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.

https://doi.org/10.1016/j.htct.2025.106128

OP 19

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

Meryem ŞENER [1,*],
Hüseyin Derya DİNÇYÜREK [2],
Alpay YEŞİLALTAY [3], Birol TOPÇU [4]

[1] *Düzce Atatürk Devlet Hastanesi, Türkiye*
[2] *Mersin Şehir Hastanesi, Türkiye*
[3] *Başkent Üniversitesi İstanbul SUAM, Türkiye*
[4] *Tekirdağ Namık Kemal Üniversitesi, Türkiye*

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.

https://doi.org/10.1016/j.htct.2025.106129

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

Neslihan MANDACI ŞANLI

1Erciyes University Faculty of Medicine, Department of Hematology and Bone Marrow Transplant Center, Kayseri, Türkiye

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

characteristics were recorded. GT was administered to patients with an absolute neutrophil count (ANC) $<0.5 \times 10^3/\mu L$ for at least three days, evidence of bacterial and/or fungal infection, and no response to appropriate antimicrobials for at least 48 hours. **Results:** The median age was 42 years (min-max, 19-66 years). The majority of patients were diagnosed with acute myeloid leukemia (AML) (50%)(11/22). The median CRP value was 168.5 mg/dl (min-max, 31.1-360 mg/dl). In 40.9 % of patients who received GT, their primary disease was in complete remission, while in 59.1 %, their primary disease was relapse. The infection etiologies included pneumonia (n=5), sepsis (n=2), pneumonia and sepsis (n=11), pneumonia + sepsis + catheter-associated infection (n=4), catheter-associated infection + mucositis (n=1), and abscess (n=1). Each patient received a median of 3 GTs (min-max, 1-6). The median transfused granulocyte dose per transfusion was 3.5×10^{10} (min-max, 0.8-9.4 $\times 10^{10}$). The median dose transfused, calculated based on the recipient's body weight, was 5.1×10^8/kg (min-max, 0.8-17 $\times 10^8$/kg). On average, the median number of granulocytes transfused per patient was 5.3×10^8/kg (min-max, 1.9-11.3 $\times 10^8$/kg). The median time from HSCT to the first GT was 192 days (min-max, 50-795 days). The median duration of fever before GT was three days (min-max, 2-6 days), and the time until the fever defervescence was 2 days (min-max, 1-5 days). The median duration of neutropenia before GT is 25 days (min-max, 8-30 days). After GTX treatment, A favorable response was observed in 16 of 24 infection episodes (66.7%) regarding the resolution of infections. In 4 of the 8 infection episodes where the infection did not resolve, the patient also had a relapse of the disease. In 5 of 12 infection episodes that required intensive care, the need for intensive care was eliminated after GT. A statistically significant difference was found between the time of GT initiation and the ANC, TLC, and PLT counts on the fourth-day post-GT (p =0.001, p=0.001, p=0.003, separately for ANC, TLC, and PLT). The median follow-up in our cohort of patients is 600 days. The 30-day and 100-day OS were 67.7% and 50%, respectively. A mortality rate by day-28 was 3.8% and mortality rate by 100 was 19.2%. Acute, chronic GVHD, and CMV reactivation were not observed. **Conclusion:** GT therapy may be effective in many critically ill patients with prolonged and profound neutropenia. It may be more beneficial in select patients, as it provides more time to overcome infections resistant to broad-spectrum antibiotics. Larger randomized trials are needed to confirm the effectiveness of GT in such patients.

https://doi.org/10.1016/j.htct.2025.106130

OP 21

CATATONIA FOLLOWING IFOSFAMIDE CHEMOTHERAPY IN A PATIENT WITH HISTIOCYTIC SARCOMA: A RARE NEUROPSYCHIATRIC COMPLICATION

Hüseyin Koçak *, Esra Nur Saygeçitli, Ali Turunç, Birol Güvenç

Çukurova Üniversitesi, Türkiye

Introduction: Histiocytic sarcoma (HS) is a rare, aggressive malignancy of monocyte–macrophage lineage, typically presenting with extranodal disease and lacking B- or T-cell markers [1]. Because of its rarity, there is no standard treatment, though salvage regimens such as ICE (ifosfamide, carboplatin, etoposide) have demonstrated some benefit. Ifosfamide, a DNA-alkylating prodrug metabolized by hepatic CYP3A4 and CYP2B6, is associated with central nervous system (CNS) toxicity in 10–30% of patients [2,3]. Encephalopathy is the most common presentation, while catatonia—characterized by stupor, mutism, negativism, posturing, and waxy flexibility—is rarely reported in oncology patients [4]. **Case Presentation:** A 27-year-old male with stage IV HS, confirmed by biopsy of an 80 × 70 mm terminal ileum mass, was admitted for ICE chemotherapy. On day three, he developed acute psychomotor symptoms including stupor, mutism, and negativism. The Bush–Francis Catatonia Rating Scale (score 7) and Kanner Catatonia Screening Instrument (score 4) confirmed retarded-type catatonia. Neurological evaluation (cranial CT, diffusion-weighted MRI) and laboratory studies were unremarkable. Vital signs remained stable. He was treated with intravenous diazepam 10 mg every 8 hours (two doses total), leading to full resolution of catatonic symptoms. The patient was discharged clinically stable. **Conclusion:** Discussion Ifosfamide-induced neurotoxicity typically appears within 48 –72 hours, mediated by toxic metabolites such as chloroacetaldehyde that disrupt mitochondrial function and neurotransmission [2,3]. While encephalopathy is well-documented, catatonia is extremely rare and underrecognized. In this case, the temporal relationship to ifosfamide, absence of structural CNS pathology, and rapid benzodiazepine response strongly support ifosfamide-induced catatonia. Similar observations have been described rarely; Gupta et al. [5] reported an analogous case in lymphoma. Benzodiazepines remain first-line therapy, often producing rapid resolution, even in drug-induced catatonia [6].Conclusion This case highlights catatonia as a rare neuropsychiatric complication of ifosfamide. Recognition of such unusual adverse effects is critical, as early diagnosis and benzodiazepine treatment can prevent delays in cancer therapy and improve outcomes.

https://doi.org/10.1016/j.htct.2025.106131

Stem Cell Transplantation

OP 22

RESULTS OF AUTOLOGOUS HEMATOPOIETIC STEM CELL TRANSPLANTATION IN REFRACTORY MULTIPLE SCLEROSIS: TWO CASE REPORTS

Yakup ÜNSAL [1], Muhammed MURATI [1,*], Güler DELİBALTA [2], Serdar Bedii OMAY [1], Mücahit GÜR [3]

[1] *Özel Emsey Hospital Hematoloji ve Kök Hücre Nakil Merkezi, İstanbul*
[2] *Özel Emsey Hospital Enfeksiyon Hastalıkları, İstanbul, Türkiye*