case below. It was also unusual for KS to have primary lymph node involvement without cutaneous involvement.

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PP 27

Extranodal marginal zone lymphoma of the ocular adnexa

A. Gül, O. Aydın*, E. Kelkitli, H. Atay, M. Turgut

19 Mayıs University Department of Hematology, Samsun, Turkey

Objective: Ocular manifestations of non-Hodgkin lymphoma are rare, and the diagnosis can be delayed because of nonspecific symptoms and a tendency to mimic the appearance of other ocular diseases. Suspicious presentations will require confirmation of the lymphoma through surgical biopsy. The aim of this study was to present an ocular non-Hodgkin marginal zone lymphoma without systemic involvement, which was successfully managed with external beam radiation.

Case report: A 77-year-old female developed redness and swelling in the right eye which was initially treated as a nodular episcleritis and applied to our outpatient clinic. When the situation did not resolve, a subsequent biopsy diagnosed a low-grade non-Hodgkin marginal zone lymphoma. Systemic involvement was not detected in the images performed. Magnetic resonance imaging did not demonstrate any uveal or orbital extension and no intraocular involvement was noted. The lesion was treated with 30 Gy external beam radiation for a total of 10 days, resulting in significant tumor regression. Six month after the radiotherapy, the tumor has not recurred, and there has been no systemic involvement.

Conclusion: It is not unusual for ocular adnexa lymphomas to masquerade as another clinical entity, sometimes making the initial diagnosis challenging. A biopsy to rule out malignancy should be considered. We wanted to present this case because it is a rare case.

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PP 28

Alk (–) anaplastic large cell lymphoma diagnosed by tongue root biopsy: case report

F. Yilmaz[1,*], M. Albayrak[1], M. Tiglioglu[1], M. Aras[1], S. Maral[1], A. Yildiz[2], U. Malkan[1]

[1] *Diskapi Yildirim Beyazit Training and Research Hospital, Department of Hematology, Ankara, Turkey*
[2] *Hitit University Erol Olçok Training and Research Hospital, Department of Hematology, Ankara, Turkey*

Objective: Anaplastic large cell lymphoma(ALCL) which was described in 1985, is rare subtype among non-hodgkin lymphomas with rate of 2%. ALCL is located' mature T and NK neoplasms' group in 2016 WHO' mature lymphoid, histiocytic and dendritic neoplasms' classification. Besides ALCL subdivided into anaplastic lymphoma kinase (ALK) negative (–), ALK positive (+), primary cutaneous, group of associated with breast implant. CD30 and ALK are key molecules at pathology, diagnosis, treatment of ALCL. ALK (+) ALCL has a better prognosis than ALK (–) ALCL. Peripheral and mediastinal-abdominal lymphadenopathies (LAP), appears in more than half of patients. Approximately 60% of patients have extranodal involvement. The most common extranodal involvement sites are; skin, bone, liver, lung, spleen, bone marrow and soft tissue. Rare involvement occurs in the central nervous system and gastrointestinal tract. We wanted to our patient with ALK (–) ALCL diagnosed with tongue root biopsy in order to contribute to the literature.

Case report: It was learned that a-60-year old female patient applied to the otolaryngology department with the complaint of swelling in the neck, and in her detailed examination, tonsillectomy and tongue root biopsy was performed due to suspicious mass. The patient direct to us on the reporting of tongue root biopsy pathology as ALK(–) ALCL. PET-CT was taken for staging. As a result of PET-CT: left submandibular 15 mm × 8 mm LAP (SUVmax: 4.15), right submandibular 14 mm × 10 mm LAP (SUVmax: 6.32), left jugular 27 mm × 37 LAP (SUVmax: 15.91), left deep servical 11 mm × 8 mm (SUVmax: 10.35), left supraclavicular 13 mm × 10 mm (SUVmax: 15.08) was detected and there was no involvement in bone marrow biopsy. The patient was considered stage ll ALK (–) ALCL. A total of 6 cure of CHOEP (cyclophosphamide 100 mg/day, vincristine 2 mg/day, adriamycin 85 mg/day,etoposide 150 mg/day and methlylprednisole 100 mg/day) were planned. In the evaluation after 6 cure chemotherapy:the patient with complete remmision was followed up.

Conclusion: Although ALCL is rare, it is a disease that needs to be diagnosed and treated quickly due to its clinical course. Although skin, bone, liver, lung, spleen, bone marrow and soft tissue involvement are common, it should be kept in mind that it can be seen rare cases such as central nervous system, gastrointestinal system and tongue root as that our case. Protocols containing anthracycline such as CHOP/CHOEP (cyclophosphamide, doxorubucin, vincristine, prednisone/cyclophosphamide, doxorubucin, vincristine, etoposide, prednisone) form the basis of treatment. Non-CHOP induction strategies:ifosfamide, carboplatin, etoposide (ICE), autologous stem cell transplant/allogeneic stem cell transplant after ICE plus intrathecal methotrexate. Despite this protocols and new treatment agents (pralatrexate, ibrutinib, etc.) early diagnosis is very important at ALCL.

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