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Objective: Congenital dyserythropoietic anemia is a group of diseases characterized by ineffective erythropoiesis and multinuclear erythroblasts, mostly diagnosed in childhood. Although there are 3 main types, type II is the most common. We present our patient with congenital dyserythropoietic anemia, who was not diagnosed until the age of 49, to contribute to the literature. **Case report:** A 49-year-old male patient was admitted to our hospital with abdominal pain, weakness and yellowing of the eyes. His examinations revealed splenomegaly, cholelithiasis, anemia and hyperbilirubinemia. In the patient's anamnesis, he stated that he had jaundice and weakness since childhood, and that he knew that he had abdominal pain and spleen enlargement with advancing age. **Methodology:** Bone marrow biopsy was performed to the patient for a different diagnosis and cause. Binuclear erythroblasts were observed in the patient (fig. 1). As a result of the new generation sequencing performed on the patient who was evaluated as familial non-immune hemolytic anemia, c.1733T>C homozygous mutation in exon 15 of the SEC23B gene was detected and a diagnosis of congenital dyserythropetic anemia type II was made **Results:** Congenital dyserythropoietic anemias (CDA) represent a large group of diseases that mainly result in ineffective erythropoiesis. Morphological changes observed in the bone marrow over a long period of time were its main diagnostic features. Together with 3 main subtypes, they are examined in a total of 5 subtypes. CDA type II is most common. Clinically normal or slightly increased reticulocyte count is characterized by a variable degree of normocytic anemia. **Conclusion:** Diagnosing CDA cases: It is closely related to the clinician's ability to remember and access genetic tests, especially in advanced ages. Considering that access to genetic tests will increase in the future, many undiagnosed cases may come up. Although our treatment possibilities are limited in the current situation, future treatment methods are promising. However, studies are still needed to understand this disease and its mechanisms.

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QUALITY IMPROVEMENT / PATIENT SAFETY

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HEMATOLOGIC REFERENCE VALUES FOR HEALTHY ADULT SAUDIS

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Background: Laboratory hematological tests are widely used in clinical practice to assess health and disease conditions. Although, the International Federation of Clinical Chemistry and Laboratory Medicine (IFCC) and the Clinical and Laboratory Standards Institute (CLSI) recommended that reference ranges should be established for each region , to the best of our knowledge, no study has described the reference values of routine hematological parameters in healthy Saudi adults. **Objectives:** To provide reference values of routine hematological parameters in Saudi adults according to age and gender. Material and Methods: A total of 827 adults potentially healthy Saudi participants with age ranging from 15 to 65 years were enrolled in this cross-sectional study from the central province of Saudi Arabia, Riyadh city. **Results:** The reference values of routine hematological parameters (full blood count, hemostatic profile, and biochemical tests of serum hematinic) according to gender were provided in detail (mean, SD, range, median, upper and lower limits) after exclusion of 157 due to various reasons. No difference in any hematological values were observed in relation to age. Current study hematological parameters' reference ranges were mostly different to the universal established ranges. **Conclusion:** This novel study provides the reference ranges of routine hematologic parameters for adult Saudi population for accurate assessments and appropriate management of routine clinical care, hence, to improve quality in health care.

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PEDIATRIC HEMATOLOGY ABSTRACT CATEGORIES

COAGULATION AND FIBRINOLYSIS DISORDERS

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A CASE REPORT WITH SEVERE CONGENITAL FACTOR XIII DEFICIENCY AND AN UNCOMPLICATED PREGNANCY AND BIRTH PROCESS

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Introduction: Factor XIII deficiency is an extremely rare type among bleeding diathesis. In factor XIII deficiency, normal results of coagulation screening tests are expected. It usually does not cause spontaneous bleeding. Apart from bleeding diathesis, it may cause delayed wound healing and recurrent spontaneous abortions in women. Here, we present a 32-year-old case with severe congenital factor XIII deficiency who had an uncomplicated pregnancy and birth with regular replacement therapies. **Case report:** A 32-year-old patient with severe congenital factor XIII deficiency, who had a history of spontaneous abortion at the 11th week of her first pregnancy, applied to our center with a request for childbirth. It was learned that the factor XIII levels of the patient could not be measured, that she was using plasma-derived FXIII concentrate at a dose of 25 units/kg every time once a month, and in cases where this could not be obtained, 5 units/kg