clustering studies suggest inherited susceptibility genes and shared environmental factors. Immunosuppression following solid organ transplantation may accelerate malignant transformation in genetically predisposed individuals, creating a unique clinical scenario requiring specialized monitoring and management approaches. **Case Report:** A 50-year-old female with a complex medical history presented with fatigue, weakness, and anemia. Her medical background included type 1 diabetes mellitus diagnosed in 1982 at age 8, progression to end-stage renal disease secondary to diabetic nephropathy in 2001, and successful deceased donor kidney transplantation in 2007. She remained on chronic immunosuppressive therapy with mycophenolic acid (Myfortic®) and cyclosporine (Sandimmun®) with stable graft function. The patient's family history was remarkable for multiple myeloma: her mother was alive with confirmed MM diagnosis, and her brother had previously died from MM after receiving treatment. This strong familial clustering placed her in the high-risk category for hereditary MM predisposition. Physical examination revealed pallor consistent with anemia, but no lymphadenopathy, bone tenderness, or other significant findings. Laboratory evaluation demonstrated significant anemia (hemoglobin 7.8 g/dL, hematocrit 26.2%) with normocytic indices (MCV 87 fL). Renal function remained stable post-transplant, and serum calcium was within normal limits. Protein studies revealed elevated beta-2 fraction on serum protein electrophoresis with positive IgG-kappa monoclonal band on immunofixation electrophoresis. Free light chain analysis showed elevated kappa (40.7 mg/L) with kappa/lambda ratio of 1.86. Bone marrow examination demonstrated 3-4% plasma cells with flow cytometry confirming CD138+/CD38+ phenotype and kappa light chain restriction (80% kappa, 20% lambda), establishing clonality. Comprehensive FISH analysis was negative for high-risk cytogenetic abnormalities including p53 deletion, del(13q), t(11;14), and t(4;14). Lumbar MRI revealed disc protrusions without lytic bone lesions. Genetic analysis for FMF mutations was performed given potential inflammatory contributions, showing R202Q heterozygosity and other polymorphisms without pathogenic significance. Based on the presence of IgG-kappa monoclonal protein, 3-4% clonal bone marrow plasma cells, anemia, and absence of hypercalcemia or lytic lesions, the patient was diagnosed with smoldering multiple myeloma. **Discussion:** This case illustrates several important aspects of familial MM. The strong family history with both maternal and sibling involvement suggests significant genetic predisposition, warranting enhanced surveillance protocols. The co-existence of chronic immunosuppression following renal transplantation creates additional complexity, as immunosuppressive agents may accelerate progression from precursor states to overt malignancy.

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OP 18

CD56-Negative IgA-Lambda Multiple Myeloma with Bortezomib-Induced Severe Cutaneous Reaction: A Case Report

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We report a 51-year-old male with IgA-lambda multiple myeloma who developed severe cutaneous drug eruption following bortezomib treatment. Despite treatment modification to daratumumab-based regimen, the patient achieved complete remission, demonstrating successful management of therapy-related adverse events in CD56-negative myeloma phenotype. Introduction: Multiple myeloma represents approximately 10% of hematologic malignancies, with CD56-negative variants comprising a rare subset associated with distinct clinical characteristics. Bortezomib-containing regimens remain first-line therapy; however, cutaneous adverse reactions can necessitate treatment modifications. We present a case of successful alternative therapy following severe bortezomib-induced skin toxicity. Methods/Case Presentation: A 51-year-old male presented with fatigue and back pain. Laboratory investigations revealed IgA elevation (6.8 g/L) with lambda light chain restriction. Serum protein electrophoresis showed decreased albumin (51.6%) and elevated beta fractions. Bone marrow flow cytometry demonstrated plasma cell population: CD38/CD138 100%, CD45 100%, CD117 79.8%, CD56 7.5% (negative), with 96.7% lambda clonality, confirming IgA-lambda multiple myeloma with CD56-negative phenotype. Staging revealed elevated β2-microglobulin (2.75 mg/L). PET/CT identified metabolically active lytic lesions in T3 vertebra (SUVmax 6.35) and right lumbosacral region (SUVmax 13.41), indicating metabolic progression without hepatosplenomegaly. Initial treatment commenced with VRD (bortezomib, lenalidomide, dexamethasone). After cycle 1, mild erythematous pruritic rash appeared. Following cycle 2, extensive cutaneous eruptions developed. Skin biopsy revealed upper dermal eosinophil-associated perivascular infiltration with erythrocyte extravasation; direct immunofluorescence was negative, consistent with drug-induced eruption. Bortezomib was discontinued, and treatment switched to DRd (daratumumab, lenalidomide, dexamethasone). After 2 DRd cycles, M-protein disappeared, serum and urine immunofixation became negative, and hematologic parameters normalized. Follow-up PET/CT showed no active myeloma lesions, confirming complete remission. Results: The patient achieved biochemical and radiological complete remission within 2 cycles of daratumumab-based therapy following bortezomib-induced severe cutaneous reaction. No significant toxicities were observed with the modified regimen. Discussion: CD56-negative multiple myeloma represents a rare

