lifespan due to factors extrinsic to RBCs or structural changes in RBCs. As a result of the increase in RBC hemolysis, anemia and associated clinical symptoms become manifest. Hemolytic anemias can be categorized under two broad titles: hereditary and acquired. Here, we present a case diagnosed with pemphigus vulgaris who was determined to have Glucose-6-phosphate dehydrogenase (G6PD) deficiency based on the tests performed subsequent to hemolytic anemia that occurred during dapsone therapy. **Case report:** 66 year-old female patient presented to the dermatology polyclinic with raised erythema and bullous lesions in a butterfly distribution on the face involving the eyelids. The patient was diagnosed with pemphigus vulgaris based on punch biopsy and, as treatment, was started on 2 × 50 mg dapsone (PO), 1 × 16 mg methylprednisolone (PO) and corticosteroid pomades. Blood parameters at diagnosis were as follows: leukocyte, 8.1 × 10^9/L (4.4-11); hemoglobin (Hgb), 12.3 gr/dl (12-16); thrombocyte, 270 × 10^9/L (142-424); MCV, 86 fl (80-100); LDH, 210 U/L (135-214); ALT, 22 U/L (0-33); AST, 16 U/L (0-32); direct bilirubin, 0.5 mg/dl (0-0.3); indirect bilirubin, 0.8 mg/dl (0.1-0.9); creatinine, 0.59 mg/dl (0.5-0.9); folate, 10 ng/ml (5.4-24); vitamin B_{12}, 310 ng/ml (210-910). The patient presented to the dermatology polyclinic 6 days after the onset of treatment due to fatigue, pallor, icterus of the sclerae. The patient was referred to the hematology polyclinic based on the following test results: Hgb, 3.8 gr/dl; leukocyte, 11 × 10^9/L; thrombocyte, 222 × 10^9/L; MCV, 108 fl; creatinine, 0.8 gr/dl; LDH, 810 U/L; indirect bilirubin, 6.4 mg/dl; direct bilirubin, 0.8 mg/dl. The patient's history and anamnesis did not include a similar condition that followed medication use or an operation. On physical examination; sclerae were icteric, skin was pale, and there was no organomegaly or peripheral lymphadenopathy. In addition, urine was dark in color. On peripheral blood smear; macrocytosis, anisocytosis-poikilocytosis, polychromasia and Heinz bodies were observed. Corrected reticulocyte was determined as 5.2% (0.5-2%); ANA, anti-dsDNA, direct Coombs (IgG) and indirect Coombs' tests were negative. The haptoglobulin level was determined as 8 mg/dl (30-200) and was below the reference range. As the present hemolytic anemia picture was reasoned to be associated with dapsone, the medication was stopped and 16 mg methylprednisolone was started. No pathological findings were determined on abdominal ultrasonography and lung radiography. Based on the perception that anemia was associated with dapsone, G6PD enzyme levels were examined. The patients' G6PD level was found as 3.52 IU/gHb (7.48-10.20 IU/gHb), and was below the reference. During follow-up, fatigue, subicterus and pallor improved. Hgb levels increased, LDH and indirect bilirubin levels showed a gradual decrease. Blood parameters after 10 days were as follows: Hgb 11,8, gr/dl; leukocyte, 7.6 × 10^9/L; thrombocyte, 234 × 10^9/L; MCV, 98 fl; creatinine, 0,6 gr/dl; LDH, 260 U/L; direct bilirubin, 0.42 mg/dl; indirect bilirubin, 0.44 mg/dl. **Conclusion:** Dapsone is used widely in the treatment of various disorders, most notably, dermatological disorders. In G6PD deficiency, using dapsone is risky and is associated with a high probability of hemolytic anemia occurrence. In this case presentation, we aimed to stress that hemolytic anemia encountered in a patient on dapsone would be linked to G6PD enzyme deficiency.

https://doi.org/10.1016/j.htct.2023.09.073

Pediatric Hematology Abstract Categories

General Hemostasis / Thrombosis / Vascular Biology
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UNRAVELING BLOOD DONOR DEFERRAL TRENDS: A REAL-WORLD SINGLE-CENTER STUDY

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Backround: Enhancing blood safety and donor eligibility are vital in blood banking. We analyze our blood center's approach and Turkey's general strategy in this domain, focusing on identifying and mitigating the reasons for donor deferral. **Materials and Method:** We retrospectively evaluated data from 169,410 donors visiting Çukurova University Medical Faculty Blood Center from 2015 to 2021, including demographic, clinical, and laboratory information. We also compared this data with historical records from 2009 and 2011 obtained from Turkish conference papers. **Results and Conclusions:** Our analysis covered donors aged 18-65 years (mean 38 years) consisting of 91.1% males and 8.9% females. Blood type distribution was A Rh(+) 36.7%, O Rh(+) 29.5%, B Rh(+) 14.8%, and AB Rh(+) 7.6%. Only 3.6% of donors volunteered, while the rest had different donation reasons. A 72.3% successful donation rate was observed, but there was a 27.7% deferral rate, surpassing 2011′s 25.3% and 2009′s 18.2%. Deferrals were mostly due to anemia, recent medication use, elevated blood pressure, and vaccination history. Donor deferral aims to safeguard both donors and recipients against potential risks, underlining the importance of continual evaluation and management strategies to minimize deferral rates.

Key worlds:
Blood Donor Deferral
Blood Banking in Turkey
Donor Rejection Causes
Blood Donation Rates

https://doi.org/10.1016/j.htct.2023.09.074

PP 25

EVALUATION OF THROMBOSIS RISK FACTORS AND PROGNOSIS IN CHILDHOOD THROMBOSIS

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