PP 11

THE DIVERSITY OF PRESENTATION AND MANAGEMENT OF SUBCUTANEOUS PANNICULITIS –LIKE T-CELL LYMPHOMA WITH ASSOCIATED HEMOPHAGOCYTIC SYNDROME - CASE SERIES ANALYSIS

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Objective: Subcutaneous panniculitis-like T-cell lymphoma (SPTCL) is a rare hematological malignancy affecting subcutaneous adipose tissue, typically with no involvement of the lymph nodes. SPTCL is associated with the increased risk of the hemophagocytic syndrome (HPS), significantly affecting prognosis and overall survival. This study aimed to present different clinical characteristics, management strategies, and outcomes in three patients diagnosed with SPTCL. **Methodology:** A retrospective study of the three patients diagnosed with SPTCL admitted to Hematology Departments in Krakow was conducted. Collected data included patients' clinical characteristics and symptoms, laboratory testing, imaging tests, implemented treatment strategies and response assessment. **Results:** The analyzed patients (aged 15-35), presented lesions involving mainly skin in 2 patients, and mesenterium in one subject; HPS was confirmed in each case. The first line treatment consisted of HLH protocols followed by next line chemotherapies in two patients, and then with high dose therapy in one case. Cyclosporine A (CyA) was implemented in two patients, and in one case this was an initial choice. CR was achieved in 2 patients, including the subject treated with CyA from the beginning. **Conclusion:** This series shows a diversity of presentations and implemented management in three patients. Since SPTCL is an extremely rare condition with no standardized established therapy, choosing the optimal treatment approach is a relevant problem. The increasing data shows the effectiveness and safety of immunosuppressive treatment with CyA versus intensive chemotherapy and supports the application of CyA also in patients with developed HPS.

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PP12

RELAPSED MANTLE CELL LYMPHOMA WITH ISOLATED CENTRAL NERVOUS SYSTEM INVOLVEMENT THAT TREATED WITH IBRUTINIB; A CASE REPORT AND LITERATURE REVIEW

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Objective: Mantle cell lymphoma (MCL) is an agressive B-cell lymphoma, constitutes 3-10% of all non-Hodgkin's lymphomas. MCL usually presents with generalized lymph node involvement. The prognosis is poor and incurable. Extranodal involvement is not uncommon, but central nervous system involvement is very rare. Herein, we present a case with isolated central nervous system relaps who achieved a complete response with ibrutinib treatment. **Case report:** 53yearold female patient diagnosed with MCL underwent autologous stemcelltransplantation after R-CHOPchemotherapy. While being followed up in complete remission, she presented with a complaint of headache. Parenchymal lesions in brain was observed in MRI.Cerebrospinal fluid flow cytometric and cytological examination revealed MCL-centralnervoussystem involvement. There was no finding in terms of systemic relaps.The patient was achieved complete response with ibrutinib and high dose methotrexate **Results:** Central nervous system involvement at the time of diagnosis in mantle cell lymphoma is very rare however it can be more common in relaps and generally is associated with advanced stage disease or is a part of systemic relaps. Our case is quite interesting as it presents with isolated central nervous system infiltration. In this case, our treatment choice was ibrutinib because of its satisfactory response rates and proven effectiveness on central nervous system. **Conclusion:** The patient is currently being followed up with a complete response. It should be underlined that even in patients followed up with complete remission, symptoms such as headache, which can sometimes be subjective, should be approached sensitively, and it should not be forgotten that they may indicate an unexpected involvement of the disease.

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PP13

IS THERE ANY NEW PROGNOSTIC SCORE FOR PERIPHERAL T-CELL LYMPHOMA?

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