bendamustine treatment, and the lesion in the right orbit was not observed in the current follow-up imaging after 3 cycles of treatment. (Fig. 1B) The patient continued with rituximab and bendamustine treatment. **Case 2:** When the 52-year-old female patient first appeared two years ago, a conjunctival biopsy revealed that she had EMZL. Radiotherapy was recommended for her localized disease, but she declined it. She received eight cycles of rituximab treatment and was monitored in remission. One year later, salmon-colored lesions were found in the inner corner of both eyes. EZML was also found in the new biopsy. There was no ocular involvement. The patient received 6 cycles of rituximab bendamustine and maintenance rituximab for recurrent and bilateral lesions. We are currently monitoring the patient and the disease is in complete remission. **Discussion:** Lymphoma is one of the most frequently occurring malignant tumors of the conjunctiva. In patients with lesions that like a "salmon patch" and unexplained chronic follicular conjunctivitis, lymphoma should be suspected.

(Fig. 1A) (Fig. 1B)

https://doi.org/10.1016/j.htct.2024.11.066

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A RARE CASE: NODAL FOLLICULAR T HELPER CELL LYMPHOMA, ANGIOIMMUNOBLASTIC TYPE

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Objective: Angioimmunoblastic T-cell lymphoma (AITL) is the second most common subtype of mature T-cell lymphoma (MTCL). It is caused by monoclonal proliferation of T-follicular helper (TFH) cells. Although advances have been made in its biological knowledge, its treatment is still an unmet medical need. We would like to present a case of Nodal-TFH; AITL that we followed in our clinic. **Case Report:** A 67-year-old male patient presented with cough. Thorax CT revealed left supraclavicular-mediastinal multiple lymphadenopathy with pleural effusion. Supraclavicular LN excision was reported as NHL; nodal follicular T helper cell lymphoma, angioimmunoblastic type. Immunohistochemical CD3, PD-1 and CXC13 were positive, CD4, CD8 and CD10 were sparse, CD21 and 23 were positive in increased dentritic cells, CD20, CD30, EBER and IDH-1 were negative. PET-CT revealed Stage 4BS (multiple LNs with FDG uptake in head-neck, thorax-mediastinum and abdominopelvic FDG uptake, increased FDG uptake in bone marrow-spleen; B symptom: positive). Subcutaneous (sc) Azacitidine + intravenous CHOP (cyclophosphamide, doxorubicin, vincristine, prednisone) was started. The 1st course of azacitidine was administered at 75 mg/m2 for 7 days 1 week before CHOP treatment and the following courses were administered at 75 mg/m2 for 14 days 2 weeks before CHOP treatment. After 4 cycles of Azacitidine+CHOP, PET-CT regressed and 2 more cycles of treatment were administered. During the follow-up, the patient's general condition deteriorated and he went into septic shock. **Discussion:** AITL-containing T-follicular helper; nodal PTCL is characterized by recurrent mutations affecting epigenetic regulators. The association of abnormal DNA methylation with lymphomagenesis provides rationale for the administration of hypomethylating agents. The epigenetic modifier azacitidine, which inhibits DNA methyltransferase, has demonstrated clinical activity alone or in combination in relapsed/refractory PTCL. In a phase-2 clinical trial of 20 patients who experienced oral azacitidine + CHOP as initial treatment for PTCL, CR was 76.5%, 1-year PFS 61.1%, 1-year OS 88.9%. In our case, we added the hypomethylating agent azacitidine to the CHOP protocol and aimed to evaluate the efficacy of this combination in the initial treatment of CD30 negative PTCL.

https://doi.org/10.1016/j.htct.2024.11.067

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SINGLE-CENTER EXPERIENCE IN DIFFUSE LARGE B-CELL LYMPHOMA: PROGNOSTIC VALUE OF DEMOGRAPHIC AND MOLECULAR CHARACTERISTICS

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İntroduction: Diffuse large B-cell lymphoma (DLBCL) is a heterogeneous hematological malignancy, accounting for approximately 30% of all lymphomas, and is associated with diverse clinical outcomes. The onset of DLBCL typically occurs in the sixth decade of life, with a higher incidence in males. The morphological, clinical, and biological diversity of DLBCL underscores the presence of multiple subtypes, each exhibiting distinct behavior. **Objective:** The objective of this study is to assess the demographic characteristics and clinical outcomes of DLBCL patients, as well as to evaluate the prevalence and prognostic significance of MYC and BCL2 co-expression on survival. **Methodology:** A retrospective study was performed on 51 patients with a confirmed diagnosis of DLBCL. We conducted an analysis of the demographic data

