score of 0. The CAS score was higher in females (p= 0.023). Similarly, it was significantly higher in patients who were not in remission for hematological malignancy and who received active chemotherapy (p= 0.010). The mean VAX score was 49.07 ± 8.76 (27-72). Most of the participants (64%) had a neutral attitude towards COVID-19 vaccination. In a survey of 165 patients, 55% said that they were skeptical about vaccination safety, and 58% said that they were concerned about unintended side effects. In addition, 90% expressed moderate concerns about commercial profiteering. Natural immunity was preferred by 30% of the participants. There was no statistically significant correlation between CAS scores and Vaccine Attitudes Review (VAX) Scale. **Conclusion:** This study draws attention to the level of anxiety in patients with hematological malignancies of the COVID-19 pandemic. Negative attitudes towards the COVID-19 vaccine are worrisome for at-risk patient groups. We think that patients with hematological malignancies should be informed to eliminate their hesitations about COVID-19 vaccines.

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OP 12

TREATMENT OF A PATIENT DIAGNOSED WITH ERDHEIM CHESTER'S DISEASE IN COOPERATION WITH PLASTIC SURGERY AND HEMATOLOGY

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Objective: Erdheim Chester disease (ECD) is a rare non-Langerhans histiocytic multisystem disorder. ECD is most commonly manifested as multifocal sclerotic long bone lesions. Orbital and intraocular manifestations are rare. We report an unusual bilateral orbital presentation as xanthomatous infiltration of ECD. **Case report:** A 56-year-old male was admitted due to papular lesions on both eyelids. Eyelid tissue histology showed histiocytic infiltration consistent with ECD. BRAF V600E mutation (-). In the first year, PET-CT showed new lesions on the lymph node, eyelids, knees and elbows. Laboratory investigation was within normal apart of mild increased CRP. The disorder was unresponsive to pegylated interferon alfa. With cladribine of 3 courses and surgical intervention he achieved a nearly normal facial appearance. **Conclusion:** Uncontrolled cell survival, differentiation, and proliferation of histiocytes in ECD result in soft tissue thickening and progressed to chronic fibrotic disease which may be unresponsive to medical treatments and requires surgical interventions.

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OP 13

A RARE PRESENTATION OF SYSTEMIC AL AMYLOIDOSIS; PULMONARY AL AMYLOIDOSIS

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Objective: Involvement of the lung is common in systemic AL amyloidosis in post-mortem series. However, the diagnosis is challenging. Histology is the gold standard but may result in bleeding. Consequently, diagnosis during life is rare. **Case report:** A 58-year-old female was admitted with chest pain, weight loss and cough. Thorax CT showed diffuse ground glass opacities, increased nodular density, and conglomerated mediastinal lymph nodes. Lung biopsy revealed Congo red (+) and anti-amyloid A (-). Bone marrow showed clonal plasma cell increase as 15% of kappa type. No other organ involvement or lytic lesions on PET-CT were documented. Cardiac involvement was detected. Daratumumab-bortezomib-based treatment with doxycycline was started. **Conclusion:** Clinical symptoms and laboratory testing cannot specially confirm the diagnosis of pulmonary amyloidosis. The usual presentation is diffuse-alveolar septal involvement. Diffuse parenchymal involvement is one of the least common forms of respiratory amyloidosis. It should be considered in the differential diagnosis in elderly patients.

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PP14

REAL-LIFE STUDY OF BIO-CLINICAL FOLLOW-UP AFTER BNT162b2 mRNA COVID-19 (BNTCV) VACCINATION IN 235 PATIENTS (PTS) INCLUDING 225 WITH HEMATOLOGICAL MALIGNANCIES (HM).

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