Case report: Introduction: Secondary leukemias that occur after chemotherapy are mostly myelodysplastic syndrome and acute myeloid leukemias.With the recent increased use of immunomodulatory (IMID) drugs (pomalidomide, thalidomide and lenalidomide); It has been shown that secondary leukemias increase. Acute lymphoblastic leukemia (ALL) has frequently been described in association with IMID. Here, we present our second ASCT experience in a case who underwent autologous stem cell transplantation (ASCT) with the diagnosis of multiple myeloma and developed B-ALL during the maintenance lenalidomide treatment.

Key words: Multipl myelom, B-ALL, autologous stem cell transplantation

Case report: A 62-year-old female patient was diagnosed with multiple myeloma (MM) in 2017.The patient was given 4 cycles of BED (bortezomide, cyclophosphamide, dexamethasone) treatment.The patient, who was in remission, underwent ASCT with Melphalan 200 mg/m2 preparation regimen in 2018.After ASCT, the patient was started on lenalidomide maintenance treatment. Approximately 4 years later, in 2022, during the course of lenalidomide treatment, CALLA+ B-ALL was diagnosed with a bone marrow biopsy.The patient was given hyper-CVAD Chemotherapy. The patient, who was in remission after the treatment, underwent ASCT again in 2023, for the second time with the TBI + endoxan protocol (3.8×106/kg cells) with peripheral blood stem cells collected during the previous MM disease period. **Discussion and conclusion:** ALL can develop due to cytotoxic agents and immunomodulatory (IMID) drugs such as alkylating agents and topoisomerase inhibitors. Alkylating agents such as Melphalan can cause the development of AML or MDS, often through unbalanced chromosomal abnormalities from first use. The incidence of secondary ALL developing after primary malignancy is 2.3%. Secondary malignancies are a known, albeit rare, complication of long-term lenalidomide therapy. However, the incidence of secondary ALL due to lenalidomide is very low. Parrondo et al demonstrated a significant increase in the risk of secondary malignancies following lenalidomide maintenance following high-dose melphalan and autologous hematopoietic stem cell transplantation in patients with multiple myeloma (MM). 4-17% of these malignancies are hematological malignancies. After ASCT, maintenance lenalidomide has now become the standard treatment for multiple myeloma. Lenalidomide creates a basis for the development of hematological malignancy secondary to treatment in these patients. However, considering the use of melphalan in the chemotherapy regimen before ASCT, lenalidomide alone cannot be blamed for treatment-related ALL. However, as a result of our literature review, there is a stronger association between lenalidomide maintenance therapy and treatment-associated ALL in multiple myeloma patients. Therefore, in case of suspicious hematological findings in patients receiving maintenance lenalidomide treatment, bone marrow aspiration and biopsy samples should be carefully evaluated for leukemia.

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OP15

A Case of Multiple Myeloma with Atypical Cutaneous Presentation Treated by Daratumumab + CYBORG

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This case report illustrates the unconventional progression of multiple myeloma (MM) in a 57-year-old male, primarily highlighted by a cutaneous manifestation on the right cheek malar region, indicative of disease recurrence. Initially diagnosed following back pain and dyspnea, the patient's journey took a distinctive path from standard multiple myeloma treatments to the innovative application of daratumumab + CYBORG therapy. The biopsy from the lesion confirmed the recurrence of plasma cell neoplasia, leading to the adoption of daratumumab + CYBORG therapy. This innovative treatment strategy underscores the evolving landscape of MM management, particularly in cases presenting with atypical symptoms such as cutaneous involvement. The implementation of daratumumab + CYBORG therapy in this context not only highlights its potential as a significant advancement in MM treatment.

