

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 received 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/ μ L to 5,000/ μ L. 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/ μ L. **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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VITAMIN B 12 DEFICIENCY MIMICKING THROMBOTIC MICROANGIOPATHY: A CASE REPORT

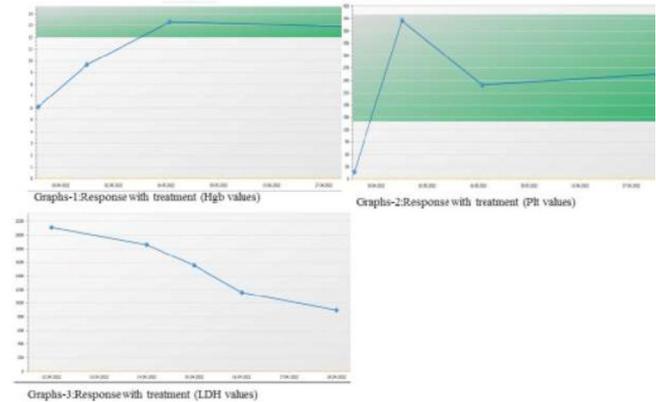
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Objective: Vitamin B12 has an important role in DNA synthesis, erythrocyte development and neurological functions by the transfer of one-carbon methyl groups. Vitamin B 12 deficiency may mimic Thrombotic Microangiopathy (TMA) and lead to pseudo-thrombotic 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/mm³, WBC 6400/mm³, 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/mL. The 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