	P-1	P-2
Age at diagnosis (yr)	1	5
Consanguinity of parents	-	-
Spleen size below the left costal margin (cm)	3	underwent splenectomy
Cholelithiasis	+	-
Hb (g/dL)	6.1	8.4
RBC (10^6/µl)	2.93	3.01
MCV (fL)	76.8	108
MCH (pg)	20.8	27.9
Hb A2 (%)	1.7	1.7
Hb F (%)	6	0.1
Serum Iron (µg/dL)	113	149.9
Serum Ferritin (ng/ml)	115.8	1623
LDH (units/L)	-	554
Total bilirubin (mg/dl)	1.91	2.93
Direct Bilirubin (mg/dl)	0.62	0.76

https://doi.org/10.1016/j.htct.2022.09.1265

PP 31

HBH DISEASE AND SYSTEMIC LUPUS ERYTHEMATOSUS

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Objective: The association between thalassemia and systemic lupus erythematosus (SLE) is very rare. There are many articles in the literature showing that patients diagnosed with SLE with Beta-Thalassemia have a more severe hemolytic picture. The combination of Alpha thalassemia and SLE was first reported in an article published on January 30, 2021, by the staff of Guangzhou Hospital in the People's Republic of China. Our report is about combination of HbH disease and SLE, too. **Case report:** A 31-year-old female patient with HbH disease who had been irregularly monitored by a hematologist for 12 years received a blood transfusion for the first time during her 4th pregnancy and has not seen a hematologist since. At 12 weeks of gestation (7th pregnancy), a severe hemolytic anemic clinic was observed and erythrocyte mass transfusion was initiated. However, as different types of allergic reactions were observed during and after hemotransfusions autoimmune tests were held. **Methodology:** As a result, Direct Antiglobulin Test (DAT), Anti Nuclear Antibody (ANA), and anti-dsDNA positive, complement C3 levels were found below standard. The diagnosis of SLE was confirmed based on the fact that the patient's previous 6 pregnancies resulted in miscarriages and stillbirth. At a later stage, as a result of detailed instrumental and laboratory examinations, she was diagnosed with Lupus nephritis and steroid treatment was started under the control of a nephrologist. **Results:** Unit erythrocyte mass was transfusioned during cholecystectomy in this patient who was taken to the hospital with seizure pain in the right subcostal area that suddenly began at 22 weeks of gestation. 24-week pregnancy was ceased due to intrauterine growth retardation. In the next month of follow-up, during the hospitalization 7 units of washed erythrocyte mass were transfused to the patient who was brought to the hospital with severe anemia after positive Covid-19 PCR analysis. **Conclusion:** In case published about the first patient with HbH disease and SLE it was reported an increase in the severity of anemia and the maintenance of Hb value in the range of 9.0-10.0 g / dl with steroid. According to our researchs there were found similarities between the outcomes of these two studies. Studies suggest that SLE patients with severe hemolytic clinics in regions with a high prevelance of thalassemia should be investigated for hemoglobinopathies.

https://doi.org/10.1016/j.htct.2022.09.1266

TRANSFUSION MEDICINE / APHERESIS / CELL PROCESSING

PP 32

EVALUATION OF CLINICAL AND LABORATORY FINDINGS OF THERAPEUTIC PLASMAPHERESIS IN CHILDREN

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Objective: Therapeutic plasmapheresis is an extracorporeal treatment method. The abnormal component of the patient's plasma is removed from the blood and replaced with the remaining blood components with a selected replacement fluid. We aimed to evaluate the demographic characteristics, procedure indications, procedure methods, differences between pre- and post-procedure laboratory parameters, and procedure-related complications of pediatric patients who underwent therapeutic plasma exchance (TPE). **Methodology:** Pediatric patients who underwent therapeutic plasmapheresis in Adana City Training and Research Hospital between 2018-2021 were included in our study. In this period, the number of pediatric patients who underwent therapeutic plasmapheresis was 61, and the total number of procedures was 238. The data of the patients were obtained from the files of the apheresis unit and the hospital registry system by retrospective analysis. Statistical analysis of the study was made with the SPSS v20 program. **Results:** 25 patients were female, 36 patients were male. Youngest patient was 6 months old and eldest was 17 years old. Patients weight range was between 5 and 104 kilograms. 191 of the procedures were TPE, 47 of them were lipid apheresis. The most common indications were hepatic failure, familial hyperlipidemia, neurological disorders, hematological disorders, sepsis with MODS and

intoxications. 119 transactions were in ASFA category-1. Complications were observed on 59 (%24,8) procedures. **Conclusion:** The most common complications are; vascular access releated (obstruction) (21/59), hypotension (11/59), urticaria (7/59), technical malfunctions (7/59) and hypocalcemia (4/59). No exitus was observed due to the procedures. Therapeutic plasmapheresis procedure doesn't cause serious undesirable changes in laboratory values and serious complications are rare. Therapeutic plasmapheresis can be safely applied to pediatric patients in appropriate indications by making necessary adjustments.