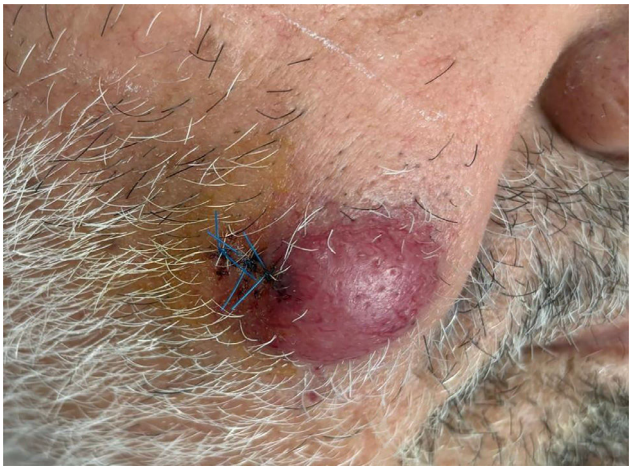

Image 1. Skin lesion on face._

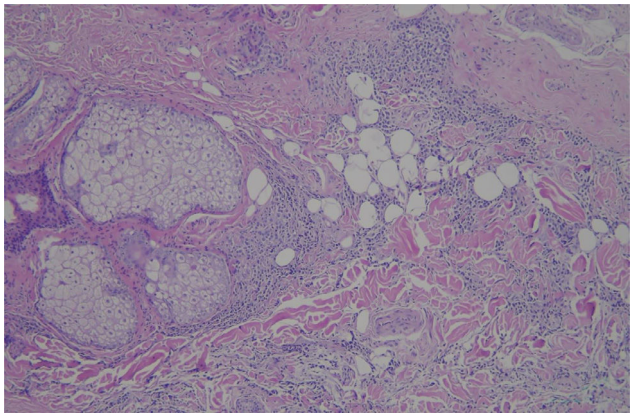

Image 2. Microscopic image of a biopsy taken from skin lesion.

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OP16

Essential Thrombocythemia Complicated by Addison's Disease: A Case of Overlapping Endocrine and Hematological Disorders

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This case report delves into the intricacies of managing a patient diagnosed with both essential thrombocythemia and Addison's disease, illustrating the challenges and importance of an integrated approach to complex, coexisting conditions. A 47-year-old woman presented with enduring symptoms of fatigue, skin darkening, and appetite loss, which progressively led to substantial weight loss. Initially treated for essential thrombocythemia, a common yet serious myeloproliferative disorder, her condition did not fully improve with standard therapy, including hydroxyurea. Further evaluation was prompted by her deteriorating clinical status, characterized by severe hypotension and exacerbated systemic symptoms, leading to the diagnosis of primary adrenal insufficiency or Addison's disease. The confirmation of Addison's disease, alongside essential thrombocythemia, necessitated a tailored therapeutic strategy that addressed both endocrine and hematological aspects. With the initiation of appropriate therapy targeting Addison's disease, alongside ongoing management of essential thrombocythemia, the patient experienced a significant alleviation of symptoms and stabilization of her condition. This case underscores the necessity for vigilance and comprehensive evaluation in patients with non-specific systemic symptoms, highlighting the potential for concurrent, serious medical diagnoses.

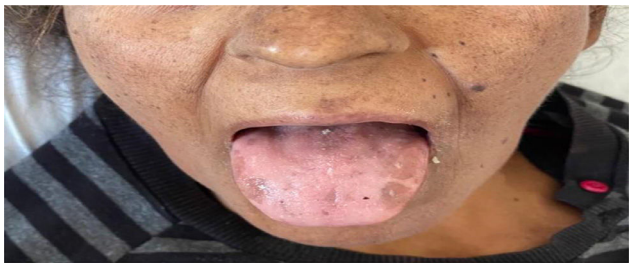

Image 1. Mucosal and skin hyperpigmentation in Addison's disease.

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OP17

A Rare Intersection: Case Study on Sickle-Cell Thalassemia and Lymphoma

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This case study explores the rare and complex coexistence of sickle-cell thalassemia (S-talassemia) and lymphoma in a 37-year-old individual, presenting an exceptional diagnostic and therapeutic challenge. Initially evaluated for non-specific symptoms including abdominal pain, nausea, and vomiting, the patient underwent extensive diagnostic investigations revealing a multifaceted clinical picture. Advanced imaging identified multiple abnormal findings, including hyperdense gallbladder stones, increased reticular density in the mesenteric root, and nodular lesions in the thyroid gland, without the presence of mass lesions in the lung parenchyma. Biopsies confirmed the presence of high-grade B-cell, diffuse large B-cell lymphoma (DLBCL), showcasing an aggressive non-germinal center phenotype. Interestingly, immunohistochemistry results pointed towards a complex interplay of markers, with notable findings such as cMYC 80% positivity and a Ki67 proliferation index of 80% positive. The dual diagnosis of S-talassemia and lymphoma, especially considering the rarity of their co-occurrence, posed a significant challenge in terms of treatment decision-making and highlighted the critical need for patient-centered care, taking into account the ethical and autonomy considerations. This case contributes to the limited literature on the intersection of hemoglobinopathies and lymphoma, offering insights into the diagnostic dilemmas and therapeutic strategies in managing such rare comorbid conditions.

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