Although moderate bleeding is seen in severe factor V deficiency, less than 1% of patients experience bleeding. Cases in which thrombosis is prominent in the presence FV Leiden mutation and FV deficiency have been reported. Here, we present a patient with FV deficiency with FV Leiden heterozygous mutation in the etiology of recurrent abortion. **Case report:** A 41-year-old female patient who applied to her primary care physician with bilateral lumbar pain upon finding INR: 1.43 (0.8-1.2) and APTT: 37.6 seconds (25-36.5), the patient was recommended to apply to our out patient clinic. The patient who described two spontaneous abortions (at the age of 25, the first in the 2nd trimester and the other in the 3rd trimester), also had a history of ecchymosis in the extremities caused by minor trauma at intervals. **Methodology:** PT, INR and APTT returned to normal with the mixing test performed on the patient (12.1 sEC, 1.03 and 28.6 sec, respectively).Afterwards, FV, which is one of the factors in the common pathway of coagulation, was found low in the examination repeated twice (12.3% and 10.2%) (N: 62-139%). The APCR studied twice in screening for thrombophilia was 1.4 and 2.4 (N: 2.61-3.32) Protein C, protein S, antithrombin III levels were within normal limits, LAC and APA were negative. **Results:** According to this result, FV Leiden heterozygous mutation was detected in the genetic thrombophilia panel. Also the patient had FV deficiency . **Conclusion:** Authors termed the coexistence of heterozygous FV Leiden mutation and type1 FV deficiency as pseudohomozygous FV Leiden mutation. In our and other studies, we concluded that thrombosis was clinically significant, where as bleeding was rare and mild. We think that prolonged PT and APTT results in patients with a history of thrombosis with FV Leidenmutation are also stimulating in evaluating FV activity.

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PP 19

BLEEDING MANAGEMENT DURING DELIVERY AND POSTPARTUM PERIOD IN GLANZMANN THROMBASTHENIA: EXPERIENCES FROM TWO CASES

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Objective: Glanzmann thrombasthenia (GT) is a hereditary bleeding disorder. The platelets lack αIIbβ3integrin and fail to aggregate. Pregnancy can also lead to isoantibody formation when fetal cells with β3integrins pass into the circulation of a mother lacking them; a consequence is neonatal thrombocytopenia and a high risk of mortality. We here present our experience with two GT patients, in which rFVIIa was our choice for bleeding prophylaxis and/or control during delivery and postpartum period. **Case report:** Case 1: A 28-year-old woman with GT was hospitalized. She was on 38th gestational week (GW). Vaginal delivery was completed with rFVIIa prophylaxis. Postpartum 5th day rFVIIa stopped. The patient discharged with a minimal vaginal bleeding. Postpartum10th day, she developed severe bleeding. GT seemed to be the only related factor. rFVIIa restarted with tranexamic acid and misoprostol. Two apheresis units of platelets were transfused. That time, rFVIIa continued 7 days. **Methodology:** Case 2: A 26-year-old woman with GT developed hematuria on 30th GW. No urinary system pathology was found. With. rFVIIa treatment, hematuria was ceased. On 39th GW, during labor she developed massive bleeding. As urgent management, 8 random units of platelet and 5 units of packed red blood cell were transfused with local vaginal compress. rFVIIa treatment was initiated. On 10th days of rFIIa with minimal vaginal bleeding the patient was discharged from the hospital. **Results:** In both of the patients, no major neonatal bleeding problem was experienced. **Conclusion:** GT patients are at risk for heavy bleeding during labor, deliver or postpartum. Platelet transfusion is simple and easy option for bleeding control. In alloimmunized patients pooled platelet should be used. The use of rFVIIa appears to be safe and relatively effective.

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PP 20

CASE REPORT OF MARGINAL ZONE LYMPHOMA DETECTED WHILE INVESTIGATING ETIOLOGY FOR HEMOSTASIS DISORDER

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Case report: In this article, we wanted to present our case in which we detected SMZL during examining for defects in coagulation tests and correlated the PT and aPTT elevation with the development of inhibitors against coagulation factors related to this disease. The PT and aPTT values of the patient diagnosed with MZL did not improve in the mixing test, and no other etiology was found. With the second course of chemotherapy, the patient's values improved.

