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.

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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.

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PP 42

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

enhancement was observed in the right lateral wall of the sphenoid sinus, which was in close proximity to the right cavernous sinus and caused contrast retention at these levels, extending into the subcutaneous adipose tissue of the right temporal region. The right globe appeared exophthalmic. Simultaneous laboratory parameters were normal, with a beta-2 microglobulin level of 1.65 mg/L and LDH of 180 U/L. An F-18 PET-CT scan showed irregular soft tissue densities in the right maxillary region exhibiting hypermetabolism (primary disease). Several lymph nodes in the right cervical chain showed relative hypermetabolism (possible metastasis). The treatment plan was decided upon in consultation with the ear, nose, and throat and neurosurgery departments regarding potential involvement of the central nervous system. **Discussion:** Non-Hodgkin's lymphomas comprise a varied group of malignancies that primarily affect lymph nodes. Extranodal NHL represents approximately 20-30% of all reported cases. Among the extranodal sites, the head and neck region is the second most frequently involved area, after the gastrointestinal tract. Intraoral non-Hodgkin lymphoma accounts for only 0.1% to 5% of all cases. In summary, our case emphasizes the importance of considering lymphomas in the differential diagnosis of rare malignant lesions in the oral cavity. It is believed that prompt referral for histopathological and immunohistochemical examinations can facilitate early diagnosis and appropriate treatment.

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PP 43

EXTREME NORMOBLASTOSIS IN A THALASSAEMIA INTERMEDIA PATIENT POST-SPLENECTOMY: THE ROLE OF FLOW CYTOMETRY IN DIAGNOSIS AND MANAGEMENT

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Background: Thalassaemia intermedia is characterized by inefficient red blood cell production (erythropoiesis) and has a wide range of clinical symptoms. Splenectomy, often performed to manage complications, can lead to significant long-term changes in blood cell composition. This case illustrates a striking example of extreme normoblastosis in a patient two decades after a splenectomy. The case also underscores the critical role of flow cytometry in diagnosing blood disorders and differentiating abnormal findings from potential malignancies. **Case Report:** A 45-year-old woman with thalassaemia intermedia, who had her spleen removed at age 25, presented with severe anaemia, iron overload, and an unusually high normoblast count ranging from 50,000 to 100,000 cells/μL, as seen in a routine complete blood count (CBC). The CBC mistakenly identified the normoblasts as white blood cells, raising concern for possible blood cancer. Closer analysis of the CBC sub-parameters revealed an increased nucleated red blood cell (NRBC) ratio. Further investigation through bone marrow biopsy and flow cytometry was undertaken to rule out malignancy and better understand the extreme normoblastosis. **Methodology:** The diagnostic process involved multiple stages of flow cytometric analysis. First, a chronic lymphocytic leukaemia (CLL) panel was employed, followed by an acute leukaemia panel. Finally, a specialized flow cytometry panel targeting markers such as CD45, CD71, CD41, CD235a, CD19, CD10, CD13, HLA DR, CD36, CD38, and CD117 was used. The gating strategy focused on differentiating erythroid precursor cells based on their size, granularity, and marker expression. **Results:** Flow cytometry identified a significantly elevated population of normoblasts, with these cells displaying low CD45 expression and reduced side scatter. They tested weakly positive for CD71, strongly positive for CD36, and negative for CD235a, confirming their identity as erythroid precursors. Around 70% of the nucleated cells consisted of these normoblasts, representing various stages of erythroid maturation. The absence of lymphoid markers (CD19, CD10, CD5) ruled out lymphoid malignancies, while the exclusion of myeloid malignancies was confirmed through negative results for markers such as CD13, CD33, CD34, CD117, and HLA DR. **Discussion:** This case highlights the occurrence of extreme normoblastosis in a post-splenectomy patient and the challenges in managing such cases. It demonstrated that flow cytometry is essential for accurately identifying erythroid precursors, preventing a misdiagnosis of malignancy based solely on CBC results. The findings underscore the value of flow cytometry in evaluating complex haematological conditions, especially in patients with thalassaemia intermedia after splenectomy. Additionally, the strategic order of tests in the flow cytometry lab, along with collaboration between laboratory and clinical teams, was key to achieving a correct diagnosis. This case reinforces the need for a tailored flow cytometric testing algorithm for complex cases.

Keywords: Thalassaemia intermedia, Normoblastosis, Splenectomy, Flow cytometry, Haematological malignancies.

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BLINATUMOMAB BRIDGING THERAPY FOR EFFECTIVE MANAGEMENT OF MRD IN PRO-B ALL WITH CNS INVOLVEMENT: A CASE REPORT OF POST TRANSPLANT PATIENT AT 23 MONTHS AFTER ALLOGENIC HEMATOPOIETIC CELL TRANSPLANTATION

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