before the institution of up-front treatment for HHV-8-MCD. **Discussion:** HLH is a potentially lethal condition caused by macrophage hyperactivation following inflammatory, neoplastic or infectious triggers. Among the main causes, the HHV-8 virus highlights, particullarly in the context of immunosuppression. This virus is also involved in the pathogenesis of MCD and KS. There are, however, few reports of association between both disorders. Moreover, the association between MCD and TLS is also rare, since it is a non-neoplastic lymphoproliferative disease with low cellular turn-over. In view of the possible evolution to aggressive non-Hodgkin's lymphoma during the MCD's course, the TLS presence should prompt get to the search for concomitant DLBCL, which was not possible in this case due to the unfavorable premature evolution. **Conclusion:** This case showed that HLH and TLS, although rarely associated with MCD, can lead to serious organ dysfunctions with a potentially fatal course. Prompt recognition of both conditions is essential to establish early therapeutic measures that are crucial to ensure satisfactory clinical outcomes.

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TRANSFORMATION OF FOLLICULAR LYMPHOMA TO A BURKITT LYMPHOMA ASSOCIATED WITH HIV INFECTION AND PULMONARY TUBERCULOSIS

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Objective: To present a clinical case of follicular lymphoma (FL) transformed into Burkitt's lymphoma (BL) in a patient with acquired immunodeficiency, a rare case with little description in the literature. Methods: retrospective descriptive work of a clinical case carried out through data collection from HSPE medical records. **Results:** Woman, 62 years old, seeks emergency care due to generalized lymph node enlargement, fever, night sweats and weight loss. In the investigation, infection with the acquired immunodeficiency virus (HIV) and pulmonary tuberculosis was detected, and later there was the diagnosis of grade 3B FL, through a biopsy of the cervical lymph node. Positive immunohistochemistry for CD79A, CD20, BCL6 and KI-67 40%; negative for CD10, BCL2 and C-MYC. Treatment with RIPE and ART regimen was started and LF's outpatient follow-up was chosen. On CT scans, patient had stable lymph node enlargement with the largest measuring 2.1x1.6 cm in the left armpit. Seven months after the diagnosis, the patient had headache, arthralgia, abdominal pain and ecchymosis on the lower limbs. Tests showed hemoglobin (Hb) 12.5 g/dL, hematocrit (Ht) 36.6%, leukocytes (Lt) 17360/mm^3, atypical lymphocytes and platelets 15000/mm^3; lactic dehydrogenase (LDH) 13318 U/L, creatinine (Cr) 1.2 mg/dL, triglycerides 460 mg/dL, ferritin 2260 ng/mL, uric acid 17.8 mg/dL. Myelogram: 91% of small to moderately sized cells, high nucleus/cytoplasm ratio, loose chromatin, barely evident nucleoli and cytoplasm with intense basophilia without granulation and with microvacualization, suggestive of BL. Positive immunophenotyping for CD10, CD13, CD15, CD19, CD20, CD38, CD71, CD79a, CD81, cytoplasmic IgM, HLA-DR, Kappa. FISH with MYC-IGH gene rearrangement. CT with enlarged lymph node enlargement, the largest one in the left axillary 4.7 x 3.8cm. After 24 hours, the LDH was 22142 U/L, Cr 2.9 mg/dL, Hb:7.8 g/dL, Lt 57120/mm^3 with 45% blasts and platelets 25000/mm^3. Chemotherapy with R-CODOX-M was initiated, but the patient died on the 1st day of chemotherapy. Discussion: The most common histological transformation of LF occurs to a diffuse large B cell. Transformation into BL is uncommon. The subsequent molecular events that lead to transformation into a high-grade lymphoma are not fully understood, but a translocation leading to c-myc overexpression appears to be the trigger for transformation. BL may show c-myc-only abnormalities, association with bcl-2, or other karyotypic changes. In the presented case, we highlight an unusual clinical picture in a FL, with severe thrombocytopenia and increased LDH, without constitutional symptoms and/or visible enlargement of lymph nodes, which led to a spinal cord study and the diagnosis of transformation into BL. In one review with 4 cases, the median time to histologic transformation from follicular lymphoma to Burkitt's lymphoma was 6 to 13 months. In the case described, the patient initially had a FL, negative for BCL2 and C-MYC, which turned into a BL after 7 months of evolution, with the MYC-IGH rearrangement. Conclusion: As this is an uncommon evolution of FL, we emphasize the importance of suspecting transformation into high-grade B lymphomas in the face of unusual alterations in FL, such as severe cytopenias, constitutional symptoms, increased LDH and rapid progression of lymphadenopathy so that the treatment is instituted early.

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PEMBROLIZUMAB PLUS RADIOTHERAPY AS A RESCUE THERAPY FOR LANGERHANS CELL SARCOMA: A CASE REPORT

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Introduction: Langerhans Cell Sarcoma (LCS) is an aggressive and extremely rare form of malignant histiocytosis, with a dismal prognosis. **Case report:** A 62-year-old male with mild comorbidities (overweight, hypertension, type 2 DM and NAFLD) presented with chest and epigastric pain,