

the cases ranged from 4 to 30 years, with a median age of 12. Among the cases, 20 were within the age range of 0-18 years (87%), while 3 cases (13%) were over 18 years old. The median G6PD value was found to be 26.28 U/g Hb (2.22-36.98). G6PD deficiency was detected in 2 patients (8.7%), while it was not detected in 21 patient **Conclusion:** Screening for G6PD deficiency is necessary in patients with Sickle Cell Anemia (SCA) to prevent deterioration of their condition during treatment. The co-inheritance of both diseases can worsen hemolysis in SCA patients. Therefore, caution should be exercised in drug selection for SCA patients with G6PD enzyme deficiency.

<https://doi.org/10.1016/j.htct.2023.09.080>

Pediatric Hematology Abstract Categories

Stem Cell Transplantation

PP 31

VIRAL INFECTIONS IN PEDIATRIC HEAMATOPOIETIC STEM CELL TRANSPLANT PATIENTS

Irem Bozkurt¹, Ikbal Ok Bozkaya¹,
Ozlem Arman Bilir¹, Mehtap Kanbur¹,
Namik Yasar Ozbek¹

¹ Ankara Bilkent City Hospital

Objective: The aim of this study is to determine the frequency and causative virus of viral infections seen after hematopoietic stem cell transplantation (HSCT) in pediatric patients, the effect of the immunosuppressive agents and antiviral prophylaxis to viral infections, to evaluate the efficacy of antiviral treatment used for viral infections, the impact of viral infections on mortality after HSCT. **Methodology:** 295 pediatric HSCT patients between April 2010-August 2022 from a Children's Stem Cell Transplantation Unit were included. Patients' demographic info, HSCT-related data, GVHD prophylaxis regime, antiviral prophylaxis after HSCT, the time span of prophylaxes applied, 27 different viral infections diagnosed from serum, stool and nasopharyngeal swab samples after HSCT, their frequencies and their timespans, patients' mortalities were documented from patients' files. **Results:** 68% of 295 patients were documented with a viral infection, most common isolates are CMV 26%, EBV 11%, ADV 9%, COVID-19 9%, BKV 7%, VZV 6%. Mortality rates are CMV 27%, EBV 38%, ADV 47%. Virus detection after HSCT is 1,10 months for CMV, 2,33 for EBV, 1,16 for ADV, 11 for VZV, 1 for BKV. The most common co-infections documented are CMV/EBV. For CMV treatment 69% valgancyclovir, 54% gancyclovir, 7% foscarnet is used. 53% of VZV infections were seen after acyclovir prophylaxis is stopped. **Conclusion:** HSCT is a curative treatment for a variety of hematological diseases, immune deficiencies, solid organ tumors, some genetic and metabolic disorders. With preparations before HSCT and the GVHD prophylaxis after HSCT, patients become immunosuppressive and susceptible to opportunistic viral infections. Viral infections have an impact on mortality, and it is beneficial to know the

common viral agents, when they are detected, viruses that are frequently detected together, and their treatment responses.

<https://doi.org/10.1016/j.htct.2023.09.081>

Pediatric Hematology Abstract Categories

Quality improvement / Patient safety

PP 32

EVALUATION OF MENSTRUATION RELATED QUALITY OF LIFE IN ADOLESCENTS WITH ABNORMAL UTERINE BLEEDING

Mine Dedeoğlu¹, Neşe Yaralı¹, Alkım Akman²,
Demet Taş¹

¹ Ankara Yıldırım Beyazıt University Medicine

Faculty Bilkent City Hospital

² Ankara Bilkent City Hospital

Objective: Abnormal uterine bleeding (AUB) is a common menstrual problem in adolescent girls. Every adolescent with AUB should also be evaluated for bleeding disorders. This study evaluated adolescent girls with AUB, with and without bleeding disorders, as well as their coping skills and menstruation specific quality of life compared to their peers. **Methodology:** The research was conducted in Ankara Bilkent City Hospital, Department of Pediatric Hematology and Adolescent Health as a prospective cross sectional study. The aim of this study was to determine coping skills and menstruation-related quality of life of adolescent girls with AUB according to Pediatric Bleeding Questionnaire Scoring and Menstrual Assessment Chart. 167 patients with AUB and 165 control group, were included in our study. Each patient was evaluated by the hematology department in terms of bleeding disorder. The participants completed the Adolescent Coping Scale (CEIBO), the Children's Quality of Life Scale (PedsQL) and a scale developed by the researchers to determine the directly menstruation related quality of life (MRQL). **Results:** Bleeding disorder was found in 10.1% of adolescents diagnosed with AUB. When the CIBS sub-dimensions were compared between the patient and control groups, no significant difference was found between them (p=0,056). In adolescents with AUK; total quality of life score, and quality of life score related to school and physical health functionality were found to be statistically significantly lower than the adolescents in the control group (p=0,004; p=0,007). When the adolescents with AUK were compared with the adolescents in the control group, there was no significant difference between the social functionality and emotional functionality quality of life sub-dimensions (p=0,116; 0,063). Menstruation related quality of life was found to be significantly lower in adolescents with AUB (p<0,001). The quality of life of adolescents with severe AUB was found to be lower than those with moderate and mild AUB (p=0,026). When the total PedsQL scores were compared between the patient, control, the patient group's score was significantly lower than the control group (p=0,012). However, there was no significant difference between the patients