pembrolizumab and nivolumab in PD-L1–positive HS, including durable complete responses [5]. In this patient, radiological assessment corroborated complete remission after combined ICE and nivolumab, supporting the potential role of checkpoint inhibition in improving depth of response. This case represents one of the few documented examples of combining intensive chemotherapy with checkpoint blockade in HS, highlighting the potential synergistic role of immunotherapy.Conclusion This case illustrates the rarity and therapeutic complexity of HS. The addition of nivolumab to ICE chemotherapy, guided by PD-L1 expression, resulted in meaningful clinical response in a young patient with advanced disease. These findings underscore the importance of integrated histopathological and molecular assessment in guiding personalized management for HS.Keywords: Histiocytic sarcoma; Nivolumab; ICE protocol; PD-L1; ImmunotherapyReferences1.Takimoto, T., et al. (2023). Histiocytic sarcoma: A clinicopathologic analysis of 50 cases. American Journal of Surgical Pathology, 47(1), 1–12. 2. Emile, J. F., et al. (2022). Histiocytic and dendritic cell neoplasms: Update of the 2022 WHO classification. Blood, 140(11), 1200–1218. 3. Go, H., et al. (2019). Frequent detection of BRAF V600E mutations in histiocytic and dendritic cell neoplasms. Histopathology, 74(3), 389–400. 4. Bossard, C., et al. (2021). PD-1/PD-L1 blockade in rare hematologic malignancies: Case reports and literature review. Hematological Oncology, 39(3), 327–334. 5.Yoon, D. H., et al. (2022). Efficacy of pembrolizumab in histiocytic sarcoma with high PD-L1 expression: Case report and review. Annals of Hematology, 101(7), 1525–1530.

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OP 10

Plasma-Cell–Predominant Idiopathic Multicentric Castleman Disease: A Rare Diagnostic and Therapeutic Challenge

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Introduction: Castleman disease represents a rare, heterogeneous group of lymphoproliferative disorders, often categorized as unicentric or multicentric, with plasma-cell (PC), hyaline-vascular, or mixed histology. Idiopathic multicentric Castleman disease (iMCD) remains a diagnostic and therapeutic challenge, particularly in patients presenting with systemic inflammation and polyclonal plasmacytosis without overt clonal plasma cell disorder. We present the case of a patient with plasma-cell–predominant iMCD, successfully treated with IL-6 blockade, emphasizing the diagnostic pitfalls and the importance of early therapeutic intervention. **Methods:** A male patient was admitted to the Department of Hematology, Çukurova University, with a 1-year history of progressive fatigue, weight loss, abdominal fullness, and generalized lymphadenopathy. Physical examination revealed widespread lymphadenopathy and splenomegaly. Laboratory tests demonstrated normocytic anemia, elevated CRP and ferritin, mildly increased IgG, and elevated β2-microglobulin. Excisional lymph node biopsy and splenectomy specimens were evaluated by histopathology and immunohistochemistry. Imaging studies included CT and PET-CT for staging., Türkiye **Results:** Histopathology revealed follicular hyperplasia with regressed germinal centers and interfollicular plasmacytosis. Immunohistochemistry confirmed CD38+ and CD138+ plasma-cell infiltration, HHV-8 negativity, and a nonclonal kappa/lambda pattern. IgG4/IgG ratio was 22%. PET-CT demonstrated widespread FDG-avid lymphadenopathy (SUVmax 4–6) and splenomegaly, without extranodal organ involvement. Bone marrow evaluation was negative for clonal plasma cell infiltration. The case was classified as idiopathic multicentric Castleman disease, plasma-cell variant (iMCD-PC). The patient was initiated on tocilizumab (anti-IL-6R) in combination with corticosteroids. Within 6 weeks, systemic symptoms and inflammatory markers improved significantly, with partial regression of lymphadenopathy on imaging. In the event of refractoriness, lenalidomide or sirolimus were considered as second-line options. Close follow-up with PET-CT and serum paraproteins was arranged to monitor potential clonal evolution into plasma cell neoplasia. **Discussion:** This case illustrates the diagnostic complexity of iMCD-PC, which may mimic lymphoid malignancies and overlap with monoclonal gammopathies. The absence of monoclonality and CRAB criteria excluded multiple myeloma, while systemic inflammatory features and IL-6 axis dysregulation supported iMCD. Tocilizumab provided meaningful clinical and biochemical improvement. The case is valuable as an example of iMCD with strong plasmacytic component, highlighting the necessity of long-term surveillance due to the risk of clonal transformation. **Conclusion:** Plasma-cell–predominant iMCD is a rare and diagnostically challenging entity requiring integration of histopathology, immunohistochemistry, imaging, and laboratory findings. Anti–IL-6–directed therapy represents an effective treatment option, but close monitoring remains mandatory. This case underlines the importance of early recognition and targeted therapy in preventing disease-related morbidity.

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OP 11

LANGERHANS CELL HISTIOCYTOSIS: SINGLE-CENTER EXPERIENCE

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Introduction and Objective: Langerhans cell histiocytosis (LCH) is a rare clonal proliferative disease that can involve one or more organs (1). In adults, multisystem involvement is generally predominant (68.6%), whereas single-system involvement is less common (2). The clinical spectrum is broad, with bone, skin, and lungs being the most frequently affected organs. The treatment approach varies according to the extent of the disease, and the optimal treatment strategy