

PP 08

CASE PRESENTATION: TREATMENT AND FOLLOW-UP EXPERIENCE FROM MYELODYSPLASTIC SYNDROME (MDS) REAB II TO CHRONIC MYELOMONOCYTIC LEUKEMIA (CMML)

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Objective: The purpose of this case presentation is to discuss the clinical course, pathological findings, and treatment process of a patient diagnosed with MDS REAB II. It examines the transformation to CMML under the treatment of Venetoclax + Azacitidine. Challenges encountered during the follow-up process of CMML are mentioned. By addressing the continuation of MDS REAB II treatment in CMML, it is aimed that the findings obtained from this case contribute to the diagnostic and treatment processes for similar patients. **Case Report:** A 79-year-old male patient was found to have anemia, thrombocytopenia, and leukocytosis in the hemogram. Atypical cells were observed in the peripheral smear. The patient had lost 8 kg in the last 3 months and experienced night sweats. His medical history includes prostate cancer and heart diseases. Abdominal tomography revealed hepatomegaly and splenomegaly. At presentation: WBC - $16.12 \times 10^3/uL$; absolute monocyte count (MONO) - $3.61 \times 10^3/uL$; Hemoglobin (HGB) - 9.1 g/dL; Hematocrit (HTC) - 29.5%; Mean corpuscular volume (MCV) - 94.9 fL; Platelet (PLT) - $129 \times 10^3/uL$; Creatinine - 1.27 mg/dL; Lactate Dehydrogenase (LDH) - 340 U/L; eGFR - 67 mL/min/1.73 m²; Albumin - 3.5 g/dL; Total Protein - 7.9 g/dL; Ferritin - 171.42 μ g/L; Folate - 16.9 μ g/L; B12 - 353 ng/L. Anti-HBc IgG: (+), HBsAg: (-), Anti-HCV: (-), Anti-HIV: (-). On 09/02/2024, the bone marrow pathology result showed an increase in blasts, leading to the diagnosis of MDS REAB-II. Flow cytometry revealed an 11.1% blast rate in the bone marrow. Treatment with Venetoclax and Azacitidine was initiated for MDS REAB-II. After 4 cycles, follow-up results showed: WBC - $16.38 \times 10^3/uL$; MONO - $3.54 \times 10^3/uL$; HGB - 11.6 g/dL; HTC - 35.7%; MCV - 90.4 fL; PLT - $110 \times 10^3/uL$; Creatinine - 1.27 mg/dL; LDH - 257 U/L. Due to ongoing bicytopenia and for treatment response evaluation, a biopsy performed on 24/07/2024 revealed findings consistent with CMML without an increase in blasts. An off-label application was made for the continuation of current treatment. The effectiveness of the combination of Venetoclax and Azacitidine in the treatment of CMML is also being investigated, with the goal of monitoring the patient with the current treatment. **Methodology:** On December 6, 2023, the patient underwent surgery after preoperative severe anemia and thrombocytopenia, requiring blood transfusions. After discharge, the patient was referred to the hematology outpatient clinic. A bone marrow biopsy was planned due to atypical cells observed in the peripheral smear related to bicytopenia, which was sent for pathology and flow cytometry studies. **Results:** Abdominal tomography revealed: liver size increased to 165 mm, with millimetric parenchymal calcifications observed in the liver dome; spleen size increased to 141 mm. On 22/01/2024, pathology results showed MDS REAB II with increased blasts. Flow cytometry indicated a blast rate of 11.1% (CD13/CD117/CD34). Such findings are typically observed

in cases favoring "MDS." After 4 cycles of Venetoclax and Azacitidine treatment, a repeat biopsy on 24/07/2024 showed results indicating RAEB-II type MDS. The bone marrow was sampled regarding blast percentage. It is unclear if the patient has been treated recently. Peripheral blood reports indicate relative (30.7%) and absolute (2.97 k/uL) monocytosis, normochromic normocytic anemia, and thrombocytopenia. With absolute (2.97 k/uL) and relative (30%) monocytosis present; the hypercellular bone marrow (%60) represents slight maturation anomalies compatible with CMML-I, and no blast increase was detected. **Conclusion:** The challenges in diagnosing and treating CMML arise from the coexistence of dysplasia and myeloproliferative features. According to World Health Organization criteria, the diagnostic criteria have been met considering the patient's condition. For the first time in this case, a transition from MDS REAB II to CMML has been observed under this treatment. Azacitidine and Decitabine, approved for the treatment of MDS, have also been approved for CMML patients. Furthermore, more advanced studies are underway regarding the effectiveness of Azacitidine and Decitabine in CMML treatment. The effectiveness of the combination of Venetoclax and Azacitidine is also being investigated, with the goal of monitoring the patient with the current treatment.

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PP 09

PERITONEAL MESOTHELIOMA AS A CO-MALIGNANCY IN A PATIENT WITH CLL/SLL: CASE REPORT

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Objective: Malignant mesothelioma (MM) is an aggressive tumor typically arising from the pleura, with malignant peritoneal mesothelioma (MPM) accounting for 10-15% of cases. The occurrence of MPM alongside hematologic malignancies is rare. Here, we present a case of peritoneal mesothelioma developing synchronously with CLL/SLL. **Case Report:** A 68-year-old male was referred to our clinic in August 2023 with lymphocytosis, reporting weight loss and night sweats. His medical history included diabetes, hyperlipidemia, and hypertension, and a family history of stomach cancer. The patient had quit smoking 30 years ago and had a history of chronic alcohol use. There was no known asbestos exposure despite his occupation as a construction worker. Physical examination was normal. Routine laboratory tests and flow cytometry were conducted.