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PP 21

ACQUIRED FACTOR XIII DEFICIENCY WITH RUNX1 MUTATION, A REPORT OF TWO CASES TREATED WITH FACTOR XIII CONCENTRATE

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Acquired FXIII deficiency has been described in association with malignancies or autoimmune disorders. We report two cases of acquired FXIII deficiency associated with hematologic malignancies. The first patient is a 60-year-old male with CMML who presented 4 weeks after confirming his diagnosis with non-traumatic anterior abdominal wall hematoma. Workup revealed FXIII deficiency. He was treated with FXIII replacement and other supportive measures. The hematoma resolved and patient was maintained on factor replacement. Unfortunately, his disease transformed to AML and he succumbed to death after starting AML therapy despite achieving complete remission. The second patient is a 24-year-old male patient post haploidentical transplant for intermediate risk AML. He developed hemorrhagic cystitis day 36 post-transplant and non-traumatic subdural hematoma on day 60 post-transplant. Workup revealed FXIII deficiency. He was treated with factor replacement and the subdural hematoma resolved with improvement of the hemorrhagic cystitis. Both patients had RUNX1 mutation which regulates expression of F13A1 in megakaryocyte this can decreased platelet expression of F13A1 in patient with RUNX1 haplodeficiency which lead to platelet dysfunction. FXIII deficiency should be considered for patient with unexplained bleeding with normal routine workup.

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LYMPHOMA

PP 22

A CASE OF MULTI REGIONAL PRIMARY MUSCLE LYMPHOMA

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Objective: Primary extranodal non-Hodgkin's lymphoma (eNHL) usually presents at an early stage, as an extranodal organ involvement along with draining lymph nodes only or the predominant site is extranodal. As an eNHL, primary skeletal muscle lymphoma is very rare. The usual clinical picture is local swelling and pain with or without systemic symptoms. MRI features are distinctive and FDG-PET/CT may help to evaluate the stage and monitor the response to the treatment. **Case report:** A 56-year-old male, presented with a one-month history of swelling and pain on his left ankle. There was no history of trauma or any physical strain. A mass lesion was palpated on the calcaneus bone. MRI showed diffuse muscle involvement. The clinical picture was not consistent with infection or hematoma. The blood cell count and biochemical investigations were within normal limits. Serology for hepatitis B, C and HIV were negative. Biopsy was decided. **Methodology:** Histological examination revealed CD19, CD20, bcl-2 and bcl-6 positive B-cell lymphoma with a Ki67 proliferation index of 95%. Myc, bcl-2, and bcl-6 gene rearrangements were not detected. Diffuse large B cell lymphoma was diagnosed. FDG-PET/CT showed lesions in multiple regions only limited to skeletal muscles but no other organ involvement. He had no adverse risk factors but bulky lesion (11cm sized lesion). After 6 courses of R-CHOP protocol, he had complete anatomic and metabolic response. **Conclusion:** Healthy skeletal muscles do not have lymphatic system. Lymphomatous involvement of muscles occurs by 3 pathways as dissemination via the haematogenous or lymphatic pathway, extension from adjacent organs, such as the bones or lymph nodes, and de novo primary extranodal disease. Most of the histology primary skeletal lymphomas have the aggressive B-cell immunophenoty. In general, treatment is similar to nodal lymphomas. In conclusion, we aimed to contribute in experience with this rare eNHL type.

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PP 23

A RARE CASE: POSTTRANSPLANT NK/T CELL LYMPHOMA

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Case report: We wanted to present our patient who was diagnosed with NK/T cell type PTLD after kidney transplantation, to contribute to the literature. Posttransplant lymphoma in NK cell phenotype (EBV unrelated) was detected in biopsy taken from the lesions that developed in mouth 11 years after kidney transplantation. It was detected as stage 1E with the examinations. As a result, early recognition of such rare cases and start treatment and reducing immunosuppressive agents are important

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PP 24

A VERY RARE CAUSE OF DIARRHEA IN A CHEMOTHERAPY-INDUCED NEUTROPENIC PATIENT: PELLAGRA

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Case report: Pellagra is a systemic disease caused by a deficiency of vitamin B3 .A 19-year-old male patient, who was diagnosed with Burkitt's lymphoma was admitted to the hematology clinic for the second cycle of R-CODOX-M chemotherapy treatment. The patient at risk of malnutrition developed dermatit,diare and demans during treatment. The