HEMATOLOGY, TRANSFUSION AND CELL THERAPY

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Poster Abstracts

Adult Hematology Abstract Categories

Acute Leukemias
PP 01

ACUTE MYELOID LEUKEMIA PRESENTING AS ACUTE PANCREATITIS WITH MULTISYSTEM LEUKEMIC INFILTRATION: A CASE REPORT OF PANCREATIC, BILIARY TRACT AND PULMONARY INVOLVEMENT

Yusuf Hekimoğlu [1,*], Ethem Ozkaya [1], Vehbi Demircan [1], Abdullah Karakuş [1], Orhan Ayyıldız [1]

[1] *Dicle University*

Objective: Acute myeloid leukemia (AML) classically presents with symptoms related to anemia, infections, or bleeding. However, atypical presentations involving abdominal pain, acute pancreatitis, and biliary ducts infiltration are rare but have been documented. These unusual manifestations can complicate the diagnosis and delay recognition of AML. Here, we present a case of a young female patient diagnosed with AML, who initially presented with acute pancreatitis and subsequent findings suggestive of biliary tract infiltration and possible pulmonary involvement. **Case Report:** A 22-year-old female with no notable medical history presented to a local healthcare facility with abdominal pain and diarrhea. She was diagnosed with acute pancreatitis based on clinical evaluation. Abdominal ultrasonography revealed a mass at the head of the pancreas, along with dilatation of both intrahepatic and extrahepatic bile ducts. The patient was referred to Dicle University Educational Hospital for further investigations, including endoscopic retrograde cholangiopancreatography (ERCP). Upon admission to the general internal medicine clinic, the pancreatic mass and biliary duct dilation were confirmed, and further laboratory investigations showed an elevated white blood cell count as 24.900/mm3. A peripheral blood smear demonstrated abnormal white cells, raising suspicion of a hematologic disorder. A bone marrow biopsy was subsequently performed, confirming the diagnosis of AML. Magnetic resonance cholangiopancreatography (MRCP) was conducted to further assess the pancreatic and biliary tract lesions, revealing findings consistent with extramedullary hematologic infiltration. The patient was started on the 7+3 chemotherapy regimen (cytarabine 200 mg/m2 for 7 days and an idarubicin 12 mg/m2 for 3 days). Following treatment, her abdominal pain and distension improved, and laboratory abnormalities normalized, but She died because of neutropenic sepsis during 35th day of treatment. **Conclusion:** AML can exhibit extramedullary involvement of any organ, though pancreatic, biliary tract, and hepatic enzyme abnormalities are rare and occurs in approximately 8–10% of cases. A study from one center indicated that the most common sites of extramedullary AML involvement are the skin (65%), the central nervous system (23%), and the pleura (7%) . Multiorgan involvement has been reported in around 9% of cases, but pancreatic and biliary duct infiltration is extremely rare, accounting for only 1% of cases. In our case, the patient exhibited involvement of the pancreas, biliary tracts, spleen, and lungs, a situation that is exceedingly rare, with no similar cases found in the existing literature.

Keywords: Extramedullary, Leukemia, Myelogenous, Acute pancreatitis.

