replacement during labor with PCC or FFP, but with different regimens [9]. Our patients were treated with PCC prophylaxis during pregnancy and 25 units/kg during labor. No bleeding nor thrombosis was seen in both cases. The British guidelines recommend PCC 20–40 iu/kg during the third trimester for women with history of bleeding and with FX activity <03 iu/ml with the goal of achieving FX activity >04 iu/ml. They also recommend, to consider further PCC 10–20 iu/kg once daily to maintain FX activity >03 iu/ml for at least 3 days post-partum. [10] **Conclusion:** Prophylactic PCC resulted in excellent hemostasis in two of our patients, including one that delivered by C-section.

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LYMPHOMA

PP 07

PREVENTION CAN BE THE BEST TOOL FOR ADULT T-CELL LEUKEMIA. UPDATED T-CELL BRAZIL PROJECT

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Objective: T-cell Brazil project started in April 2017 an ambispective study focusing to collecting epidemiological and clinical data from the most frequent subtypes of PTCL, among them the ATL. As of July 2022 T-cell Brazil database contained 81 (16%) ATL out of 520 registered cases. Our goals are to describe demographic and clinical features, analyze the overall and progression-free survival (OS and PFS), and try to identify factors that could influence outcome. **Methodology:** Brazilian Registry using REDcap Platform by Vanderbilt realized descriptive and bivariate analyses, then it was applied Kaplan-Meier method and log-rank test to obtain survival estimates, and besides that, it was used the Cox Regression to identify any factor that could influence the OS and PFS. **Results:** The median age was 52 years (24-91); 32 (39%) male; the majority of clinical subtypes were 52% lymphoma type; 81% received chemotherapy. The best response assessment after first-line treatment was: progression or no response in 31%; 26% complete response; 21% partial response, 21% not available (NA) due to death or on treatment; 34% of patients were alive and the 24-month OS and PFS was 33% and 21%, respectively. As predictors for PFS and OS were B symptom and elevated LDH values. **Conclusion:** This study, even recognizing a limited sample size, highlights the poor prognosis associated with ATL, mainly acute and lymphoma type, with high mortality rates. Hence, apparently, a good shot, it would be one of the bases for the prevention of ATL to establish a disease entity of "chronic active HTLV-1 infection" that defines high-risk carriers for ATL development, and then, enables preventive intervention.

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PP08

AN UNUSUAL OCULAR LYMPHOMA, PRIMARY INTRAVITREAL LYMPHOMA DIAGNOSED INCIDENTALLY

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Objective: Ocular lymphoma involvement can be either secondary during systemic lymphoma or primary. Diagnosis can be troublesome due to insidious disease onset. Uveitis is the main differential diagnosis. The prognosis is poor. **Case report:** A 62-year-old male patient was evaluated during a periodical check-up for hypertensive retinopathy. The unexpected good vision quality with severe left vitreous infiltration and not associated macular edema contributed to malignancy suspicion. A diagnostic procedure was performed bilaterally. Both of the vitreal tissue revealed atypical lymphoid cells with B-Cell phenotype. Cranial MRI, PET-CT, and CSF analysis documented the case as primary vitreoretinal lymphoma (VRL). **Methodology:** First-line treatment was with intravitreal methotrexate (MTX). After 10 courses, high-dose cytarabine-based treatment was given as consolidation. Considering high recurrence rates, stem cells were mobilized and cryopreserved for future use for autologous stem cell transplantation (ASCT). **Results:** Follow-up was 3 monthly. After 10 months of remission period, retinal disease relapse was spotted. After 5 cycles bilateral intravitreal