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