databases using the terms CART therapy, haematological malignancies, and hypogammaglobulinemia. Articles including patients with any haematological malignancies undergone CART therapy and assessment done on hypogammaglobulinemia were included. Following screening and selection of the articles, narrative synthesis, quality assessment, and meta-analysis were conducted **Results:** 1197 citations , 9 were finally included for meta-analysis comprising of 425 patients who were affected due to any haematological malignancies and had undergone CART therapy. The overall incidence rate was 35.35%. In all the studies, hypogammaglobulinemia was managed using IgG. Most of the patients across the studies had infection due to reduction in WBC count. The overall incidence of neutropenia following CART therapy was 59% lymphopenia was 82%,and B-cell aplasia was 49.5%. **Conclusion:** The effective way for management of hypogammaglobulinemia was using IgA antibody. The overall incidence of hypogammaglobulinemia and WBCs was difficult to conclude as majority of the studies were of low and fair quality and were collected at different time points after administration of CART therapy. Thus, good quality clinical trials, open label trials or RCT are required. Hypogammaglobulinemia increases with a decrease in neutrophils, lymphocytes, and B-type cells leading to variable infection.

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PP18

RECTAL CANCER DISTANCE TO THE ANAL VERGE AND THE T STAGING: MAGNETIC RESONANCE IMAGING FINDINGS

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Objective: This study sought to determine the magnetic resonance imaging (MRI) T staging and the rectal cancer (RC) distance to the anal verge in patients treated in radiotherapy department of Tripoli University Hospital. **Methodology:** An observational study was conducted in Radiotherapy department at Tripoli University Hospital retrospectively from January 1, 2018 to December 31, 2020 for total number of 73 patients whom met the inclusion criteria; 18-year- old or more, male and female with primary RC, T2 or more. distance metastasis or secondary RC were excluded. **Results:** Patients were 38 female and 35 male. Patient less than 50 years old was 25% and 38% was between 50-69 years old. patient at 70 years old or older was 10%. The low rectal cancer, less than 5 cm to the anal verge, is in 38.4% of the patients, with most of the patients at T2 staging (45.5%). While 19.2% was in the mid rectum, 5-10 cm to the anal verge, the T2 was 9%. Regarding the high rectum, more than 10 cm to the anal verge, it was present in 42.5%, of which 45.5% was in T4b. **Conclusion:** Rectal cancer was less commonly in the mid rectum. in the low rectum it was commonly T2 stage and in high rectum T4b was predominant. Further studies are needed.

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PP19

A CASE OF FASCIOLOSIS PRESENTING WITH SEVERE HYPEREOSINOPHILIA

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Objective: *Fasciola hepatica* is a parasitic ttrematode and infects livers of various mammals and rarely infects human liver. Frequently eosinophilia is detected in laboratory findings, but it is generally mild or moderate as with other parasitic infections. Here we present a patient with Fasciolosis as the cause of severe hypereosiphilia. **Case report:** A 66-year-old female patient presented with weight loss, nausea and abdominal pain for one month. Her physical examination was unremarkable except for mild hepatomegaly. Her laboratory tests were as follows; leukocytes 29900/mm3, eosinophils 21550/mm3 (%71.9), ALP 379 IU/L, LDH 278 IU/L, GGT 53 IU/L, CRP 30 mg/dl. All other etiological tests including primary secondary causes were negative.Abdominal MRI revealed focal patchy nodular lesions. Fasciola hepatica IHA (1/2560) was positive. **Results:** After the diagnosis, the patient was administered 2 doses of triclabendazole (10 mg/mg) at 5 day intervals. In the 3rd month of the treatment, the control eosinophil count decreased to 480/ mm^3, and the patient was free of any symptoms. **Conclusion:** Severe eosinophilia (>5000/mm3) is generally associated with malignant diseases, hypereosinophilic syndrome or primary hematologic disorders. But it would be useful to consider fasciolosis in hypereosinophilia patients who are sheep and cattle breeder and present with gastrointestinal system complaints such as jaundice and abdominal pain.

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PP 20

RITUXIMAB-INDUCED SEVERE ACUTE THROMBOCYTOPENIA IN A PATIENT WITH SPLENIC MARGINAL ZONE LYMPHOMA

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Objective: Rituximab, which is widely used in the treatment of B-cell lymphoma, is a chimeric monoclonal antibody directed against the CD20 antigen. Rituximab has many side effects, mainly allergic and neurological. Rituximab may cause thrombocytopenia in the long term after

