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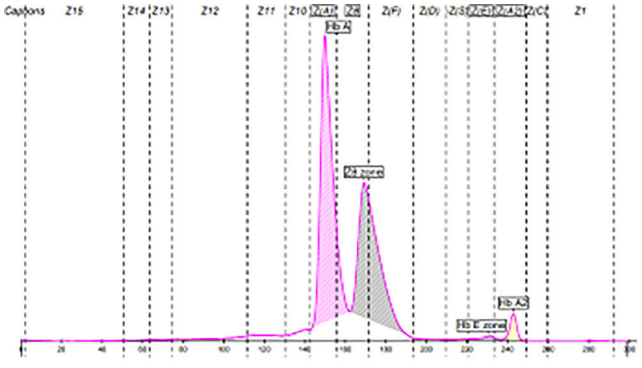
Objective: Hemoglobin Kansas is a variant of hemoglobin with low oxygen affinity and decreased heme-heme interaction. Patients with this variant may have asymptomatic cyanosis and polycythemia. We herein report a Hb Kansas case from Elazığ/Turkey. **Case report:** A 25-year-old male patient was consulted 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)

lifespan due to factors extrinsic to RBCs or structural changes in RBCs. As a result of the increase in RBC hemolysis, anemia and associated clinical symptoms become manifest. Hemolytic anemias can be categorized under two broad titles: hereditary and acquired. Here, we present a case diagnosed with pemphigus vulgaris who was determined to have Glucose-6-phosphate dehydrogenase (G6PD) deficiency based on the tests performed subsequent to hemolytic anemia that occurred during dapsone therapy. **Case report:** 66 year-old female patient presented to the dermatology polyclinic with raised erythema and bullous lesions in a butterfly distribution on the face involving the eyelids. The patient was diagnosed with pemphigus vulgaris based on punch biopsy and, as treatment, was started on 2 × 50 mg dapsone (PO), 1 × 16 mg methylprednisolone (PO) and corticosteroid pomades. Blood parameters at diagnosis were as follows: leukocyte, 8.1 × 10^9/L (4.4-11); hemoglobin (Hgb), 12.3 gr/dl (12-16); thrombocyte, 270 × 10^9/L (142-424); MCV, 86 fl (80-100); LDH, 210 U/L (135-214); ALT, 22 U/L (0-33); AST, 16 U/L (0-32); direct bilirubin, 0.5 mg/dl (0-0.3); indirect bilirubin, 0.8 mg/dl (0.1-0.9); creatinine, 0.59 mg/dl (0.5-0.9); folate, 10 ng/ml (5.4-24); vitamin B_{12}, 310 ng/ml (210-910). The patient presented to the dermatology polyclinic 6 days after the onset of treatment due to fatigue, pallor, icterus of the sclerae. The patient was referred to the hematology polyclinic based on the following test results: Hgb, 3.8 gr/dl; leukocyte, 11 × 10^9/L; thrombocyte, 222 × 10^9/L; MCV, 108 fl; creatinine, 0.8 gr/dl; LDH, 810 U/L; indirect bilirubin, 6.4 mg/dl; direct bilirubin, 0.8 mg/dl. The patient's history and anamnesis did not include a similar condition that followed medication use or an operation. On physical examination; sclerae were icteric, skin was pale, and there was no organomegaly or peripheral lymphadenopathy. In addition, urine was dark in color. On peripheral blood smear; macrocytosis, anisocytosis-poikilocytosis, polychromasia and Heinz bodies were observed. Corrected reticulocyte was determined as 5.2% (0.5-2%); ANA, anti-dsDNA, direct Coombs (IgG) and indirect Coombs' tests were negative. The haptoglobulin level was determined as 8 mg/dl (30-200) and was below the reference range. As the present hemolytic anemia picture was reasoned to be associated with dapsone, the medication was stopped and 16 mg methylprednisolone was started. No pathological findings were determined on abdominal ultrasonography and lung radiography. Based on the perception that anemia was associated with dapsone, G6PD enzyme levels were examined. The patients' G6PD level was found as 3.52 IU/gHb (7.48-10.20 IU/gHb), and was below the reference. During follow-up, fatigue, subicterus and pallor improved. Hgb levels increased, LDH and indirect bilirubin levels showed a gradual decrease. Blood parameters after 10 days were as follows: Hgb 11,8, gr/dl; leukocyte, 7.6 × 10^9/L; thrombocyte, 234 × 10^9/L; MCV, 98 fl; creatinine, 0,6 gr/dl; LDH, 260 U/L; direct bilirubin, 0.42 mg/dl; indirect bilirubin, 0.44 mg/dl. **Conclusion:** Dapsone is used widely in the treatment of various disorders, most notably, dermatological disorders. In G6PD deficiency, using dapsone is risky and is associated with a high probability of hemolytic anemia occurrence. In this case presentation, we aimed to stress that hemolytic anemia encountered in a patient on dapsone would be linked to G6PD enzyme deficiency.

https://doi.org/10.1016/j.htct.2023.09.073

Pediatric Hematology Abstract Categories

General Hemostasis / Thrombosis / Vascular Biology
PP 24

UNRAVELING BLOOD DONOR DEFERRAL TRENDS: A REAL-WORLD SINGLE-CENTER STUDY

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Backround: Enhancing blood safety and donor eligibility are vital in blood banking. We analyze our blood center's approach and Turkey's general strategy in this domain, focusing on identifying and mitigating the reasons for donor deferral. **Materials and Method:** We retrospectively evaluated data from 169,410 donors visiting Çukurova University Medical Faculty Blood Center from 2015 to 2021, including demographic, clinical, and laboratory information. We also compared this data with historical records from 2009 and 2011 obtained from Turkish conference papers. **Results and Conclusions:** Our analysis covered donors aged 18-65 years (mean 38 years) consisting of 91.1% males and 8.9% females. Blood type distribution was A Rh(+) 36.7%, O Rh(+) 29.5%, B Rh(+) 14.8%, and AB Rh(+) 7.6%. Only 3.6% of donors volunteered, while the rest had different donation reasons. A 72.3% successful donation rate was observed, but there was a 27.7% deferral rate, surpassing 2011′s 25.3% and 2009′s 18.2%. Deferrals were mostly due to anemia, recent medication use, elevated blood pressure, and vaccination history. Donor deferral aims to safeguard both donors and recipients against potential risks, underlining the importance of continual evaluation and management strategies to minimize deferral rates.

Key worlds:
Blood Donor Deferral
Blood Banking in Turkey
Donor Rejection Causes
Blood Donation Rates

https://doi.org/10.1016/j.htct.2023.09.074

PP 25

EVALUATION OF THROMBOSIS RISK FACTORS AND PROGNOSIS IN CHILDHOOD THROMBOSIS

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