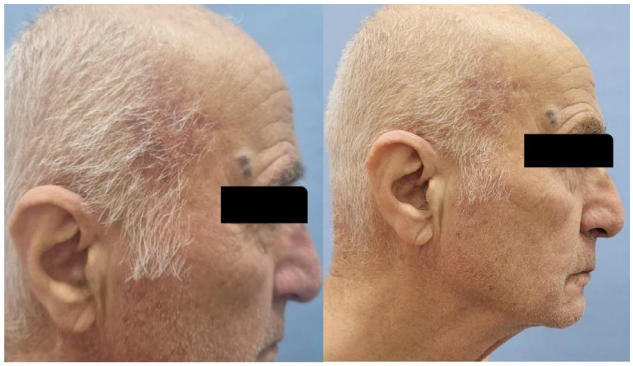

Figüre-2: Post-treatment

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PP 07

A RARE CASE OF A RESISTANT EXTRANODAL FOLLICULAR LYMPHOMA WITH PLASMACYTIC DIFFERENTIATION TRANSFORMED IN DIFFUSE LARGE B CELL LYMPHOMA TREATED SUCCESSFULLY WITH AUTOLOGOUS BONE MARROW TRANSPLANTATION.

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Case report: Context: The incidence of extranodal presentation of the disease is less than 10% in follicular lymphomas. Follicular lymphoma with plasmacytic differentiation arising in an extranodal site like subcutaneous tissue and bone is uncommon and its natural history and treatment are poorly described in the literature. **Objective:** Sharing an unusual case report of a resistant extranodal follicular lymphoma with plasmacytic differentiation transformed in Diffuse Large B Cell lymphoma ABC subtype undergoing successful treatment with bone marrow transplantation. **Case report:** In November 2012 a 48-year-old woman was complaining about knee pain during movements. A CT done at that time demonstrated an osteolytic lesion in her right knee in the lateral condyle. The biopsy of the lesion was consistent with the diagnosis of follicular lymphoma with plasmocytic differentiation. Bone marrow aspiration and total body CT were normal without evidence of other tumor masses. The patient underwent radiation therapy and was in perfect condition until late 2017 when she was presented to the hematology consultation because of some subcutaneous masses on her body. PET CT scan revealed several subcutaneous masses with high FDG uptake, one in her right shoulder (3.5 × 1.8 cm), two on her right breast (6.0 × 3.4 cm and 2.1 × 1.3 cm), one on the left side of her neck (1.5 × 0.6 cm), and one on her left inguinal region (4.0 × 2.3 cm). A biopsy of the mass in her inguinal region revealed the diagnosis of follicular lymphoma with plasmacytic differentiation (CD10, CD20, CD138, and MUM1 positive). She was referred to the hematology department for further evaluation and treatment. On admission, the bone marrow aspiration and biopsy showed no malignant diseases. Due to the perfect clinical condition of the patient, we decided to go with Rituximab monotherapy. But after 4 courses no improvement was seen. So, we decided to go with RCVP therapy but still, the disease was refractory, and the PET CT showed other than the subcutaneous masses, a lytic bone lesion in her left talus. We went with 2 RCHOP therapies and 4 RCHOEP plus Bortezomib and only after that, the patient went into total remission. One year later, the masses started to grow in the same location. A second biopsy revealed high-grade follicular lymphoma. We continued with R-lenalidomide but the disease was still refractory. A third biopsy performed showed a high-grade DLBCL ABC subtype. In this condition, we started salvage therapy with 2 cycles of R-BEGEV protocol and referred the patient to a clinic abroad for autologous bone marrow transplantation. The patient underwent total remission after the protocol and autologous bone marrow transplant. She has been in remission since July 2022. **Discussion:** The transformation of follicular lymphoma with plasmacytic differentiation, positive for MUM1 has a high probability according to literature to be resistant to standard therapy and to progress to diffuse large B cell lymphoma ABC subtype. Therefore, the need for aggressive treatment combined with bone marrow transplantation is important.

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PP 08

MEDIASTINAL GRAY ZONE LYMPHOMA; SHADES OF GRAY

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Objective: Mediastinal gray zone lymphoma (MGZL) is a rare B cell lymphoma originated from the thymic niche. An incostistency between morphological and immunohistochemical findings is the hallmark of the disease . Both 2022 WHO classification and International Consensus Classification renamed the disease as Mediastinal Gray Zone Lymphoma which excluded non-mediastinal forms. Due to rarity and clinical presentation of mediastinal bulky disease prospective trials for the management of MGZL is limited. Case report: Twenty-nine years old female patient admitted to hospital with dyspnea and night sweats. Basal scans showed an anterior mediastinal mass lesion of 5 × 5 × 6 cm diameter. Tru-cut biopsy of the lesion showed MGZL, cHL -like subtype with immunohistochemically CD 30, CD15, PAX-5 positivity and strong CD20 positive giant cell containing atypical lymphoproliferative mass in a sclerotic background . Background consisted of numerous mature lymphocytes, rare eosinophils, histiocytes and plasma ce **Methodology:** PET-CT showed anterior mediastinal mass of 8,7 X 6,2 cm standing just behind pericardium with a SUVmax of 28,3 . Along with mediastinal mass right prevascular,preparacardiac and anterior diaphragmatic lympadenopaties of maximum length of 2,5 cm and

