

OTHER DISEASES

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DOES BLOOD TYPE HAVE AN EFFECT ON THE COURSE OF COVID-19?

Fatma YILMAZ¹, Murat ALBAYRAK¹,
Abdülkerim YILDIZ²,
Hacer Berna AFACAN ÖZTÜRK¹,
Senem MARAL¹, Pınar AKYOL¹,
Merih REİS ARAS¹, Buğra SAĞLAM¹,
Mesut TİĞLIOĞLU¹

¹ University of Health Sciences, Diskapi Yıldırım
Beyazıt Training and Research Hospital,
Department of Hematology

² University of Hitit, Erol Olçok Training and
Research Hospital, Department of Hematology

Objective: Predictive parameters that can affect the course of this infection have been the main topic of research since the beginning of the COVID-19 (Coronavirus disease 2019) pandemic. Since the discovery of blood groups, the effect of these on infectious diseases has always been of interest **Methodology:** To analyze the effect of ABO blood group on mortality, hospitalization duration and hematological and cytokine storm parameters in patients with COVID-19. This retrospective study was conducted on 140 patients diagnosed with COVID-19. Demographic characteristics, laboratory parameters including ABO blood group, complete blood count (CBC) parameters, biochemical tests, cytokine storm parameters, duration of hospitalization, and final status (discharge or death) were recorded. **Results:** The 140 patients included in the analysis comprised 72 (51.4%) males and 68 (48.6%) females with a mean age of 66.3±14.0 years. Age and gender, hospitalization duration and mortality rates were similar in all blood group types. Only D-dimer values were found to be higher in blood group A compared with other blood groups. **Conclusion:** Although no difference in mortality was determined between groups, the D-dimer level was statistically significantly higher in COVID-19 patients with A blood group. Larger studies are needed to reflect D-dimer levels on the clinical course of infection, and thus on daily practice

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RECURRENT AUTOIMMUNE HEMOLYTIC ANEMIA AFTER MRNA COVID-19 VACCINE (PFIZER-BIONTECH)

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

Health Sciences University Diskapi Yıldırım Beyazıt
Training and Research Hospital, Hematology Clinic

Case report: One of the causes of autoimmune hemolytic anemia is drugs. Vaccination is the most important step in the management of the COVID-19 pandemic. After receiving the m-RNA COVID-19 (Pfizer-BioNTech) vaccine, the patient admitted with weakness and jaundice for the last three days. Laboratory results are consistent with AIHA recurrence. Splenectomy was performed after the patient stabilized with rituximab therapy. Especially newly developed therapeutic agents have a potential risk of new side effects.

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EXTRAMEDULLARY HEMATOPOIESIS IN PATIENTS WITH TRANSFUSION DEPENDENT β -THALASSEMIA (TDT): A SYSTEMATIC REVIEW

Eihab Subahi¹, Fateen Ata¹, Hassan Choudry²,
Phool Iqbal¹, Mousa AlHiyari¹,
Ashraf Soliman³, Vincenzo De Sanctis⁴,
Mohamed Yassin¹

¹ Hamad Medical Corporation

² Faisalabad Medical University

³ University of Alexandria

⁴ Quisisana Hospital

Objective: Thalassemia is one of the most common hemoglobinopathies, with around 5% of the world's population expected to have some degree and type of thalassemia. Beta thalassemia (BT) occurs due to a deficient production of the beta-globin chain of hemoglobin. Extramedullary hematopoiesis (EMH) is one of the complications of BT, mainly observed in minor/intermedia subtypes. EMH is the production of blood cells outside the marrow as a compensatory response to long-standing hypoxia. Due to chronic transfusions, it is not expected in patients with beta-thalassemia major (BTM). However, there are increasingly reported cases of EMH in BTM. The incidence of EMH in BTM is thought to be <1%. However, it seems that the true incidence is much higher than expected. This review aims to pool the available data and provide cumulative evidence on the occurrence of EMH in BTM patients. **Methodology:** We aim to conduct a systematic review via searching multiple electronic databases (PubMed, Scopus, Google Scholar) to identify eligible articles from any date up to December 2020. Eligible studies should report extramedullary hematopoiesis in beta-thalassemia major. Case reports, case series, observational studies with cross-sectional or prospective research design, case-control studies, and experimental studies will be included if found relevant. Two reviewers (FA and ES) will individually analyze the study quality using the statistical methodology and categories guided by the Cochrane Collaboration Handbook, PRISMA guidelines, and Joanna Briggs Institute checklist for case reports and series. **Results:** Data from 253 cases of EMH in BTM patients were extracted with mean age of 35.3 +/- 0.5 years. Mean hemoglobin at presentation with EMH was 8.2 +/- 2.1 mg/dL. Lower limb weakness was the most common presenting feature (N=23) (paraspinal EMH). Magnetic