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.

https://doi.org/10.1016/j.htct.2021.10.1031

LYMPHOMA

PP 22

A CASE OF MULTI REGIONAL PRIMARY MUSCLE LYMPHOMA

Beyza OLUK, Metban MASTANZADE,
Nur Seda IBILI, Sevgi KALAYOĞLU BEŞIŞIK

İstanbul University, Istanbul Medical Faculty, Department of Internal Medicine, Division of Hematology

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.

https://doi.org/10.1016/j.htct.2021.10.1032

PP 23

A RARE CASE: POSTTRANSPLANT NK/T CELL LYMPHOMA

Pınar Tığlıoğlu, Mesut Tığlıoğlu,
Merih Reis Aras, Buğra Sağlam, Fatma Yılmaz,
Senem Maral, Hacer Berna Afacan Öztürk,
Murat Albayrak

Diskapi Yildirim Beyazit Training and Research Hospital

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

https://doi.org/10.1016/j.htct.2021.10.1033

PP 24

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

Fatma YILMAZ, Murat ALBAYRAK,
Senem MARAL, Hacer Berna AFACAN ÖZTÜRK,
Merih REİS ARAS, Pınar TIĞLIOĞLU,
Mesut TIĞLIOĞLU, Buğra SAĞLAM

Health Sciences University Diskapı Yıldırım Beyazit Training and Research Hospital, Hematology Clinic

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