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Objective: Osteosarcoma and Ewing sarcoma are the most common bone sarcomas of the childhood. Kerbs von de Lungren 6 (KL-6) is a glycoprotein that is expressed on type 2 pneumocytes and bronchial epithelium. Serum KL-6 level can increase in many interstitial pulmonary diseas and lung cancers. Aim of the study is to evaluate the predictive value of serum KL-6 level on malign potential of pulmonary nodules in pediatric patients with bone sarcoma with pulmonary metastasis or with vague pulmonary nodules. **Methodology:** Blood samples were taken from patients with diagnosis of Ewing sarcoma or osteosarcoma at the time of diagnosis or first relapses. Control group was selected from 42 voluntary children without any chronic or acute diseases associated with lung. Serum of the blood samples were separated and frozen at -70 C° and KL-6 level was measured via ELISA method. Thorax computed tomography (CT) images of the patients were analyzed to interpret about pulmonary metastasis. **Results:** Total 47 patients were included in the study, 19 of the patients were with Ewing sarcoma and 28 with osteosarcoma.Thorax CT revealed pulmonary metastasis in 9 of the patients at first evaluation. KL-6 level of the these patients with pulmonary metastasis was greater than without metastasis (p;0.05) and control group (p;0.019). Patients with pulmonary nodule at any time had significantly higher serum KL-6 level at first evaluation than without metastasis (p; 0.04) and control group (p;0.017). **Conclusion:** In our study we found serum KL-6 level higher in patients with pulmonary nodules that relevant with pulmonary sarcoma metastasis than patients without metastasis and healthy control group. Our study also revealed that patients that had pulmonary metastasis during their follow-up also had higher KL-6 level at diagnosis. These results should be proven with more number of patients. Measuring KL-6 level may be used as a marker for early diagnosis of pulmonary sarcoma metastasis.

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RARE TUMOURS AND HISTIOCYTOSIS

OP 40

PROLONGED COVID-19 POSITIVITY AND CHEMOTHERAPY IN A PATIENT WITH NASOPHARENGEAL CARCINOMA

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Case report: Nasopharyngeal carcinoma is a rare tumor that accounts for 1-3% of all childhood malignancies. A 16-year-old patient with refractory nasopharyngeal carcinoma, whose treatment has to be interrupted due to COVID-19 positivity.After 6 weeks because of disease progression, we started his chemotherapy altough he is still COVID-19 positive. We didn't see any complication. Prolonged COVID-19 positivity is thought to be associated with the infection of immortal malignant cells located in the nasopharynx

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OP 41

EVALUATION OF CLINICAL AND LABORATORY CHARACTERISTICS OF CHILDREN WITH RHABDOID TUMOR: A MULTICENTER STUDY

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Objective: Rhabdoid tumors, which are rare in childhood, are aggressive cancers. It can be particularly seen in 3 different anatomical regions, mostly in the central nervous system, kidneys, and soft tissue in early childhood. In this study, it was aimed to evaluate the clinical, radiological and pathological features of pediatric patients with rhabdoid tumors who were followed up and treated in 3 different pediatric oncology reference centers. **Methodology:** Erciyes University Faculty of Medicine, Kahramanmaraş Sütçü İmam University Faculty of Medicine, Health Practice and Research Hospital and Adana City Training and Research Hospital, 17 patients diagnosed with rhabdoid tumor between 2002-2021 were retrospectively analyzed. **Results:** Of the patients, 6 (35%) were female and 11 (65%) were male. Chemotherapy (Doxorubicin, Ifosfamide, Carboplatinum, Etoposide, Vincristine, Actinomycin-D, Cyclophosphamide) was administered to the patients at different times. Radiotherapy was applied to 8 (47%) of the patients. The tumor was in the brain in 8 (47%) of the patients, in the kidney in 4 (23%), in the skin in 4 (23%), and the liver in 1 (6%). **Conclusion:** In this study, the incidence of rhabdoid tumors was higher in males. This may be due to the small number of cases. The 2 years overall survival rates were 50% in brain tumors, 6% in kidney tumors, and 12% in others, according to tumor localization. The localization and stage of the tumor were determinants of the survival of the patients. More clinical studies are needed to improve survival and identify more effective treatment strategies in these tumors.

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PEDIATRIC LEUKEMIAS

OP 42

ACUTE ABDOMEN AND ITS OUTCOMES IN CHILDREN WITH ACUTE LEUKEMIA

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Objective: Acute abdominal conditions such as tiflitis, acute appendicitis and intussusception can be found in the follow-up of children with leukemia. Its considered if one or more of the symptoms of abdominal pain, vomiting, fever, distention in the abdominal examination, sensitivity, tenderness and defenses are available together and the diagnosis is supported by radiological imaging methods. In these patients, making a surgical decision is not as easy as those with a strong immune system due to the increased risk of complications and death. Antimicrobial therapy, blood indrigents and electrolyte support are vital. In this study, we examined our patients with leukemia diagnosed with acute surgical abdomen in terms of clinical findings, prognosis and treatments, and we aimed to show that the results were satisfactory with good management in these patients. **Methodology:** Totally 9 patients who underwent surgery due to acute abdomen when all were ın follow up in our hospital's Pediatric Hematology-Oncology Clinic between July 2016 and December 2020 were examined retrospectively. The patients were under treatment according to the Berlin-Frankfurt-Munich protocol risk groups. The diagnosis of acute abdomen was made with clinical, laboratory and radiological findings. Abdominal direct X-ray graphy view of 2 years old unpefore tiflitis patient displayed in Figure1. The criterion for appendicitis was accepted as measuring the diameter of the appendix > 6mm in thickness, 3 mm thickness of cecum or terminal ileum for ultrasonography (USG) or Computed Tomography (CT). Abdominal computed tomography of 11 years old unpefore tiflitis patient displayed in Figure 2. Demographic information, diagnosis, clinical and laboratory findings, radiological examinations, treatments and results of the patients were recorded. (Table 1) **Results:** Seventh of the patients were diagnosed as ALL, two were AML, two were operated due to perforated tiflitis, five were acute appendicitis, one was operated due to intussusception, and five were girls and four were males. All patients received broad-spectrum antibiotic therapy and four received additional antifungal therapy. Liquid electrolyte disturbance was observed and recovered in two patients. While blood product transfusions were applied to all patients, one patient was given additional granulocytes and pentaglobulin. A second operation was required due to the delayed wound healing in one patient. Apart from this, no complications were seen. Chemotherapy regimens were continued. (Table 2) **Conclusion:** Acute appendicitis has been reported with a frequency of 0.5-4.4%, tiflit 2.6-10% in different studies in pediatric patients with hematologic cancer. The diagnosis of acute abdomen should be rapidly considered and supported by imaging methods. Although the complications and mortality rates of surgery in these patients are higher than the immune system intact patients, early diagnosis, broad-spectrum antibiotics, antifungal use, appropriate liquid electrolyte and blood product support can be performed successfully.

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