without a specific time period. A comprehensive search was conducted to identify all articles that indicated the presence of CARD8 polymorphisms associated with congenital heart disease. **Discussion and conclusion:** Initially, 598 scientific articles were selected, of which 52 were included based on the search hypothesis: CARD8 mRNA hyperexpression has been demonstrated to activate cytokine regulation in endothelial cells, hematopoiesis, and atherosclerotic lesions. The single- nucleotide variants (SNVs) rs2043211, rs2043211, and rs35829419 have been identified as significant contributors to cardiovascular events, particularly in the context of the risk of inflammatory and hematologic diseases, including chronic anemia due to inflammation. Notably, research findings indicate that interactions between these specific SNVs do not appear to be associated with disease predisposition or cardiovascular events. Recent research indicates that alternative splicing can result in the production of several isoforms of the CARD8 protein. Some of these isoforms have been associated with an increased risk of cardiac anomalies, while others have been shown to offer protection against different conditions. Despite the limited understanding of the functional properties of the isoforms, there is evidence that each plays a distinct role. Elucidation of the functions of these isoforms, in conjunction with their specific expression in cells and diseases, may prove pivotal to a more profound comprehension of the multifaceted roles of CARD8 in inflammation and inflammatory conditions. However, the extent of knowledge concerning the genetic alterations in the function of the card8 gene and the regulation of inflammatory markers in patients with CHD remains limited. The study of single-nucleotide polymorphisms (SNPs) in the context of congenital heart disease is imperative for elucidating the potential molecular mechanisms that contribute to pathogenesis. Furthermore, this research facilitates the identification of genetic biomarkers that can assist in the prevention, early diagnosis, and genetic counseling of at-risk families. Consequently, the investigation of the relationship between polymorphisms in the card8 gene and the incidence of congenital heart disease can provide significant contributions to the advancement of scientific understanding of the genetic factors underlying these conditions. Moreover, this investigation can facilitate the development of personalized therapeutic strategies.

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## CLINICAL CHARACTERISTICS AND OUTCOMES OF DENGUE INFECTION IN ONCOHEMATOLOGICAL PATIENTS: A SINGLE-CENTER BRAZILIAN COHORT STUDY

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**Introduction:** Dengue fever is a highly prevalent arboviral infection in tropical and subtropical regions, including Brazil, where recurrent outbreaks impose a significant public health burden. While it usually presents as a self-limited febrile illness, immunocompromised patients, particularly those with oncohematological diseases, are at higher risk of severe complications. Immune dysfunction in these patients is often aggravated by chemotherapy, immunotherapy, or corticosteroid use. Despite dengue's high prevalence in Brazil, data on its impact in this population are scarce. **Objectives:** We aimed to describe the clinical profile, hematological parameters, treatment, and outcomes of dengue infection in oncohematological patients treated at Sírio-Libanês Hospital between 2024 and 2025. **Material and methods:** We retrospectively analyzed 16 oncohematological patients with confirmed dengue during the study period in Sírio Libanês Hospital. **Results:** Most cases (11/16) occurred in April –May 2024, in line with national seasonality. The majority were male (81%), median age 70.5 years. Diagnoses included lymphoproliferative diseases (50%), multiple myeloma/amyloidosis (31%), myelodysplastic syndrome (12%), and myeloproliferative neoplasms (6%). Median baseline platelet count before infection was 160,000/$mm^3$; nadirs during infection fell to a median of 58,000/$mm^3$ (range 5,000– 394,000/$mm^3$). Median hematocrit during infection was 35.5% (26–45%). Based on severity stratification, 12 patients were group B and 4 group D; none were group A. Eleven required hospitalization, one in intensive care. Four received platelet transfusions, one corticosteroids. Three patients died: two elderly (88 and 93 years) from septic shock and one younger patient with relapsed refractory myeloma from central nervous system hemorrhage. All fatalities had platelet nadirs of 5,000/$mm^3$, required platelet transfusions, and were under active chemoimmunotherapy at the time of infection. **Discussion and conclusion:** Dengue in oncohematological patients poses unique challenges. Hematocrit, a classic severity marker, proved unreliable due to baseline anemia from malignancy and treatment. The 18.7% mortality rate was concentrated in patients receiving active chemoimmunotherapy, underscoring the profound vulnerability of this subgroup. Deaths in elderly patients reflected the additive risks of advanced age, immunosuppression, and severe infection, while the hemorrhagic death in the younger patient highlighted the extreme bleeding risk from severe thrombocytopenia. These findings reinforce the need for vigilant monitoring, rapid detection of complications, and individualized management strategies in dengue cases among oncohematological patients, especially those undergoing chemoimmunotherapy. Further studies are needed to guide preventive and therapeutic approaches in this high-risk population.

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## CRIPTOCOCOSE EM PACIENTE COM LINFOMA DE HODGKIN

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