and molecular characteristics of patients diagnosed with diffuse large B-cell lymphoma who underwent R-CHOP therapy and were monitored between 2016 and 2022. The MYC and BCL-2 expression levels in the patients were analyzed using immunohistochemical methods, while their genetic rearrangements were assessed by fluorescence in situ hybridization (FISH) at Çukurova University Faculty of Medicine Hospital. **Results:** The median age at diagnosis was approximately 55 years, with a predominance of female patients. The cervical region was the most frequent nodal site of the primary tumor, whereas the stomach represented the most common extranodal site. The majority of patients were diagnosed at Stage III. MYC/BCL2 protein co-expression was identified in approximately 27% of DLBCL cases and was significantly associated with poorer overall survival and progression-free survival compared to cases lacking co-expression. MYC/BCL2 double-hit cases were detected in approximately 2.5% of the total cases. **Conclusion:** MYC and BCL2 co-expression is a significant prognostic marker, correlating with worse survival. Early identification of MYC/BCL2 co-expression could guide personalized treatment strategies for high-risk patients.

https://doi.org/10.1016/j.htct.2024.11.068

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A RARE CASE REPORT OF ADRENAL GLAND DIFFUSE LARGE B-CELL LYMPHOMA PRESENTING WITH PITUITARY INSUFFICIENCY FINDINGS

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Objective: The adrenal glands do not contain lymphoid tissue, and primary adrenal lymphoma (PAL) is extremely rare, accounting for less than 1% of all non-Hodgkin lymphomas and 3% of primary extranodal lymphomas [1, 2]. PAL is primarily bilateral. Approximately 250 cases have been described in the literature to date, with most published articles on PAL being case series with only a limited number of patients. **Case Report:** 74-year-old male patıent with known type 2 dm diagnosis, the patient was admitted to our hospital emergency department with complaints of nausea, fatigue, and drowsiness and was followed up in the endocrinology department. laboratory parameters revealed tsh: 0.02 t4: 0.58 Acth: 32.3 Cortisol 7.05 Na: 124 mmol/l K: 4.6 mmol/l. the patient was first given corticosteroids and then levothyroxine replacements in endocrine follow-ups. contrast-enhanced pituitary and brain mrıs revealed a suspected microadenoma in the left posterior adenohypophysis and suspicious inflammation findings in both optic nerve sheaths. pet ct showed a lesion measuring 41 × 31 mm (suvmax: 19.8) in the right adrenal gland and approximately 40 × 35 mm (suvmax: 21.07) in the left adrenal gland. low-level increased fdg uptake was observed in the th4 vertebra, l4 vertebra and left femur proximal diaphyseal region. the patient underwent a right adrenal gland biopsy and it was found to be non-hodgkin lymphoma, diffuse large b cell lymphoma (germinal center phenotype) cd 20 +, cd10 +, bcl 6 +, bcl 2+, cmyc: 50% +. mild lymphocytosis was observed in the bone marrow aspiration biopsy. DA-R-EPOCH treatment was applıed to the patıent, who was conscıous, orıented, co-operated, general condıtıon and good oral ıntake under cortıcosteroıd and levothyroxıne treatment ın the follow-up performance and was externed as no complıcatıons were observed. **Discussion:** PAL is extremely rare, primary adrenal DLBCL (PA-DLBCL) is of a non-germinal center B cell (nonGCB) phenotype. PAL usually has no excretory endocrine function and the symptoms are due to the pressure effect of the mass, whereas adrenal insufficiency usually exists.The most common manifestations were B symptoms, which include unexplained fever, weight loss, night sweats (68%), vague abdominal pain (42%), and fatigue (36%), some of which were present in the current patient. There is no correlation between tumor size and adrenal insufficiency. Generally, obvious clinical manifestations of adrenal insufficiency tend to appear when > 90% of the adrenal gland is damaged . It can improve with the destruction of the lymphomatous tissue at the end of the chemotherapy.

https://doi.org/10.1016/j.htct.2024.11.069

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EXTRANODAL NON-HODGKIN'S LYMPHOMA OF THE ORAL CAVITY: A CASE REPORT

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Objective: Lymphomas are indeed complex malignancies with diverse clinical and pathological characteristics. Non-Hodgkin's lymphoma (NHL) is particularly notable for its varying presentations, with a significant number of cases manifesting as lymphadenopathy. The extranodal involvement in about one-third of NHL cases highlights the importance of recognizing atypical presentations. In this case, we present a 59-year-old male patient with non-Hodgkin lymphoma in the right buccal mucosa. **Case Report:** A 59-year-old male patient with a history of allergic asthma and gastroesophageal reflux disease presented to our clinic with swelling in the right maxillary region lasting more than one year. The patient did not have any B symptoms. A biopsy of the right buccal mucosa revealed extranodal marginal zone non-Hodgkin lymphoma. Immunohistochemistry showed: CD20 (+), CD43(+), CD38 positive in plasma cells, diffuse BCL2(+), suboptimal BCL6(+), and a proliferation index of 5% reported with Ki67. An MRI of the orbit demonstrated a mass lesion extending from the right maxillary region into the temporal fossa, with partial external protrusion from the right cheek. After intravenous contrast administration, diffuse