bowel syndrome. Her blood count identified a significant anaemia (haemoglobin 53 g/L) and thrombocytosis (platelets 1260×10^9/L), and was thus referred to haematology clinic. She was diagnosed with IgG-C3d AIHA. The patient was started on prednisolone 1 mg/kg with a good initial response. To investigate the underlying cause, a whole body CT scan was performed, which identified significant abdominal ascites. Serum CA-125 was raised at 6715U/mL (range 0–35) and paracentesis revealed an LDH of 1203 SU suggesting underlying malignancy, but no malignant cells were found on the ascitic fluid cytology. The patient went on to have a PET scan, which confirmed FDG avid serosal disease, with update in the liver, omentum and peritoneum. Diagnostic laparotomy revealed widespread nodules on all serosal surfaces, and the biopsy confirmed a diagnosis of peritoneal epithelioid malignant mesothelioma. Whilst the patient had her workup with the oncology team, her AIHA became refractory to steroid treatment, and was commenced on Rituximab at 375 mg/m^2 weekly infusions. The patient did not respond to 4 doses of Rituximab, and continued to require regular transfusion support. She eventually started chemotherapy for the mesothelioma, which reduced the briskness of haemolysis, and reduced transfusion requirements; although haemolysis did not completely cease.

Conclusion: To our knowledge, this is the third case of AIHA with malignant peritoneal mesothelioma reported in literature. There is currently no established treatment for AIHA associated with solid organ malignancy. This case highlights the poor response to standard treatments, and only a partial response to the definitive treatment for the underlying malignancy.

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PP 44

Erdheim–Chester disease: a single center experience

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Objective: Erdheim-Chester disease (ECD) is a rare histiocytosis which has typical findings including central diabetes insipidus, restrictive pericarditis, perinephric fibrosis, and sclerotic bone lesions. ECD is primarily a disease of middle-aged adults, with a mean age of 46 years at diagnosis in the United States (range, 20–74 and 56 years in the French cohort (range, 29–86). The exact incidence is unknown due the lack of population-based mandatory reporting to national registries.

Case report: Patient-1 Patient-2 Patient-3 Patient-4 Patient-5 Sex Male Male Female Female Male Age at compilation 32 32 51 65 41 Age at diagnosis 28 29 48 64 37 Follow up from disease onset, mo 59 45 40 12 44 Constitional symptoms – – – – + Skeletal involvement + + + + + Extraskletal involvement + + – + + Cardiac involvement Coronary involvement – – – – – Pericardial involvement + – – – – Right atrial pseudotumor – – – – – Valvulopaty – – – – – Large vessel involvement – – – – – CNS involvement Central DI + – – + – SerebellarSyndrome – – – – – Extra–axial mass – + – – – Hypophyseal involvement – – – – Pulmonary involvement + – – – – Orbital involvement – – – – + Cutaneous involvement (xanthelasma) – – – – + Retroperitoneal involvement – – – – – Adrenal infiltration – – – – – Paranasal sinüs involvement – – – – – Maxillary involvement – – – – – Treatment + + + + + Peg IFN-α/IFN-α + – + + + Radiotherapy – – + – – Corticosteroids – – – – + Other – + – – +

Methodology: Data of five patients were retrospectively analyzed in our center. The mean age of the patients was 41.2 years (28–64 years) at the time of diagnosis. The mean follow-up period was 40 months (12–59 months).

Results: The patients were mostly diagnosed with the bone. The most commonly involved organ was the bone, followed by the central nervous system (CNS), heart, lung, periorbita, and skin, respectively. While bone involvement was observed in all patients, non-skeletal involvement was observed in 4 patients. Diabetes insipidus was detected in 2 patients. Patients received different treatments depending on the type of involvement and extent of the disease. Four patients received treatment with Peg-IFN, and one patient received radiotherapy due to the progression of the disease. Following excision of the mass, no recurrence was observed in one patient, and the patient was under follow-up without treatment. One of the patients was diagnosed with the disease before the first-line treatment with vemurafenib, therefore, a combination of vinblastine and methylprednisolone was used. However, a full response could not be achieved. IFN was used as the second-line treatment, and the patient was under follow-up with stable conditions. No patient passed away during the follow-up.

Conclusion: Of our patients, 60% were male, similar to the general epidemiological data. However, the mean age of our patients, who were American and French, were low. Evaluation of the expression levels of BRAFV600E was performed for three patients, but the results were negative. This may be due to the fact that one patient had overlapping entities with LCH and could not be evaluated with a method as sensitive as ddPCR, which is one of the most recent sequencing techniques. Although skeletal involvement was present in all patients, the absence of extra-axial involvement, such as life-threatening retroperitoneal involvement and adrenal involvement, was remarkable. Although the patients were BRAF V600E mutation negative and this made the conversion to vemurafenib therapy difficult, patients were followed up without progression during the conventional Peg-IFN therapy. Clinical profile and treatment approach algorithms of ECD

patients in Turkey should be created with longer follow-up and multi-center data collection.