Imaging via thoracic and abdominal USG and PET/CT identified multiple lymphadenopathies and omental thickening indicative of peritoneal infiltration (Image-1). The patient was diagnosed with RAI Stage 3 CLL/SLL. In addition to hematological follow-up, the patient was referred to oncology and general surgery. He chose to continue his hematological follow-up in our clinic while receiving oncological and surgical follow-up at an external center. He is treated for CLL with ibrutinib and cisplatin-pemetrexed-altuzan for mesothelioma. **Discussion:** There is limited knowledge about the epidemiology and treatment of malignant peritoneal mesothelioma due to its rarity. In studies of mesothelioma associated with hematological malignancies, patients published predominantly have pleural mesothelioma. **Conclusion:** As a result, mesothelioma should be considered as a differential diagnosis in hematological cancer patients with abdominal masses, and further investigation needs to be conducted.

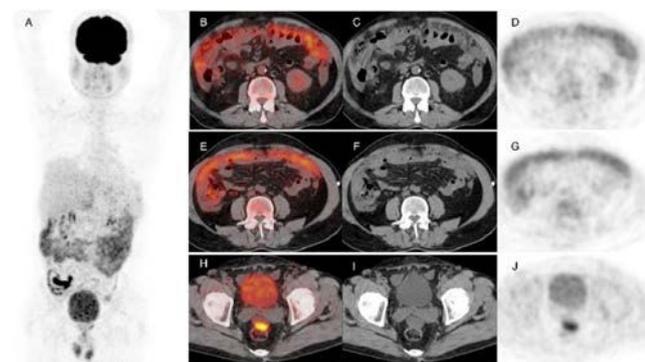


Image 1: Full Body PET scan (A), Axial PET/CT images showing omental thickening and peritoneal involvement (B, E, H), Corresponding axial CT images (C, F, I), PET images highlighting FDG uptake (D, G, J) Bone marrow and omentum biopsies were performed. The bone marrow biopsy confirmed CLL/SLL.

Table 1: Omentum biopsy revealed low-grade malignant epithelial mesothelioma

Immunohistochemistry	Case
Calretinin	Positive
BAP1	Negative
P16 (CDKN2A / 9p21)	Homozygous positive

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Adult Hematology Abstract Categories

Chronic Myeloproliferative Diseases

PP 10

HAIR REPIGMENTATION IN AN OLDER PATIENT TREATED WITH ASCIMINIB

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Objective: Asciminib may be a promising treatment option for intolerance of tyrosine kinase inhibitors (TKIs). It is a first-in-class inhibitor with a more selective mechanism of action different from the ATP-competitive inhibition that occurs with TKIs. Adverse effects (AEs) related to the inhibition of non-BCR::ABL1 kinases have been expected to be greatly diminished. According to the literature, fifty-five percent of patients experienced some AEs: mostly mild (grades 1–2), with 18% being grade 3–4. The most frequent AEs were fatigue (18%), skin rash (18%), thrombocytopenia (17%), and anemia (12%). The most frequent grade 3–4 AEs were thrombopenia (3.9%) and fatigue (3%). Other AEs were pneumonitis and hypoglycemia reported post-marketing. **Case Report:** A 61-year-old man was diagnosed with chronic myeloid leukemia (CML) and started on 80 mg asciminib. After 20 weeks of treatment, he experienced an unexpected change in hair color from gray to dark brown, without using hair dye or supplements. The same color change was also present in his mustache and beard. No other side effects were observed. **Management and outcome:** It was decided to monitor the patient with no action taken as he feels pleasant with this unexpected side effect of asciminib. CML remained in deep molecular remission. The dark brown hair color persisted over time. **Discussion/Conclusion:** Hair hyperpigmentation likely occurred through melanocyte activation via asciminib. Severe side effects may require dosage adjustments, while milder effects can be monitored closely. The newly observed hair color restoration in this case highlights potential dual (therapeutic and aesthetic) applications of this class of agents.

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PP 11

VULVAR AND VAGINAL GRAFT VERSUS HOST DISEASE IN A PATIENT WITH CHRONIC PHASE CHRONIC MYELOID LEUKEMIA AFTER ALLOGENEIC STEM CELL TRANSPLANTATION

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Objective: Graft versus Host Disease (GVHD) is one of the serious complications of allogeneic stem cell transplantation used in the treatment of many hematological malignancies. Skin, liver, and eyes are frequently affected areas. In addition to frequently affected areas, genital region involvement can also be seen. Allogeneic stem cell transplantation is one of the definitive treatments for hematological malignancies seen in the young age group. And its use for therapeutic purposes in young patients is increasing day by day. Vulvovaginal GVHD is a disease type that concerns female patients of reproductive age. In this case report, we wanted to include in the literature a case that underwent allogeneic stem cell transplantation after CML diagnosis and TKI resistance and then developed vulvovaginal GVHD. In vaginal disease involvement; in addition to many genitourinary complaints, many negativities in sexual life and deterioration in quality of