chemotherapy. A negative, strong and statistically significant correlation was found between the number of CD34 positive stem cells and BMI in multiple myeloma patients (rho: -0.705 p<0.001). **Conclusion:** Hematopoietic stem cell transplantation used in the treatment of many haematological disorders has become the gold standard treatment. Therefore, the factors affecting the success of transplantation have been the subject of research, and the effects of factors such as BMI, vitamin D, and gender have been investigated. In a cohort of 149 volunteers participating in a weight loss programme, the absolute number of CD34 positive progenitor cells and VEGF receptor-2, CD133 and CD117 positive cell subtypes decreased in relation with increasing BMI and waist circumference. Weight loss caused an increase in CD34 and CD117/CD34 cell counts. In our study, it was shown that high BMI in multiple myeloma patients caused lower CD34 levels in the cell collection process. We believe that it would be useful to perform this analysis with a larger patient population.

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Adult Hematology Abstract Categories

Transfusion Medicine and Apheresis
PP 25

EVALUATION OF IRON ACCUMULATION DURING CHILDHOOD CANCER TREATMENT

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Objective: Iron overload is a major concern in pediatric oncology, particularly with frequent blood transfusions. Although serum ferritin levels are commonly used as a marker, cardiac and hepatic T2* MRI is the gold standard for accurate assessment. This study aimed to evaluate the relationship between serum ferritin levels and T2* MRI values in pediatric cancer patients, focusing on cases with ferritin levels exceeding 1000 mcg/L. **Methodology:** This prospective study included pediatric patients aged 10-25 diagnosed with malignancies at Adana City Training and Research Hospital from June 2023 to December 2024. Ferritin and C-reactive protein (CRP) levels were measured during non-infectious periods. Elevated ferritin was confirmed if CRP was also raised. Data on transfusions and ferritin levels were collected at 3, 6, and 12 months post-diagnosis. Patients with ferritin levels above 1000 mcg/L underwent cardiac and hepatic T2* MRI to assess the need for iron chelation therapy. **Results:** A total of 28 patients (median age: 14 years) were analyzed, with 12 females and 16 males. The median ferritin level at diagnosis was 32.5 mcg/L. Significant associations were found between transfusion frequency and ferritin levels over 1000 mcg/L within 3 months (p=0.029) and annually (p=0.001). Three patients had ferritin levels above 1000 mcg/L: two with acute lymphoblastic leukemia (ALL) and one with non-Hodgkin lymphoma (NHL). One patient died, another received a bone marrow transplant, and the third had normal cardiac but moderate hepatic iron levels. In one case, ferritin dropped below 1000 mcg/L without chelation by 12 months. Elevated ferritin in the transplant patient was likely related to the procedure. **Conclusion:** Iron overload is a significant challenge in pediatric cancer, particularly during transplants. Early monitoring and timely chelation can help manage this risk. Future research should focus on optimizing iron management strategies in this vulnerable population.

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Adult Hematology Abstract Categories

Other Diseases
PP 26

IMMUNE THROMBOCYTOPENIA WITH EPSTEIN-BARR VIRÜS-ASSOCIATED INFLAMMATORY PSEUDOTUMOR OF THE SPLEEN

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Objective: Introduction: Inflammatory pseudotumors (IPTs) are rare and may occur in various anatomic sites. Splenic IPTs are extremely rare, often associated with Epstein–Barr virus (EBV) and have a low-malignant potential with recurrences. The tumor showed a mixed inflammatory infiltrate with spindled cells focally composed of follicular dendritic cell (FDC) proliferations. It can mimic hematopoietic diseases as mostly with solitary mass lesion, but can also be discovered incidentally. **Case Report:** A 64-year-old male patient, admitted to the general surgery department with complaints of hematochezia. He had severe thrombocytopenia (2. $x10^9$/L) with mild increased leukocyte count (12.270×10^9/L). Endoskopic evaluation of gastrointestinal did not reveal any significant abnormality. Abdominal tomography showed a splenic mass lesion sized of 40×37mm. On MRI the lesion was mildly hypointense on T2-weighted images, not visible on T1-weighted images, and demonstrated progressive peripheral contrast enhancement in dynamic post-contrast series. Bone marrow biopsy showed no hematopoietic disease. A diagnostic splenectomy was decided. Prednisone (1.0 mg/kg/day) was started with a possible diagnosis as immune thrombocytopenia which resulted a significant response and the patients was vaccinated according to the splenectomy vaccination guideline. With a platelet count of 450. $x10^9$/L he underwent splenectomy. Spleen specimen showed a nodular lesion.

Histologic evaluation revealed polytipic lymphoplasmacytic infiltration with focal spindle-shaped cells which were found to be EBER positive. EBV-associated IPT was diagnosed. The patient had no post-operative complaints, and one month after surgery, the platelet count was 386,000 × 10^9/ml with no recurrence of thrombocytopenia. Serum EBV-DNA results remained negative before and after diagnosis. **Discussion:** The IPTs of the spleen can develop either via proliferation of myofibroblasts or FDC that may be infected by EBV. They may be discovered by investigation of another disorder similar to our case as ITP, leukemoid reaction or hypercalcemia. Total resection of the tumor results in general improvement.

