and was in remission. Histological evaluation showed triple hit diffuse large B cell lymphoma. PET-CT showed localized cutaneous and lymph node involvement. Two treatment lines did not control the disease. He passed on progression.

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#### PP 12

#### AUTOLOGOUS HEMATOPOIETIC CELL TRANSPLANTATION (HCT) FOR HODGKIN LYMPHOMA, REAL WORLD EXPERIENCE OF A SINGLE CENTER EXPERIENCE

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**Objective:** Hodgkin's Lymphoma (HL) during the years became a high curable hematology malignant disease.