Conclusion: Our study provides valuable insights into the relationship between bone marrow characteristics and treatment response in AIHA patients. The findings indicate a significant correlation between the degree of MF and a decrease in bone marrow reticulocyte response. Additionally, as the degree of MF increased, the number of treatment lines also increased, suggesting a potential impact on disease progression and management.

https://doi.org/10.1016/j.htct.2023.09.068

PP 19

LOCALIZED AL AMYLOIDOSIS OF THE URINARY BLADDER PRESENTING WITH PAINLESS MASSIVE HEMATURIA

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Objective: Amyloid deposits can be localized as a wall thickness or mass lesion either as AA amyloidosis or AL amyloidosis and may develop nearly on all organs. It is generally a mild, non–life-threatening entity with a good prognosis and rarely showed progression to systemic disease **Methodology:** We present two cases of urinary bladder localized AL amyloidosis that presents with painless hematuria and imaging studies mimic malignant tumors. Cystoscopic evaluation and biopsy were performed. **Results:** 63 years male presents with massive hematuria. Ultrasonography revealed a 17 × 14mm mass lesion on the bladder wall. Transurethral biopsy specimen histology showed lambda-type amyloid. The second patient was a 71-year-old male and evaluation for painless hematuria revealed a bladder wall mass lesion whose histology was consistent again with AL amyloidosis. Both patients did not have systemic amyloidosis signs and symptoms **Conclusion:** The literature did not include long-term outcomes. Usually, benign nature was depicted, and surgical removal is the preferred treatment. Since the contributing factors are not clear, we are concerned about the risk of recurrence and experienced the challenge of anti-plasma cell therapy giving or not.

https://doi.org/10.1016/j.htct.2023.09.069

PP 20

A Rare Cause Of Lymphadenopathy: Kikuchi Fujimoto

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Kikuchi Fujimoto Disease (KFD) is known as NecrotizingHistiocytic Lymphadenitis. It is a self-limiting clinicalsituation that is seen especially in women younger than 30 years of age. It is caracterized by progresses with multiplecervical lymphadenopathy and high fever, and regresses in 1-4 months. Its etiology is still not fully elucidated. It is thought tobe a hyperimmune reaction triggered by variousmicroorganisms (Herpesviruses, especially Ebstein BarrVirus). This is a disease that should be kept in mind in thepresence of fever and lymphadenopathy of unknown origin, and can be diagnosed by pathology after exclusion of otheretiological agents. Here, a case who applied to our hospitalwith swelling and pain in the neck is presented. Case: A previously healthy 13-year-old female patientpresented with complaints of swelling and pain in the neck. Inher history, it was learned that her complaint had been for 20 days. It was learned that she applied to an external center andused antibiotics with the diagnosis of acute lymphadenitis, but her complaint did not regress. There were no B symptoms. Inher resume, it was learned that she was born at term and thatshe did not have the medication she used all the time. Adenoidectomy was performed six years ago. There was nofeature in her family history. Physical examination revealedpalpable lymphadenopathy of approximately 3 cm in the rightposterior cervical region. The patient's blood count wasnormal. Sedimentation was 36 mm/hr. Acute phase reactantswere negative; peripheral smear was normal. EBV, CMV, hepatitis, toxoplasma, brucella, bartonella, tuberculosis testswere negative. The pediatric infection unit was consulted forfurther investigations. There was no mediastinal width on chest X-ray. Immunoglobulin levels were normal. The doublenegative T cell rate was 6.6%. Biopsy of the lesion andsimultaneous bone marrow was performed to the patient. As a result of the pathology, diffuse necrosis and apoptotic changeswere detected. The present findings were pathologicallycompatible with Kikuchi-Fujimoto. The patient is currentlybeing followed up with pediatric immunology. Conclusion: Clinical management of patients presenting withpalpable lymph node is very important. The diagnosis of lymphoma, which is one of the most common childhoodmalignancies, should definitely be kept in mind. Kikuchi-Fujimoto disease is extremely rare. It is very difficult toconsider them among the differential diagnoses. Our aim in presenting this case is to raise awareness about Kikuchi-Fujimoto disease in our daily clinical practice. KikuchiFujimoto disease should be among the differential diagnosesin patients with lymph node enlargement.

