($n=3$), CD64 ($n=59$), CD14 ($n=20$), CD5 ($n=51$), CD3 ($n=55$), CD56 ($n=52$), CD10 ($n=67$).

Results: Among them presence of CD33, CD19 and CD56 increased the probability of remission achievement ($p=0.005$; 0.025 and 0.049 respectively) while CD14 ($p=0.028$) had a negative effect on it. It is important to note that none of these markers had a significant effect on the overall survival.

Conclusion: In conclusion, search for new prognostic factors for AML in children continues, and aberrantly expressed immunophenotypic markers may become important for clinicians.

https://doi.org/10.1016/j.htct.2020.09.126

PP 64

The course of toxic hepatitis at the stage of treatment consolidation acute leukemia in children

M. Babayev*, A. Ahmadova, K. Mehtiyeva, N. Babayeva

National Hematology and Transfusiology Center, Moscow, Russian Federation

Objective: Toxic hepatitis occupies a special place among the complications of chemotherapy in the treatment of patients with acute leukemia. The research work we have presented is devoted to studying the frequency of toxic hepatitis and the choice of treatment tactics for children who are at the stage of consolidating acute leukemia.

Methodology: The study group included 110 children from both sexes who reached complete remission after a course of induction. Patients were 9 months old up to 15 years. The treatment was carried out according to the Moscow-Berlin-2015 program, where the consolidation phase was composed of 3 courses of 8 weeks. The severity of toxic hepatitis was predetermined by its criteria.

Results: According to the data obtained, 81 patients had toxic hepatitis (73.6%). In mild form it was noted in 46 children (56.7%), in moderate severe in 31 (38.4%), and in severe in 4 children (4.9%).

Conclusion: In the mild form of hepatitis from the intravenous use of Essentiale forte and Riboxin against the background of ongoing chemotherapy, a positive effect was obtained. With moderate severity, intravenous administration of Adeomethionine preparations (Heptral/Legend) in combination with Aevit per os turned out to be more effective. In 4 patients, upon transition to a severe form in the last course of consolidation, along with these drugs, ursodeoxycholic acid (Ursobil) + enhanced detoxification therapy was prescribed, which led to a complete recovery. After the treatment of toxic hepatitis, all patients with moderate and severe form, for the purpose of prevention, was prescribed combination therapy with Ursobil + Aevit + Lipoic acid, which gave a long-term positive effect.

https://doi.org/10.1016/j.htct.2020.09.127

PP 65

Klippel–Trenaunay syndrome associated with chronic myeloid leukemia

C. Coskun*, T. Aksu, F. Gumruk, S. Unal

Hacettepe University Center for Fanconi Anemia and Other Inherited Bone Marrow Failure Syndromes, Ankara, Turkey

Objective: Klippel–Trenaunay syndrome (KTS) has been associated with capillary, venous, lymphatic and soft tissue malformations, whether it predisposes to malignancy is not clear. We report a case of chronic myeloid leukemia (CML) with KTS. We report this case because of its rarity and need for long term follow-up.

Case report: A 14-year-old boy presented with a painless mass on his left groin which was extending to his knee. Physical examination revealed splenomegaly, limb length discrepancy, left lower extremity hypertrophy and capillary hemangiomas over the posterolateral skin of the left thigh. KTS was suspected and confirmed with heterozygous mutation (c1634A>C/p.Glu545Ala) at the PIK3CA gene. The patient consulted to the hematology due to hemorrhage complication of the surgery. Complete blood counts showed a hemoglobin level of 7.3 g/dL, white blood cell as 164×10^9/L, neutrophil 76.4×10^9/L and thrombocytes 104×10^9/L). The differential was metamyelocytes 20%, bands 4%, neutrophils 70%, eosinophils 4%, lymphocytes 2%, normoblast 4%, except circulating blasts. Bone marrow aspiration showed normocellular myeloid/erythroid ratio of 23:1, granulopoiesis with left shift, increased megakaryocytes seen with normal maturation and blasts were lower than 5%. RT-PCR from peripheral blood was positive for the BCR-ABL p210 transcript. Conventional karyotyping revealed a typical 46 XY, t(9,22)(q34;q11.2) without any additional cytogenetic abnormalities in all (20/20, 100%). Chronic phase CML (CML-CP) was diagnosed, and imatinib was initiated with a 300 mg/m^2 dose daily.

Results: To our knowledge there has been no description of an association between KTS syndrome and CML in the literature. We report this case because of its rarity.

Conclusion: Klippel–Trenaunay syndrome is a rare congenital malformation involving blood and lymph vessels and abnormal growth of soft and bone tissue. The exact cause of KTS is not clear, several genes and pathways have been identified in its pathogenesis. Remarkably, PIK3CA gene mutations have been detected in some cases of KTS. PIK3CA encodes for a subunit of the phosphoinositide 3-kinase enzyme, which is involved in cell proliferation and migration. The angiogenic gene VG5Q has also been implicated in KTS. We report the case of a 14 year-old boy with diagnosed KTS, who presented with a bleeding from the surgical region that was found to be a chronic myeloid leukemia. To our knowledge there has been no description of an association between KTS syndrome and CML. In the literature, there are cases where KTS is associated with Wilms tumor, neurofibromatosis and osteoblastoma, but no hematologic malignancy has been so far.

https://doi.org/10.1016/j.htct.2020.09.128