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PP 27

CHOROID PLEXUS CARCINOMA AND CHOROID PLEXUS PAPILLOMA; RARE CASES

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Case Report: Choroid plexus carcinoma (CPC) is a rare and aggressive intracranial neoplasm, constituting 1–4% of all brain tumors and approximately 40% of choroid plexus tumors. Classified as a WHO Grade III malignancy, CPC is characterized by a poor prognosis, with reported 5-year survival rates around 40%. In contrast, choroid plexus papilloma (CPP), classified as a WHO Grade I tumor, is a benign and slow-growing lesion originating from the epithelial cells of the choroid plexus. This report presents four cases of choroid plexus tumors: two diagnosed as choroid plexus carcinoma (WHO Grade III) and two as choroid plexus papillomas (WHO Grade I). The CPP cases were managed with observation and followed up without active treatment. Among the CPC cases, a 3-year-old patient received initial radiotherapy followed by chemotherapy based on the CPT-SIOP-2000 protocol. A 7-month-old patient with CPC was treated with chemotherapy (CPT-SIOP-2000 protocol), while radiotherapy was deferred due to her age of less than 3 years. Multidisciplinary treatment strategies for CPC include maximal surgical resection followed by chemotherapy and radiotherapy. The CPT-SIOP-2000 study has demonstrated that the Carboplatin/Etoposide/Vincristine (CarbEV) chemotherapy protocol is effective in treating CPC.

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PP 28

CLINICAL AND GENETIC FEATURES IN CONGENITAL GLYCOSATION DEFECTS PRESENTING WITH HEREDITARY HEMOLYTIC ANEMIA AND PROLONGED JAUNDICE

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Objective: Congenital glycosylation disorders (CGD) are a large group of genetic diseases that occur due to a decrease or increase in the glycosylation of glycoconjugates. Congenital glycosylation disorders; They can be grouped under 4 groups: protein N-glycosylation, protein O-glycosylation, combined N- and O-glycosylation and lipid glycosylation disorders. Congenital glycosylation disorders are divided into 2 main groups: Type I and II (CGB-1 and GB-2). In this article, we would like to present a cases of CGB with an atypical presentation, presenting clinical findings with hemolytic anemia and prolonged jaundice, and diagnosed by clinical exon panel genetic study, since it is very rare in the literature. **Case Report:** Our first patient, H1, was a 6-month-old male infant who received erythrocyte transfusion at an external center at the age of 14 days due to jaundice and anemia during the neonatal period (when HB: 5 g/dl), and then applied to the pediatric hematology clinic of our hospital with the same complaints at the age of 43 days. As a result of molecular tests, he was diagnosed with CGD type 2. Our other patient, H2, is a 10-year-old male, our third patient, H3, is a 13-year-old male, and our last patient, H4, is a 17-year-old male; These 3 patients were siblings. All three of them were hospitalized at an external center with jaundice and anemia during the neonatal period, but after diagnostic genetic tests, H4 was diagnosed after 3 years of age, but the other siblings were diagnosed after 6 months of age due to the oldest sibling's history. C.657c>A homozygous mutation was detected in the GSS gene in these siblings. **Methodology:** The diagnostic difficulties and treatment options of 4 patients (H1, H2, H3, H4), who received inpatient treatment with anemia and jaundice in the pediatric hematology clinic between 2022 and 2024 and were ultimately diagnosed with CGD, were obtained from the hospital information processing system and presented because they are very rare in the literatüre. **Results:** Our first patient, H1, was a 6-month-old male infant who received erythrocyte transfusion at an external center at the age of 14 days due to jaundice and anemia during the neonatal period (when HB: 5 g/dl), and then applied to the pediatric hematology clinic of our hospital with the same complaints at the age of 43 days. As a result of molecular tests, he was diagnosed with CGD type 2. Our other patient, H2, is a 10-year-old male, our third patient, H3, is a 13-year-old male, and our last patient, H4, is a 17-year-old male; These 3 patients were siblings. All three of them were hospitalized at an external center with jaundice and anemia during the neonatal period, but after diagnostic genetic tests, H4 was diagnosed after 3 years of age, but the other siblings were diagnosed after 6 months of age due to the oldest sibling's history. C.657c>A homozygous mutation was detected in the GSS gene in these siblings. **Conclusion:** Although prolonged jaundice and anemia are quite common, we wanted to emphasize with this very unique study that metabolic diseases may be among the differential diagnoses that are very rare in the literature. CGD has been diagnosed in only 40 cases in the last 30 years; Diagnostic evaluation with genetic consultation is very important for diagnosis. Literature data on rare diseases will be strengthened with new studies.

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