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PP 02

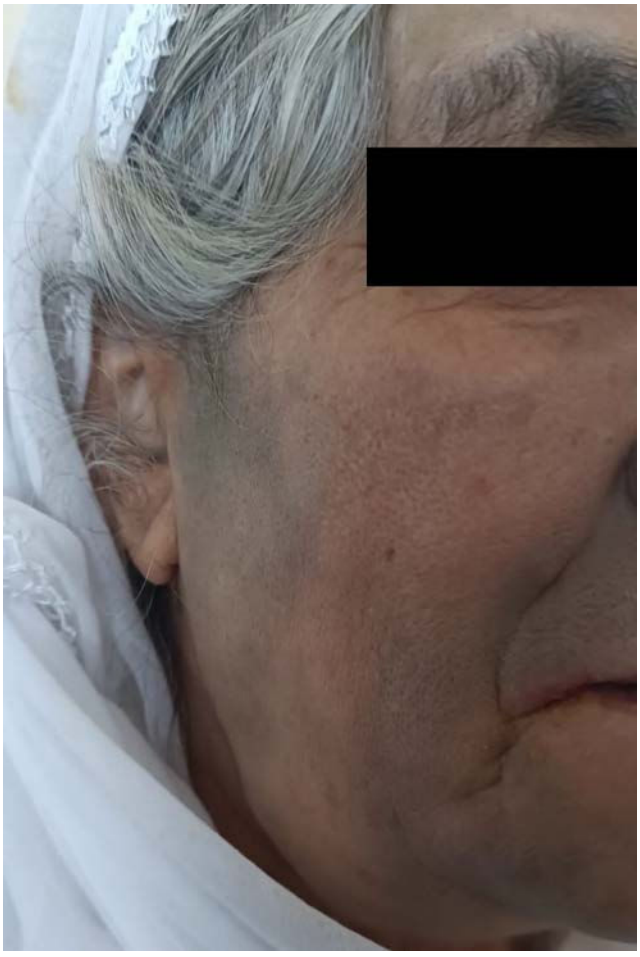
AN AML CASE PRESENTING WITH EXTRAMEDULLARY MYELOID SARCOMA

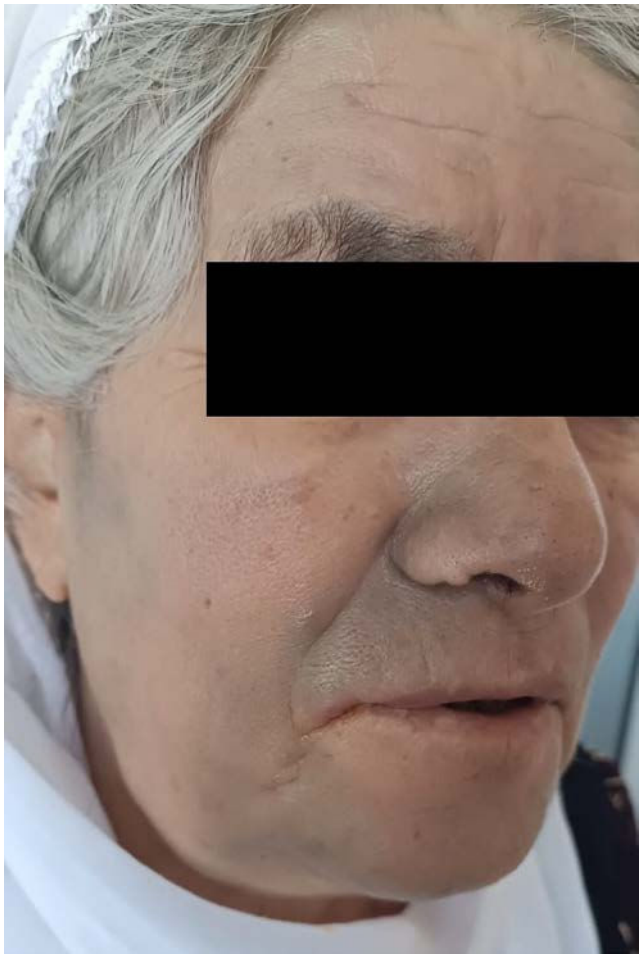
Songül Beskisiz Dönen [1,*], Vehbi Demircan [1], Abdullah Karakuş [1], Mehmet Orhan Ayyıldız [1]

[1] *Dicle University Faculty of Medicine, Department of Hematology*

Objective: This case highlights an atypical presentation of myeloid sarcoma in a patient with acute myeloid leukemia (AML), focusing on diagnostic challenges, treatment decisions, and outcomes. The case emphasizes extramedullary involvement and therapeutic approaches for patients with

poor performance status. **Case Report:** A 68-year-old woman presented with neck swelling. Ultrasound and CT imaging revealed multiple enlarged cervical lymph nodes, with the largest measuring 30 × 25 mm in the right submandibular region. A tru-cut biopsy confirmed myeloid sarcoma infiltration. Upon admission, she was not cytopenic, but peripheral blood smear revealed blasts. Bone marrow biopsy confirmed AML, and diffuse chloroma foci were noted on her face. Due to poor performance status, the 5+1 chemotherapy regimen (5 days cytarabine, 1 day anthracycline) was initiated. After achieving remission in bone marrow, HDAC (high-dose cytarabine, 1500 mg/day) was administered as consolidation therapy. Severe cytopenias during HDAC led to a switch to azacitidine (Vidaza, 75 mg/m^2) and venetoclax. Allogeneic stem cell transplantation (AlloSCT) was recommended, but the patient declined. **Conclusion:** This case illustrates the diagnostic challenges of myeloid sarcoma in rare locations like the neck, compounded by diffuse chloroma. For patients with poor performance status, low-intensity regimens such as azacitidine and venetoclax are viable alternatives to intensive chemotherapy. AlloSCT remains the preferred treatment for high-risk AML, but in this case, azacitidine and venetoclax provided an alternative therapeutic pathway.





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PP 03

A CASE OF ACUTE LYMPHOBLASTIC LEUKEMIA PRESENTING WITH HYPEREOSINOPHILIA

Bengü Macit [1,*], Arzu Akyay [1], Yurday Öncül [1]

[1] *Inonu University Turgut Ozal Medical Center*

Case Report: Hypereosinophilia (HE) is eosinophil count >500/μL. The association of HE with acute lymphoblastic leukemia (ALL) is extremely rare, with an incidence of less than 1%. HE may precede the common symptoms and signs of ALL by several months or weeks. In some cases, the symptoms may be due to eosinophilic organ or system infiltration, and these findings may be different from the classical ALL symptoms, thus delaying the diagnosis. Here, we report a male patient who presented with HE and was diagnosed as PreB-ALL. A 9-year-old boy patient was admitted to Inonu University Turgut Özal Medical Center with complaints of testicular pain and swelling. The patient's hemogram showed HE, but there was no leukocytosis or cytopenia.. No atypical cell was observed