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PP 45

Acute brucellosis presenting as leukocytoclastic vasculitis

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Objective: Brucellosis is a zoonotic disease caused by Brucella spp. bacteria that is transmitted to humans through contact with animal products and body fluids of animals. It is a multisystemic disease associated with variable clinical symptoms. Although cutaneous symptoms can rarely be encountered at presentation and during the course of the disease, the occurrence of cutaneous vasculitis is extremely rare. Here, we present a case that presented with purpuric eruptions and was diagnosed with brucellosis-induced leukocytoclastic vasculitis.

Case report: A 62-year-old female presented to our clinic with fatigue, tiredness, and eruptions on the anterior aspects of both legs that had persisted for two weeks. On physical examination, there were diffuse, non-palpable maculopapular eruptions on the anterior surfaces of both tibias. Detailed patient history revealed complaints of myalgia and arthralgia, lumbar pain, fatigue, and eruptions that had persisted for approximately one month. The patient was a farmer and worked in animal husbandry. Laboratory tests were as follows; hemoglobin level, 12.3 g/dL (range, 12–16 g/dL); white blood cell count, 5.92×10^9/L (range, 4–10×10^9/L); platelet count, 115×10^9/L (range, 150–400×10^9/L); lactate dehydrogenase, 240 IU/L (range, 120–246 IU/L); total bilirubin, 0.8 mg/dL (range, 0–1.1 mg/dL); creatinine, 1.23 mg/dL (range, 0.6–1.2 mg/dL); alanine aminotransferase, 12 U/L (range, <31 U/L); erythrocyte sedimentation rate, 86 mm/h (range, 0–15 mm/h); C-reactive protein, 26.3 mg/L (range, <5); prothrombin time (PT), normal; and activated partial thromboplastin time (aPTT), normal. HBsAg was negative, Anti-HCV was negative, Anti-HIV was negative, anti-nuclear antibody (ANA) was negative, rheumatoid factor was 19 IU/ML (range, 0–15), p-ANCA and c-ANCA were negative. Rose Bengal test performed due to clinical suspicion was positive. Brucella standard tube agglutination (STA) test was performed twice and was positive at a titer of 1/1280. A skin biopsy was taken from the purpuric lesions on the anterior aspect of the tibia. On histological examination; vascular structures in the dermis showed diffuse inflammation and neutrophilic and lymphocytic infiltration. On immunofluorescence examination; IgA: (–), IgM: (–), IgG: (–), C3: (–) and the results were consistent with leukocytoclastic vasculitis. Leukocytoclastic vasculitis could not be explained by medication use or infective endocarditis, and cryoglobulin tests were negative. The clinical picture was considered to be induced by acute brucellosis. The patient was started on rifampicin (600 mg/day PO), doxycycline (100 mg PO, q 12 h) as brucellosis treatment. Vasculitic lesions showed significant improvement after two weeks of follow-up. Complete recovery was achieved with 6 weeks of antimicrobial treatment for brucellosis and Brucella SAT titres declined to 1:40 after the treatment.

Conclusion: Brucellosis is associated with a wide variety of cutaneous symptoms. Various cutaneous lesions such as maculopapular lesions, papules, petechia, purpura, and papulonodular lesions can be observed. Cutaneous symptoms encountered at presentation or during the course of the disease, particularly vasculitic eruptions, are extremely rare. Further, these eruptions can sometimes resemble subcutaneous bleeding induced by a hemostatic defect. However, in regions where brucellosis is endemic, such as Turkey, brucellosis should certainly be considered in the differential diagnosis when vasculitis is unexplained and classic brucellosis symptoms are concomitant.

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PP 46

The frequency of anemia in the elderly patient population in Van Province, Turkey. A cross-sectional study

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Objective: Anemia is a common health problem among elderly patients and its prevalence increases with aging. Although it used to be considered as a natural consequence of aging in the past, many current studies indicate that anemia reflects a deterioration of health status and leads to unfavorable consequences if not treated. This study aims to determine the prevalence and morphological distribution of anemia among elderly patients who presented to the hospital during a certain time period.

Methodology: Hemogram parameters of all patients aged 60 or older who attended our hospital for any reason between April 2018 and October 2018 was reviewed. Anemia was defined according to the criteria by the World Health Organization (WHO), as a hemoglobin level lower than 12 g/dL in females and 13 g/dL in males. Cases of anemia were classified based on the mean corpuscular volume (MCV) results of the patients as microcytic, normocytic, or macrocytic. The prevalence and morphological classification of anemia were examined with respect to age and gender.

Results: Of 1192 total patients, 608 (51%) were female. The majority of the patients were in the 60–70-year range, with a rate of 60.3% (718). Mean age was 69.70 ± 7.55 years in females and 69.8 ± 7.15 in males, with no significant difference ($p = 0.680$). Anemia was detected in 340 patients (28.5%) in total. The rate of anemia was 24.8% in females and 32.4% in males, and the prevalence of anemia was significantly different between genders ($p = 0.004$). Mean hemoglobin level was found as 13 ± 1.89 g/dL in females