classic WAS, treatment selection should be based on the patient's clinical presentation. Studies have shown that IVIG or antibiotic prophylaxis has no effect on the frequency or severity of infections in these patients. Since our patient did not have a history of frequent or severe infections, we did not initiate these treatments. Studies have shown that the incidence of bleeding decreases significantly after splenectomy, but the incidence of infection increases. Our patient's platelet counts returned to normal after splenectomy. To reduce the frequency of infections, we administered encapsulated bacterial vaccines and started penicillin prophylaxis for our patient. Due to the permanent morbidity in XLT, hematopoietic stem cell transplantation (HSCT) is the definitive treatment method. However, considering the side effects of HSCT, this decision should be made according to the patient's clinical condition.

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Adult Hematology Abstract Categories

Stem Cell Transplantation

PP 15

COMPARISON OF FEBRILE NEUTROPENIA IN PATIENTS UNDERGOING AUTOLOGOUS STEM CELL TRANSPLANTATION WITH BEAM AND HIGH-DOSE MELPHALAN CONDITIONING REGIMENS

Cumali YALÇIN *

Kütahya City Hospital, Türkiye

Objective: Objective: Conditioning regimens used before autolog stem cell transplantation (ASCT) have a direct impact on post-transplant complications and infectious morbidity. The BEAM regimen (carmustine, etoposide, cytarabine, and melphalan) is frequently preferred for patients with Hodgkin and non-Hodgkin lymphomas, while high-dose melphalan is commonly used in multiple myeloma. This study aims to compare the incidence of febrile neutropenia (FN) in patients undergoing ASCT with either the BEAM or high-dose melphalan conditioning regimen. **Methods:** In this study, febrile neutropenic patients who underwent autologous stem cell transplantation between 2010 and 2023 at the Hematology Department of Bursa Uludağ University Faculty of Medicine were analyzed. We evaluated the patients' demographic and clinicopathological data, duration of FN episodes, depth of neutropenia, and length of hospital stay. Additionally, the causative pathogens of FN and FN-related mortality were also analyzed, Türkiye. **Result:** A total of 164 patients were included in this study. Seventy-three of the patients were female and 91 were male. There were 131 multiple myeloma, 23 Non-Hodgkin lymphoma, and 10 Hodgkin lymphoma. One-hundred thirty one (%80) received high-dose melphalan, 33 (%20) received BEAM. The median dose of CD34+ cells was similar in both groups (p=0,938). The duration of FN episode and length of hospital stay were significantly longer in the BEAM arm (p=0,001 and p=0,001). Invasive pulmonary aspergillosis was significantly more common in the BEAM arm (p=0,013). Of the bacteria isolated in culture, 29% (n=48) were gram-positive and 9% (n=14) were gram-negative. The most frequently isolated gram-positive bacteria were Staphylococcus epidermidis (n=29) and Staphylococcus aureus (n=7), while gram-negative bacteria were Klebsiella pneumoniae (n=5) and Pseudomonas aeruginosa (n=4). CRP and Pitt score were similar in bot groups (p=0,152 vs p=0,247). No significant difference in FN-related mortality was seen between the two arms (p=0,802), Türkiye. **Conclusion:** Conclusion: The BEAM regimen significantly increased the risk of invasive pulmonary aspergillosis, length of hospital stay, and duration of febrile neutropenia. These results suggest that, particularly in lymphoma patients, the risks of FN should be taken into account when selecting the BEAM regimen, Türkiye.

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PP 16

HEMATOLOGICAL APPROACHES IN AUTOIMMUNE ENCEPHALITIS: OFATUMUMAB EXPERIENCE

Yakup ÜNSAL [1], Murat GÜLTEKİN [2], Nurettin KURT [3], Muhammed MURATI [1,*], Shahad ISMAEL [1], Güler DELİBALTA [4], Serdar Bedii Omay [1]

[1] *Özel Emsey Hospital Hematoloji ve Kök Hücre Nakil Merkezi, İstanbul, Türkiye*
[2] *Erciyes Üniversitesi Tıp Fakültesi Klinik Nöroloji, Kayseri, Türkiye*
[3] *Özel Emsey Hospital Genel Yoğun Bakım Ünitesi, İstanbul, Türkiye*
[4] *Özel Emsey Hospital Enfeksiyon Hastalıkları, İstanbul, Türkiye*

Objective: Autoimmune encephalitis (AE) is a group of encephalitides caused by immune-mediated inflammatory disorders of the brain. While B cell–mediated autoimmunity is observed in many patients, some subtypes also involve T cell–mediated mechanisms. AE-related antibodies are classified into three groups: paraneoplastic antibodies, synaptic antibodies, and antibodies of uncertain significance. Paraneoplastic antibodies are frequently associated with systemic tumors and show poor responsiveness to immunotherapy. Synaptic antibodies, on the other hand, display variable associations with systemic tumors but are generally more responsive to immunotherapy. The diagnosis of AE is based on clinical features, radiological findings (such as abnormalities on T2 and FLAIR brain MRI), slow-wave activity in the temporal lobe, cerebrospinal fluid (CSF) pleocytosis, and the exclusion of alternative causes. Although antibody detection remains one of the best diagnostic tools, many cases may still be seronegative. Common paraneoplastic antibodies include anti-Hu, anti-Yo, anti-CV2, anti-Ma2, anti-Ri, anti-amphiphysin, ZIC4, and GAD65. Major synaptic autoantibodies include anti-NMDA, anti-AMPA, anti-GABA-B receptor, anti-CASPR,