male and 38 females, were included in this study. At the time of diagnosis,14 patients with high calcium, 77 patients had normal calcium. There was no significant difference in survival between bisphosphonate intake status and IG subtypes (p>0,05). There was no significant difference in progression-free survival between the ISS category, bisphosphonate intake status, creatinine category, and IG subtypes (p>0,05). **Conclusion:** In this study, OS, and PFS in MM patients were not affected by bisphosphonate use. however, LDH level influenced both OS and PFS, the increase in LDH level negatively affected the survival.

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INSIGHTS INTO DIAGNOSIS AND MANAGEMENT OF ADVANCED MULTIPLE MYELOMA

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Objective: The advanced stages of multiple myeloma (MM) commonly manifest a recurrent evolution, unfavorable prognosis and negative socio-economic impact. The increased rates of morbidity and DALYs, frequent complications and relapses, unfavorable socio-economic impact characterize MM as an actual issue of hematology and public health. The objective of the study was the identification of diagnostic patterns and the evaluation of short- and long-term results of treatment of the advanced stages of MM. **Methodology:** The study is a cross-sectional descriptive analysis of a cohort of 50 newly diagnosed patients with advanced stages of MM, who have been treated and followed-up at the Hematology Dept. of the Oncology Institute from Moldova during 2016-2020. The diagnosis was assessed by cytological, immunohistochemical examinations of the bone tissue and bone marrow, and ELISA immunological test of the peripheral blood. The stage was asserted in each case according to the Revised International Staging System. **Results:** The patients age ranged between 28-75 years (median - 57.7 years). MM developed mainly in persons aged 60-69 (52%) years and in rare cases under 39 years (6%). Females were 29 (58%), and males - 21 (42%). 31 (62%) patients were diagnosed in stage III, 14 (28%) - in stage II and 5 (10%) - in stage I. Immunoglobulin (Ig) G isotype was detected in 28 (56%) cases, IgA - in 12 (24%), light chains (Bence Jones MM) - in 10 (20%). Very good partial responses were achieved in 25 (50%) of patients. **Conclusion:** MM was diagnosed mostly in patients of 60-69 years, females and stage III disease. Bone marrow myeloma cells ranged between 30-67% (median - 46%). Concerning the Ig isotype distribution in MM, IgG accounted the majority of cases. Refractory chronic renal failure was the most common complication (50% of cases) in advanced MM. Targeted chemotherapy proved to be efficient in the advanced stages of MM regardless of the gender, age and disease span. Very good partial responses lasted 12-24 months.

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PP 34

CASE REPORT: COEXISTENCE OF CELIAC DISEASE AND MULTIPLE MYELOMA

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Objective: Celiac disease is a systemic disease in which the natural and adaptive immune system is affected by the effect of gluten exposure and environmental factors in individuals with genetic predisposition. Multiple myeloma; is characterized by an increase in clonal plasma cells. It is the most common hematological malignancy after lymphomas.We aimed to present a case siagnosed with celiac disease and multipl myeloma **Case report:** A 56-year-old female patient with a diagnosis of asthma and celiac disease for 1 year was referred to the Hematology department because her refractory anemia. Serum IgA level of the patient was 4490 mg/dl without renal failure and hypercalcemia.bone marrow biopsy compatible with myeloma. The patient received 6 cycles of bortezomib, cyclophosphamide, and dexamethasone and 3 cycles lenalidomid dexametazon chemotherapy.After chemotherapy, Autologous stem cell transplantation was performed. **Conclusion:** Celiac disease is an autoimmune disease, characterized by inflammation and villus atrophy in the small intestine mucosa as a result of sensitivity to gluten, resulting in malabsorption. The incidence of lymphoma and gastrointestinal system malignancy is increased in individuals with celiac disease. Multiple myeloma may also be accompanied by autoimmune diseases such as ankylosing spondylitis, scleroderma, and sjögren's syndrome. Coexistence of multiple myeloma and celiac disease is rare.

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PP 35

A RARE AND COMPLEX CAUSE OF IMPOTENCE POEMS SYNDROME

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Objective: Although plasma cell neoplasms occupy a large place in hematology practice, POEMS syndrome is very rare. Serum lambda light chain elevation and polyneuropathy, together with organomegaly, endocrinopathy, and skin lesions are the main components of the syndrome. We share our case, which we diagnosed in our clinic, with the belief that it will contribute to the literature. **Case report:** A 51-year-old male patient, who had no history of co-morbidity, drug use, or exposure to toxic substances, was started on supportive treatment in February 2021, who first developed the complaint of impotence. Later, he applied to the neurology outpatient clinic with complaints of weakness and weakness in the feet. After detecting polyneuropathy in his evaluation, IgG Lambda monoclonal gammopathy was detected in serum immune electrophoresis in his evaluation for etiology. **Methodology:** Thereupon, it started to be investigated in terms of plasma cell neoplasms. In the examinations performed, immunoglobulin levels, serum-urine kappa and lambda light chain levels, plasma increase in the bone marrow biopsies and a solitary 3.3 cm sclerotic lesion in the sacral region were detected in the PET-CT of the patient, whose ethology could not be diagnosed. **Results:** A tru-cut biopsy was taken from the sclerotic lesion of the patient, who was thought to be a plasmacytoma and a 20% monoclonal IgG lambda plasma increase was detected. In his physical examination, it was seen that he had increased lesions (Figure-1) and acrocyanosis (Figure-2) on the skin for the last 3-4 months. The patient's current complaints and laboratory results were evaluated with a preliminary diagnosis of POEMS syndrome (Table-1). **Conclusion:** POEMS syndrome is a rare disease and its exact incidence is unknown. It is frequently seen in 5-6 decades, with a median age of 51 years, and 63% of cases are male patients [1]. Chronic and excessive production of proinflammatory and other cytokines (IL-1β, TNFα, IL-6, vascular endothelial growth factor (VEGF) etc.), microangiopathy, edema, effusions, increase in vascular permeability, increase in neovascularization are important in the pathophysiology of the disease.

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PLATELET DISEASES

PP 36

IMMUNE THROMBOCYTOPENIA RELAPSE POST COVID-19 VACCINE IN YOUNG MALE PATIENT

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Case report: We report a 28-year-old Asian male patient, known for ITP and in partial remission for eighteen months, who presented to emergency department with ITP relapse (platelets count of 1 × 10^3 /uL), four days after receiving the second dose of Pfizer SARS-CoV-2 vaccine, which required treatment with intravenous immunoglobulins and dexamethasone, we discuss as well the likely underlying pathophysiology and the suggested approach in patients known for ITP who are willing to receive mRNA COVID vaccines.

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PP 37

INTEGRATED EFFICACY RESULTS FROM THE PHASE 2 AND PHASE 3 STUDIES WITH CAPLACIZUMAB IN PATIENTS WITH ACQUIRED THROMBOTIC THROMBOCYTOPENIC PURPURA

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Objective: An integrated analysis based on the Phase 2 TITAN (NCT01151423) and Phase 3 HERCULES (NCT02553317) studies with caplacizumab (CPLZ) in acquired thrombotic thrombocytopenic purpura (aTTP) was performed to assess treatment