

Conclusion: Our study provides valuable insights into the relationship between bone marrow characteristics and treatment response in AIHA patients. The findings indicate a significant correlation between the degree of MF and a decrease in bone marrow reticulocyte response. Additionally, as the degree of MF increased, the number of treatment lines also increased, suggesting a potential impact on disease progression and management.

<https://doi.org/10.1016/j.htct.2023.09.068>

PP 19

LOCALIZED AL AMYLOIDOSIS OF THE URINARY BLADDER PRESENTING WITH PAINLESS MASSIVE HEMATURIA

Kıvanç Koruk¹, Murat Özbalak², Ali Altay³, Gülçin Yeğen³, Sevgi Beşışık Kalayoglu¹

¹ Istanbul University Istanbul Medical Faculty, Department of Internal Medicine Division of Hematology, Istanbul Turkey

² Istanbul University Istanbul Medical Faculty, Department of Pathology Istanbul Turkey

³ Başakşehir Çam ve Sakura City Hospital, Department of Internal Medicine Division of Hematology, Istanbul, Turkey

Objective: Amyloid deposits can be localized as a wall thickness or mass lesion either as AA amyloidosis or AL amyloidosis and may develop nearly on all organs. It is generally a mild, non-life-threatening entity with a good prognosis and rarely showed progression to systemic disease **Methodology:** We present two cases of urinary bladder localized AL amyloidosis that presents with painless hematuria and imaging studies mimic malignant tumors. Cystoscopic evaluation and biopsy were performed. **Results:** 63 years male presents with massive hematuria. Ultrasonography revealed a 17 × 14mm mass lesion on the bladder wall. Transurethral biopsy specimen histology showed lambda-type amyloid. The second patient was a 71-year-old male and evaluation for painless hematuria revealed a bladder wall mass lesion whose histology was consistent again with AL amyloidosis. Both patients did not have systemic amyloidosis signs and symptoms **Conclusion:** The literature did not include long-term outcomes. Usually, benign nature was depicted, and surgical removal is the preferred treatment. Since the contributing factors are not clear, we are concerned about the risk of recurrence and experienced the challenge of anti-plasma cell therapy giving or not.

<https://doi.org/10.1016/j.htct.2023.09.069>

PP 20

A Rare Cause Of Lymphadenopathy: Kikuchi Fujimoto

Gülcan Erbaş¹

¹ Istanbul Faculty of Medicine

Kikuchi Fujimoto Disease (KFD) is known as Necrotizing Histiocytic Lymphadenitis. It is a self-limiting clinical situation that is seen especially in women younger than 30 years of age. It is characterized by progresses with multiple cervical lymphadenopathy and high fever, and regresses in 1-4 months. Its etiology is still not fully elucidated. It is thought to be a hyperimmune reaction triggered by various microorganisms (Herpesviruses, especially Epstein Barr Virus). This is a disease that should be kept in mind in the presence of fever and lymphadenopathy of unknown origin, and can be diagnosed by pathology after exclusion of other etiological agents. Here, a case who applied to our hospital with swelling and pain in the neck is presented. Case: A previously healthy 13-year-old female patient presented with complaints of swelling and pain in the neck. In her history, it was learned that her complaint had been for 20 days. It was learned that she applied to an external center and used antibiotics with the diagnosis of acute lymphadenitis, but her complaint did not regress. There were no B symptoms. In her resume, it was learned that she was born at term and that she did not have the medication she used all the time. Adenoidectomy was performed six years ago. There was no feature in her family history. Physical examination revealed palpable lymphadenopathy of approximately 3 cm in the right posterior cervical region. The patient's blood count was normal. Sedimentation was 36 mm/hr. Acute phase reactants were negative; peripheral smear was normal. EBV, CMV, hepatitis, toxoplasma, brucella, bartonella, tuberculosis tests were negative. The pediatric infection unit was consulted for further investigations. There was no mediastinal width on chest X-ray. Immunoglobulin levels were normal. The double negative T cell rate was 6.6%. Biopsy of the lesion and simultaneous bone marrow was performed to the patient. As a result of the pathology, diffuse necrosis and apoptotic changes were detected. The present findings were pathologically compatible with Kikuchi-Fujimoto. The patient is currently being followed up with pediatric immunology. **Conclusion:** Clinical management of patients presenting with palpable lymph node is very important. The diagnosis of lymphoma, which is one of the most common childhood malignancies, should definitely be kept in mind. Kikuchi-Fujimoto disease is extremely rare. It is very difficult to consider them among the differential diagnoses. Our aim in presenting this case is to raise awareness about Kikuchi-Fujimoto disease in our daily clinical practice. Kikuchi-Fujimoto disease should be among the differential diagnoses in patients with lymph node enlargement.

<https://doi.org/10.1016/j.htct.2023.09.070>

PP 21

A RARE CAUSE OF CYANOSIS: HEMOGLOBIN KANSAS

Metban Mastanzade¹, Alper Koç¹, Mustafa Hakan Demirbaş², Serkan Özen³

¹ Elazığ Fethi Sekin City Hospital, Department of Hematology