died. Five patients (16,1%) had the t(15;17)(q24;q21.3) corresponding to the PML-RARA fusion. Six patients (19,3%) had the *FLT3* mutation that confers a poorer prognosis. During the clinical follow up, a total of 16 patients died due to septic shock, COVID-19, or refractoriness to treatment. **Discussion:** The incidence of cases of adults over 50 years of age with AML was 58%, as it corroborates the expected incidence of cases regarding the age described in the literature. Studies indicate that immunophenotyping is critical to the differential diagnosis among AML subtypes. AML is defined by the mainly expression of the markers MPO, CD117, CD13, CD33, HLA-DR and CD38, corroborating what was observed in the results. In addition, depending on the alteration observed in the karyotype, it may confer poor or good prognosis to the patient. The *PML-RARA* merger, for example, is known as M3 AML or acute promyelocytic leukemia (APL), a subtype of AML with a better prognosis for patients. The *FLT3* mutation is present in 1 in 3 patients with AML. The presence of this altered gene may mean a worse prognosis and a greater possibility of recurrence but allows a specific and differentiated treatment. **Conclusion:** Epidemiological data from this preliminary study indicate that in the state of Ceará AML is more common in male patients aged 50-80 years. In addition, the use of targeted therapies for patients with abnormal karyotypes as well as the adoption of stricter measures to prevent hospital infections may increase patient survival.

https://doi.org/10.1016/j.htct.2022.09.281

EPIDEMIOLOGICAL AND MOLECULAR PROFILE OF ADULT PATIENTS WITH ACUTE LYMPHOBLASTIC LEUKEMIA IN CEARÁ

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Objective: About 70% of cases of Acute Lymphoblastic Leukemia (ALL) affect children aged 1- 4 years. The incidence increases slightly again in adults over 50 years, characterizing a poor prognosis. According to data from the National Cancer Institute, for the year 2020 leukemias present in men as the fifth most frequent neoplasm in the Northeast Region with a risk of 8.20/100,000 inhabitants, occupying the fifth position. In the case of women, the risk in the Northeast region is 4.42/100,000 inhabitants and ranks tenth. This study aimed to identify the molecular and epidemiological profile of adult patients with ALL in the state of Ceará. **Methodology:** Sample collection was performed in patients with ALL treated at the General Hospital of Fortaleza (GHF), considered the main and largest hematology outpatient clinic in the metropolitan region of Fortaleza, as well as the State of Ceará. All patients participating in this study read and signed the informed consent form. Patients with other types of leukemias or other hematological diseases were excluded. This study was approved by the Research Ethics Committee of the Federal University of Ceará under protocol no. 38680520.9.0000.5054. **Results:** From July 2021 to July 2022, 25 patients with ALL were treated, of whom 9 are women and 16 are men. The mean age observed was 42.5 years. 44% of patients live in the capital (Fortaleza), while the other 56% of patients live in rural areas. Through immunophenotyping it was possible to verify that there were 22 patients (88%) compatible with ALL-B presenting CD19, CD10, CD45, CD38, CD22, CD79a, CD34, CD81 and CD58 as the main markers, while only 3 patients (12%) were compatible with ALL-T, expressing mainly CD3, CD45, CD5, CD7, CD2, CD11c and CD1a. Eleven patients (44%) had abnormal and complex karyotypes. Five patients had the *BCR-ABL* p190 mutation and two had the *E2A-PBX1* mutation. A total of 9 patients died due to septic shock, COVID-19, or refractoriness to treatment. **Discussion:** The literature indicates a new peak of ALL cases after 50 years of age, however the highest incidence observed in the study participants was between 30 and 50 years. Studies indicate that immunophenotyping findings in patients with ALL B line are almost always CD19, CD79a, CD10, CD20 and CD22 positive, while T-strain ALL usually present CD7, CD3, CD1a and CD10 as the main markers, corroborating what was observed in the results. In addition, depending on the alteration observed in the karyotype, it may confer poor or good prognosis to the patient. The *BCR-ABL1* and *E2A-PBX1* mergers, for example, are alterations that give worse prognosis to patients and, therefore, may be targeted for treatment in an attempt to improve the survival of these patients. *TEL-AML1* fusion, on the other hand, represents a good prognosis, being more incident in pediatric ALL. **Conclusion:** Epidemiological data from this preliminary study indicate that in the state of Ceará ALL is more common in male patients aged 30-50 years living in rural regions. In addition, the use of targeted therapies for patients with abnormal karyotypes as well as the adoption of stricter measures to prevent hospital infections may increase patient survival.

https://doi.org/10.1016/j.htct.2022.09.282

HISTOPLASMOSE DISSEMINADA EM PACIENTE COM TRICOLEUCEMIA: UM RELATO DE CASO

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Introdução: Descrita pela primeira vez em 1923 por Ewald A tricoleucemia (HCL) é uma neoplasia derivada dos linfócitos B. É uma doença insidiosa, sendo infecções as principais complicações. Diante da imunossupressão, a doença fúngica causada pelo *Histoplasma capsulatum* pode surgir de forma disseminada e mimetizar tumores sólidos. **Objetivo:** Descrever a apresentação clínica do caso de uma paciente com Histoplasmose disseminada (HD) e HCL atendida em hospital terciário do sul do Brasil. **Relato de caso:** Paciente feminina, 58 anos, branca, sem comorbidades prévias e com história familiar de