https://doi.org/10.1016/j.htct.2023.09.070

PP 21

A RARE CAUSE OF CYANOSIS: HEMOGLOBIN KANSAS

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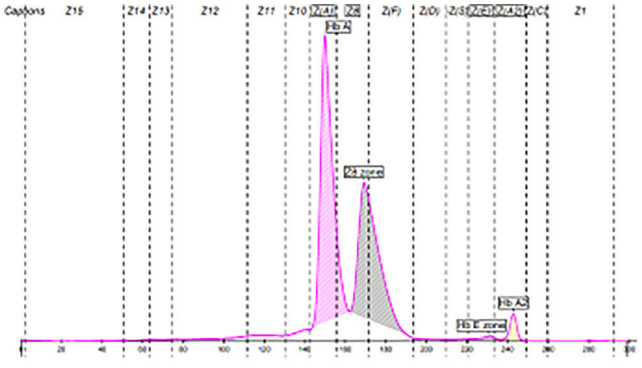
Objective: Hemoglobin Kansas is a variant of hemoglobin with low oxygen affinity and decreased heme-heme interaction. Patients with this variant may have asymptomatic cyanosis and polycythemia. We herein report a Hb Kansas case from Elazığ/Turkey. **Case report:** A 25-year-old male patient was consulted from the intensive care unit because of low oxygen saturation and peripheral cyanosis. Primary cardiac and pulmonary diseases were excluded in the tests performed before the hematology evaluation. His SpO2 was 40% in room air. Complete blood count was unremarkable except mild polycythemia (Hemoglobin (Hb), 16.9 g/dL; hematocrit, 47.6%; mean red blood cell volume, 94.4 fL; white blood cell count, 9600/mm3, and platelet count 207 × 109/L). **Methodology:** There was no evidence of hemolysis. An arterial blood gas analysis (under 8 L/min oxygen) showed that the arterial partial pressure of oxygen (PaO2) was 99.1 mmHg and the SaO2 was 61.4%. Both carboxyhemoglobin and methemoglobin levels were in normal range. Hb electrophoresis revealed an abnormal band between HbA and HBA2 in close proximity to the location of HbA (Figure A). Beta globin gene analysis was performed to determine the variant. **Results:** The HBB gene sequence analysis revealed a c.308A>C missense change resulting in substitution from asparagine to threonine at codon 103 (Hb Kansas). His daughter and father had the same clinic. **Conclusion:** Hb variants with low oxygen affinity could be considered in patients with unexplained cyanosis if there is dissociation between PaO2 and SaO2. Such patients do not require any special treatment and have a good prognosis. Considering the diagnosis will help prevent unnecessary investigations and treatments.



Haemoglobin Electrophoresis

Name	%	Normal Values %
Hb A	55.3	
Z8 zone	41.2	
Hb E zone	0.6	
Hb A2	2.9	

https://doi.org/10.1016/j.htct.2023.09.071

PP 22

CAN RADIOTHERAPY INDUCE A CLINICAL RESPONSE WITH OCCASIONAL LONG-TERM REMISSION IN RECURRENT GRANULOSA CELL TUMORS OF THE OVARY?

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Objective: Our objective was to review the impact of adjuvant radiotherapy on recurrent granulosa cell tumor of the ovary. **Case report:** Adult-type Granulosa cell tumors are uncommon neoplasms arising from the ovary's sex-cord stromal cells and account for 2-4% of all ovarian cancer. The hormonal features of AGCT explain the clinical manifestations for early diagnosis and recurrence prediction. Surgery is crucial for both initial and recurrent treatments, whereas adjuvant radiotherapy or chemotherapy therapy can induce clinical response and reasonable prevention of recurrence. **Methodology:** A 47-year-old Libyan woman had history of stage I AGCT of ovary diagnosed in 2012 after ovarian cystectomy, recure in 2016 with bilateral adnexal complex masses, fertility-sparing surgery was done followed by six cycles of chemotherapy then she starts hormonal therapy. In June 2021accedintal Para aortic lesion was discovered, but lost F/U. In January 2022, scans showed a right lateral vaginal vault lesion and other six lesions in the pelvis and abdomen, debulking of recurrent done. **Results:** Conventional radiotherapy to the whole pelvis by External beam was started using the linear accelerating machine, with a total radiotherapy dose of 45 grays (Gy) in 25 fractions for five weeks. No local recurrences, Nor lymph node, or systemic metastasis in serial CT scans of chest /abdomen /pelvis and MRI pelvis since January 2022 up to now. **Conclusion:** Local radiotherapy could be considered as adjuvant therapy in recurrent GCTS due to the high recurrence rate, especially post-incomplete surgical excision.

https://doi.org/10.1016/j.htct.2023.09.072

PP 23

A CASE OF DAPSONE-INDUCED HEMOLYTİC ANEMİA RELATED TO G6PD ENZYME DEFİCİENCY

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Objective: Hemolytic anemia defines a group of anemias occurring due to the shortening of normal red blood cell (RBC)