https://doi.org/10.1016/j.htct.2022.09.1267

PEDIATRIC ONCOLOGY ABSTRACT CATEGORIES

LYMPHOMAS

PP 33

NON-HODGKIN'S LYMPHOMA: A RETROSPECTIVE ASSESSMENT OF CLINICAL FEATURES AND TREATMENT OUTCOMES

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Objective: The purpose of our study is to evaluate the demographic and clinical characteristics of pediatric Non-Hodgkin's Lymphoma (NHL) patients diagnosed and followed at our center, and also describe their survival rates and possible associations between outcomes and clinical features and to compare these data with the published reports from other clinical centers. **Methodology:** Children with NHL who were followed up and treated at Adana City Training and Research Hospital between 2013 and 2021 were included in the study. A total of 60 patients' files were collected and analyzed retrospectively. Age, gender, time of diagnosis, histopathological subtypes, primary location of the tumor, extranodal involvement, stage, bone marrow (BM) and central nervous system (CNS) involvement status, lactate dehydrogenase (LDH) levels at the time of diagnosis, type of chemotherapy, risk stratification, first line treatment response, localization of the radiotherapy if applied, relapse and survival outcomes were accessed from the files and analyzed. Patients with missing data in their files, patients who left the center without completing their treatment and patients who started treatment in another center and continued in our hospital were not included in the study. **Results:** The median age was 7 years (between 2-18 years) and the male/female ratio was 3.2. Burkitt's Lymphoma (48.5%) was the most common, Lymphoblastic Lymphoma (31.7%) was the second common histopathologic subtype and the primary site of the disease was abdomen in 34 patients (56.7%). It was seen that 28 of the patients (46.6%) had extranodal involvement, CNS involvement was only in 1 patient (1.6%) and bone marrow involvement was found in 13 patients (21.6%). It was determined that 80% of the patients were in the advanced stage (Stage 3-4) and complete remission was observed in 60.1% of the patients after the first line treatment. It was observed that the overall survival rate was 80.8%, and the event-free survival rate was 75% during the 96-month follow-up. Age, gender, primary site of the tumor, presence of extranodal involvement and stage did not have a statistically significant effect on overall and event-free survival. The effect of histopathological subtype on overall survival was found to be significant and highest survival rates were observed in B cell lymphoblastic and diffuse large B cell lymphoma. It was observed that the overall and event-free survival rate was significantly lower in the group with a LDH level above 500 U/L, which was measured at the time of diagnosis ($p=0.01$ and $p=0.008$). It was seen that the treatment response and both overall and event-free survival rates were found to be significantly higher in the groups with complete and partial response after the first line treatment ($p<0.001$). The treatment-related mortality rate was found to be 45.4%, and the most common cause was febrile neutropenia/sepsis. **Conclusion:** Although childhood Non Hodgkin's Lymphomas have an aggressive nature and are detected in an advanced stage, survival results are good. It is very important to determine the risk groups to choose the appropriate intensive chemotherapy regimen and provide adequate supportive treatment for preventing treatment-related mortality and better outcomes.

https://doi.org/10.1016/j.htct.2022.09.1268

SOFT TISSUE SARCOMAS

PP 34

SUCCINATE DEHYDROGENASE SUBUNIT B DEFICIENT PEDIATRIC GIST

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Case report Gastrointestinal stromal tumors (GISTs) occur exceedingly rare in children and adolescents. Eighty five percent of pediatric GISTs and 15 % of adult GISTs lack oncogenic mutations in KIT and PDGFRA. The results of tyrosine kinase inhibitor therapy in GIST cases with SDH deficiency are limited and controversial. Here, we would like to present a pediatric SDH deficient GIST case treated with surgery and Imatinib Mesylate. We obtained a good response with Imatinib Mesylate.

https://doi.org/10.1016/j.htct.2022.09.1269