cause of diarrhea in the neutropenic patient is mostly in the form of infective diarrhea. Diarrhea due to vitamin deficiency should be kept in patients with malnutrition .

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PP 25

CAVITARY PRIMARY PULMONARY LYMPHOPLASMOCYTIC LYMPHOMA COMPLICATING HENOCH–SCHÖNLEIN PURPURA

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Introduction: Non-Hodgkin lymphoma (NHL) may occur in the chest, often as secondary involvement but occasionally as primary disease. Low-grade pulmonary B-cell lymphoma is the most frequent form. The diagnosis based on histological examination of surgical samples. Henoch–Schönlein purpura (HSP) as a systemic vasculitis typically less commonly affects adults. Triggers including infections, medications and malignancy for HSP have been recognized. **Case report:** We report a patient presenting with HSP who had primary pulmonary lymphoplasmocytic lymphoma (PPLL) as an underlying malignancy. Case: 57-year-old male patient developed chest pain with a hemoglobin level 5.9g/dL. Symptoms resolved after erythrocyte transfusions. He has been diagnosed as having type 2 myocardial infarction. The detailed investigation contributed to warm autoimmune hemolytic anemia (AIHA) diagnosis. Steroid was started. He had high eryhtrocyte sedimentation rate. Further workup revealed bilateral multiple hilar lymphadenopathies and nodular cavitary pulmonary lesions on torax CT. The clinical picture and laboratory evaluation were not consistent with invasive fungal infection and tuberculosis. Purified protein derivative (PPD) skin test was negative. Bronchoalveolar lavage did not reveal any atypical cell and culture positivity. Thoracoscopic lymph node excision was performed. Histologic investigation showed plasma cells in the paracortical area with a slight increase in kappa to lambda ratio (3:1). A fine needle aspiration biopsy of lung tissue revealed lymphoplasmocytosis. PET-CT documented cavitary nodular lesions and hilar lympadenomegalies but no other suspicious lesion. Biopsy sample from one lesion sized 18×12 mm with SUVmax 5 revealed plasma cell infiltration with an IgG kappa phenotype. PPLL was diagnosed. Meanwhile AIHA responded to steroid but recurred during dose tapering. PPLL treatment with bortezomib and rituximab based regimen was decided. AIHA went in remission but relapsed after one year with HSP associated clinical picture. He had severe abdominal pain with intestinal wall thickness. Biopsy samples from kidney showed IgA vasculitis and from skin granular type of IgA and C3 deposition in the walls of small diameter vessels in the papillary dermis. Pulse steroid followed by cyclophosphamide controlled the clinical picture. **Conclusion:** We wished to highlight that in adults presenting with HSP may be a sign of underlying malignancy relapse.

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PP 26

ANTICARDIOLIPINIC ANTIBODIES IN NON-HODGKIN LYMPHOMA

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SUMPh "Nicolae Testemiţanu"

Objective: Identification of hemostasis changes in patients with non-Hodgkin's lymphoma (NHL) and anticardiolipin antibodies (aCL). **Methodology:** The study included 83 patients (men-34, women-49) with a mean age of 63.2 years, with NHL, investigated complex, by research of lupus anticoagulant (LA) by Turbidimetry; antiβ2glycoprotein I IgG, IgM and aCL antibodies, by ELISA method. Hemostasis disorders were evaluated according to the type of NHL, stage, tumor size. **Results:** aCL were detected in 10 (12%) patients: 6 patients with aggressive type lymphoma and 4 patients with indolent type lymphoma, with advanced stage B cell NHL in 60%, mean age 52.8 years. LA was present in 80% of cases, unlike aCL IgG antibodies (10%) and antiβ2glycoprotein I IgG (10%). Hemostasis disorders were found in 6 (60%) patients: thrombotic events-at 4 (40%) patients with Mantle cell lymphoma (1 patient), Small lymphocytic lymphoma (1 patient), lymphoblastic lymphoma (2 patients). Local stage (I and II) of the lymphoma was in 75%, but with a large size of the tumor (> 11 cm), and hemorrhage at 2 (20%) patients with stage IV Small lymphocytic lymphoma, in which immune thrombocytopenia developed. **Conclusion:** The presence of antiphospholipid antibodies, in particular of lupus anticoagulant, advanced age, generalized stage, and large tumor size are risk factors for the development of hemostasis diseases in NHL patients, especially thrombosis.