administration. Rare cases with rituximab-induced acute thrombocytopenia have been reported in the literature. **Case report:** A 51-year-old female patient who newly diagnosed splenic marginal zone lymphoma recieved rituximab as first line therapy. Petechiae occurred in the lower extremities on the day following rituximab administration. The blood test showed a severe drop in the platelet count from 112,000/μL to 5,000/μL. Blood peripheral smear evaluation confirmed severe thrombocytopenia. **Results:** There was no change in hemoglobin or white blood cell levels. After the diagnosis of rituximab-induced acute thrombocytopenia, thrombocyte suspension was administered due to the risk of bleeding. Close clinical and laboratory observations were made. The platelet count began to rise gradually in the following period. Before the second week of rituximab administration, the platelet count was 122,000/μL. **Conclusion:** Rituximab has a widespread use, especially in malignancies and autoimmune diseases. Like many monoclonal antibodies, rituximab has several side effects. Thrombocytopenia is a long-term side effect associated with rituximab, and rituximab-induced severe acute thrombocytopenia has been rarely reported. Therefore, it should be kept in mind that severe acute thrombocytopenia may develop after rituximab administration.

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PP 21

VITAMIN B 12 DEFICIENCY MIMICKING THROMBOTIC MICROANGIOPATHY: A CASE REPORT

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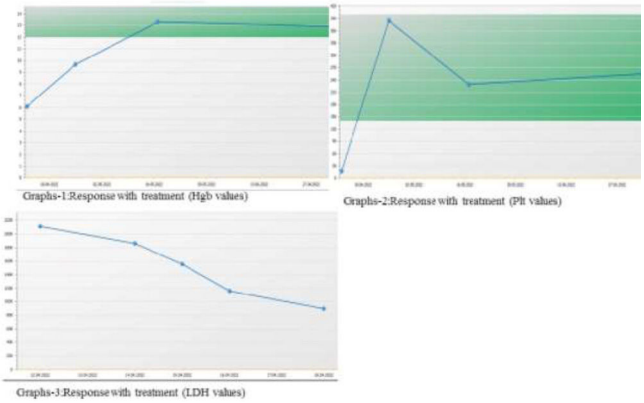
Objective: Vitamin B12 has an important role in DNA synthesis, erythrocyte development and neurological functions by the transfer of one-carbon methyl groups. Vitamin B 12 deficiency may mimic Thrombotic Microangiopathy (TMA) and lead to pseudo-thrombotic microangiopathy (pseudo-TMA). Early recognition of pseudo-TMA is important because treatment with vitamin B 12 replacement is quite simple and effective. **Case report:** A 66-year-old female patient was admitted to the emergency department with complaints of fatigue. CBC values Hb 3.8gr/dL , Hct 11.3%, MCV 115 fL , platelets 19000/mm^3, WBC 6400/mm^3, ind.bil.1.5 mg/dL, LDH 2111U/L . In peripheral blood smear (PBS), macroovalocytes, anisopoikilocytes, schistocytes, hypersegmented neutrophils and a normoblast with megaloblastic features (figure-1) were observed. Thrombocytopenia and the presence of schistocyte initially supported TMA. **Methodology:** Blood was drawn from the patient for the ADAMTS-13 test. While concurrent steroid treatment with fresh frozen plasma (FFP) was started, plasmapheresis preparation was also made. The patient's vitamin B12 level was 50 pg/mLThe patient was started on vitamin B12 as 1000 mcg IM. Following clinical recovery, hemoglobin and platelets stabilized, the hemolysis panel indicated a steady improvement (graphs 1, 2, 3). Results **Conclusion:** TMA symptoms can be mimicked by severe vitamin B12 deficiency. Rapid and accurate diagnosis of pseudo-TMA and initiation of parenteral vitamin B 12 replacement can prevent unnecessary and expensive diagnostic investigations and long-term plasma exchange treatments. Our case, has demonstrated the importance of considering vitamin B12 insufficiency in cases presenting with TMA and the value of carefully examining PBS in the identification of megaloblastic anemia.



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PP 22

QUALITY OF LIFE IN HEMATOLOGICAL PATIENTS IN THE POST-COVID ERA

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Objective: Currently, restrictions related to the COVID-19 pandemic have been lifted in many countries. However, the pandemic could still have impact on the current quality of life of patients, especially oncological ones. Our study aimed to determine the impact of the COVID-19 pandemic on the functioning of patients with hematological diseases. **Methodology:** This is a prospective survey-based study. We used the EORTC QoL questionnaire in the population consisting of 32 patients: 22 with lymphoma (69%), 4 with hairy cell leukemia (13%), 3 with myelofibrosis (9%), 1 with acute myeloid leukemia (3%), 1 with chronic myeloid leukemia (3%), 1 with non-oncologic disease (3%). The median age was 50.5 years (ranged 21 – 76). The questionnaires were collected between May and June 2022. Statistical analysis was performed using R software (R version 4.0.3.). **Results:** 41% of patients had a COVID-19 infection confirmed by PCR test. 38% of them were hospitalized, 80% of whom required oxygen therapy. Quality of life was 62.5 (16.7 – 83.3), functioning scales: physical