with a SUVmax ranging between 7,04 and 24,7 were detected. Basal tests showed iron deficiency anemia of hemoglobin 9,8 g/dl and erythrocyte sedimentation rate of 29 mm/hour. LDH was 645 IU/l. Pretherapy echocardiograpy showed pericardial effusion **Results:** Background consisted of numerous mature lymphocytes, rare eosinophils, histiocytes and plasma cells . PET-CT showed anterior mediastinal mass of 8,7 X 6,2 cm standing just behind pericardium with a SUVmax of 28,3 . Along with mediastinal mass right prevascular, preparacardiac and anterior diaphragmatic lympadenopaties of maximum length of 2,5 cm and with a SUVmax ranging between 7,04 and 24,7 were detected. Basal tests showed iron deficiency anemia of hemoglobin 9,8 g/dl . **Conclusion:** Targeted therapies especially PD-1 blockage and anti-CD30 therapies are increasingly filling the gap for the management of GZL s as well as cHL and PMBCL. Brentuximab vedotin is a promising agent for the management of GZLs both in the first line and in the relapsed/ refractory setting.

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PP 09

ISOLATED CENTRAL NERVOUS SYTEM BURKITT'S LYMPHOMA IN ADVANCED AGE: A CASE STUDY

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Objective: Burkitt lymphoma is an aggressive type of B-cell lymphoma that is usually seen in the pediatric and young adult population and characteised with myc gene translocation. This disease manifests itself with rapidly growing abdominal mass and systemic sign and symptoms. However, atypical involvements, such as isolated cranial involvements, face both diagnostic and therapeutic challenges, especially in older age groups. Although isolated cranial involvement of Burkitt's lymphoma is rare in older patients, this case report emphasizes the challenges in clinical practice. **Case report:** A 67-year-old female patient was taken with complaints of headache and vomiting in June 2022. An MRI scan revealed a mass measuring 3.3 × 2.8 × 1.5 cm in the left temporal region. Upon this finding, the patient was referred to the neurosurgery department and the mass was surgically removed. As a result of the pathological examination resulting from the operation, CD10, CD20 were diffusely positive; BCL2 negative; BCL6 positive; C-MYC 70% positive; Kİ67 is 100% positive and confirms Burkitt's Lymphoma. In the PET-CT scan performed for the staging of the patient, reticular dense growths and irregular growth FDG uptakes in ground glass density areas were observed in the medial posterobasal segment of the lower lobe of two lungs and in the anterior segment of the upper lobe of the left lung. In the mediastinal area, increased degrees of FDG uptake were detected in bilateral lower paratracheal and subcarinal lymph nodes. These findings were evaluated as a potential infectious event. While there were no findings in hemogram and biochemical pathological tests, HbsAg positivity was detected but no active disease was found.Prophylactic intrathecal(IT) treatmentwas also recommended for the disease, which started to systemic chemotherapy, but IT chemotherapy was rejected.. In subsequent MRI examinations, the defect formed after craniotomy in the left temporofrontoparietal region and fluid collection in the calvarium were observed, while no residue or recurrence was observed in the operation area.However, a lesion measuring 2 × 3 cm in size was detected in the left parietal at the vertex level, which was primarily considered a fibroma and showed marked hypointenses and heterogeneous contrast enhancement in all sections. In the evaluation PET-CT performed after four cycles of the R-HYPERCVAD regimen, a mild increase in metabolic activity was observed in the mediastinal lymph nodes, but this was consistent with inflammatory processes, and no signs of recurrence or metastasis were found in other parts of the body. Despite these findings, which were accepted as a response to treatment, the planned OKIT treatment was not accepted by the patient and their relatives. After completing the seventh course of treatment, the patient presented to the emergency room with altered consciousness and recurrent headaches. Antieodema treatment was applied to the patient who was diagnosed with brain edema, but the recommended advanced chemotherapy and full cranial radiotherapy were rejected. In December 2023, the patient was re-admitted with symptoms of brain edema and shingles zoster infection was observed, and the patient died after his condition worsened despite symptomatic treatment. **Conclusion:** This case report highlights the rarity of advanced age Burkitt lymphoma with isolated cranial involvement and the diagnostic and therapeutic difficulties of this condition. Our patient exhibited atypical involvement of an aggressive B-cell lymphoma that usually occurs in childhood and young adults and is characterized by myc gene translocation. The disease, which usually manifests itself with an abdominal mass and systemic symptoms, is rare to show isolated cranial involvement, and this requires us to re-evaluate the diagnosis and treatment strategies in our clinical practice. In this case, although the patient's symptoms and radiological findings initially suggested a typical brain tumor, pathological examination confirmed the diagnosis of Burkitt's lymphoma. During the patient's treatment process, the importance of systemic chemotherapy and prophylactic intrathecal treatment became evident. However, rejection of various treatment options by patients and their relatives may negatively affect the effectiveness of the treatment and patient survival. This case highlights the rarity of Burkitt lymphoma with isolated cranial involvement in older age patients and the challenges and important lessons encountered in the diagnosis and treatment of these atypical presentations.

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Adult Hematology Abstract Categories, Myeloma, PP 10

Real-Life Experience with Pomalidomide plus Dexamethasone in Patients with Multiple Myeloma: A Single Center Retrospective Study

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