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PP 27

A CASE OF STAGE 1E DIFFUSE LARGE B-CELL LYMPHOMA PRESENTED WITH KNEE INVOLVEMENT

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Case report: Bone involvement is rare in DLBCL. 70-yearold patient, applied to the orthopedics clinic dueto knee pain. Kneeprosthesis was planned. During operation suspicious nontumoral lesion with unclear borders was observed. Bone biopsy was taken from the intraoperatively detected lesion and a knee prosthesis was placed. According to PETCT and bonemarrow biopsy results, patient was diagnosed as stage 1E. Awareness of DLBCL with atypical presentation are of great importance in terms of early diagnosis

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PP 28

THE EFFECT OF COMORBIDITY AND BODY MASS INDEX ON SURVIVAL IN PATIENTS WITH MARGINAL ZONE LYMPHOMA

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Objective: Marginal zone lymphoma is a biologically and clinically heterogeneous group of indolent lymphoproliferative diseases, constituting 5-15% of all NHLs (Non-Hodgkin Lymphoma) [1]. By the World Health Organization; subgroups as extranodal marginal zone lymphoma (ENMZL, MALT lymphoma, Maltoma), nodal marginal zone lymphoma (NMZL), splenic marginal zone lymphoma (SMZL) constitute 70%, 20%, 10% of MZL (Marginal Zone Lymphoma) cases, respectively. **Methodology:** A total of 50 patients with a diagnosis of MZL who applied to our hospital between 2013 and 2021 were included in this retrospective study. All analyzes were performed on SPSS v21. The Kolmogorov-Smirnov test was used for normality control. Data are given as mean ± standard deviation for continuous variables and frequency for categorical variables. Survival times were calculated using the Kaplan Meier method. Cox regression analysis (enter method) was performed to identify important prognostic factors. p<0.05 values were accepted as statistically significant results. **Results:** The mean age of 50 people in the study group was 62.88 ± 11.50 years and ranged from 34 to 84 years. 50% of the participants were male and 50% were female . The mean follow-up period of the patients was 51.80 ± 27.47 months. It was observed that none of the parameters measured in the study, such as age, gender, body mass index, diabetes, heart disease, thyroid diseases, non-hematological malignancies, chemotherapy, and radiotherapy intake, had an effect on survival. **Conclusion:** Age at diagnosis should be considered in risk assessment of patients with marginal zone lymphoma. It is thought that the fact that the patients are predominantly in the advanced stage MZL group, and the relatively short follow-up period compared to the indolen lymphoma group, has an effect on the absence of a determining effect of comorbid diseases on mortality. Prognostic markers determined by multicenter and detailed studies are needed to provide a better prediction.

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PP 29

CASE REPORT: FOLLICULAR LYMPHOMA PRESENTED WITH CHYLOTHORAX

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Objective: Chylothorax is the leakage of chylous contents into the pleural space as a result of damage to the thoracic duct. Chylous effusion is seen often unilateral but may be bilateral rarely. Etiology includes non-traumatic and traumatic causes. While sarcoidosis, amyloidosis, superior vena cava thrombosis and congenital anomalies are non-traumatic causes, non-Hodgkin lymphomas are the most common causes.Herein, we present a follicular lymphoma patient who was presented chylothorax at diagnosis. **Case report:** A 31-year-old male patient presented with fatigue, and dyspnea. On physical examination, inguinal and axillary multiple palpable lymphadenopathies (LAP) were observed, and respiratory sounds were significantly decreased on the left side.Computed tomography imaging revealed prevascular, paratracheal, subcarinal LAPs and 5 cm thick pleural effusion in the deepest part and compression atelectasison the left. Excisional LAP biopsy revealed follicular lymphoma **Methodology:** When thoracentesis was performed and milky effusion was classified as an exudative. The high triglyceride level was consistent with a chylous effusion. After 6 cycles of R-CHOP treatment, the patient had a significant regression in the initial LAPs, while the chylous effusion persisted. When cytological examination of thoracentesis did not reveal lymphoma, the patient was followed-up. **Conclusion:** Chylothorax is associated with significant morbidity and mortality if left untreated. Control of the underlying malignancy is still the mainstay of treatment and reported as the most effective. In the literature, successful results were reported with the treatment of the underlying lymphoma. owever, it is known, chylothorax may recur and patients should be follow-up closely.

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MYELOMA

PP 30

LENALIDOMIDE ASSOCIATED İMMUNE THROMBOCYTOPENIA: A CASE REPORT

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Objective: Autoimmune cytopenia is observed in many hematological malignancies, whereas immune thrombocytopenia is rarely observed in plasma cell dyscrasias, such as multiple myeloma. On the other hand, cytopenias secondary to myelosuppression due to lenalidomide use are frequently observed,