phenotype with potentially different therapeutic responses. This case demonstrates that severe bortezomib-related cutaneous toxicity can be successfully managed through immediate drug discontinuation and regimen modification. Daratumumab-based therapy proved highly effective, achieving rapid complete remission despite treatment change. The CD38-targeting monoclonal antibody daratumumab has shown excellent efficacy in both treatment-naive and relapsed myeloma. Our case supports its use as an alternative first-line option when proteasome inhibitor toxicity precludes continued bortezomib therapy. Early recognition of severe cutaneous drug reactions and prompt treatment modification are crucial for maintaining therapeutic momentum while ensuring patient safety. This case illustrates successful outcomes can be achieved with appropriate alternative regimens in CD56-negative myeloma variants. Conclusion: CD56-negative IgA-lambda multiple myeloma patients experiencing severe bortezomib-induced cutaneous reactions can achieve excellent outcomes with daratumumab-based alternative therapy. Prompt recognition and management of treatment-related toxicities enables continued effective antimyeloma therapy.

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OP 19

CLINICAL CHARACTERISTICS AND TREATMENT OUTCOMES IN ADULT ITP PATIENTS: A SINGLE-CENTER EXPERIENCE

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Introduction: Immune thrombocytopenia (ITP) is an acquired autoimmune disorder characterized by increased platelet destruction and reduced platelet production. In adults, the disease course and treatment response vary widely. Real-world single-center data provide valuable insights into management. Therefore, sharing single-center experiences provides valuable insight into real-world data. The present study aimed to evaluate the demographic, clinical, and laboratory characteristics, as well as the treatment approaches and response outcomes of adult ITP patients managed at our hospital. **Methods:** This retrospective study included 25 adult ITP patients followed at Düzce Atatürk State Hospital between October 2024 and August 2025. Data on demographics, laboratory findings, treatments, and responses were collected from patient records. Analyses were performed with SPSS version 25.0., Türkiye **Results:** The mean age of the patients was 57.5 $\pm$ 15.6 years, and 80% were female. The median platelet count at diagnosis was 11,000/mm^3 (IQR 13,000). Whereas 76% of patients had no bleeding symptoms, 24% presented with ecchymosis and mucosal bleeding. First-line treatment consisted mainly of corticosteroids (prednisolone in 96% and dexamethasone in 4%). Response rates were 36% complete, 36% partial, and 28% no response. IVIG was administered to 52% of patients, with 61.6% achieving a response and 38.4% showing no response. In second-line therapy, 48% of patients received rituximab, with complete response observed in 67%, partial response in 25%, and no response in 8%. Eltrombopag was used in 25% of patients, yielding complete or partial responses in 80% and no response in 20%. Romiplostim was given to one patient (4%) with partial response. Two patients (8%) underwent splenectomy, and both responded favorably. Reported complications included *H. pylori*infection (4%), ischemic stroke with colon carcinoma (4%), tick bite (4%), pulmonary embolism (4%), and portal vein thrombosis (4%). No complications were observed in 80% of patients. **Conclusion:** Discussion/Conclusion:This study highlights the heterogeneity of clinical features and treatment outcomes in adult ITP. Corticosteroids provided responses in most patients, though nearly one-third remained refractory. IVIG offered limited benefit. Rituximab and eltrombopag produced favorable results, while romiplostim was less used. Both splenectomized patients responded well, supporting its role as a durable option despite declining frequency.Complications were uncommon but clinically significant, stressing the need for close monitoring. In conclusion, first-line therapies often show limited effectiveness, requiring second-line strategies. Rituximab and TPO receptor agonists were moderately effective, and splenectomy remains a valid option. These findings emphasize the importance of individualized treatment in adult ITP management.

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Transfusion Medicine and Apheresis

OP 20

EFFECTİVE TREATMENT OF LONG-TERM NEUTROPENİA AND SEPSİS WİTH GRANULOCYTE TRANSFUSİON İN PATİENTS UNDERGOİNG ALLOGENEİC HEMATOPOİETİC STEM CELL TRANSPLANTATİON

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Objective: Allogeneic hematopoietic stem cell transplantation (allo-HSCT) is vital in the treatment of high-risk hematologic cancers. Due to the immune system reconstitution process in the post-transplant period, infections are a leading cause of mortality and morbidity. Therefore, we aimed to investigate the efficacy of granulocyte transfusion (GT) therapy in patients who developed febrile neutropenia during allo-HSCT **Methodology:** This retrospective study included 22 patients who underwent allo-HSCT at the Erciyes University Bone Marrow Transplantation Unit between January 2016 and January 2024 and developed febrile neutropenia. Patient