acadêmicas ou para projetos de extensão. Além disso, foi mostrado que uma porcentagem significativa de extensões não tem contato com a população e, levando em conta que as relações interpessoais exercem um papel motivador na escolha da especialidade, o menor contato com os médicos especialistas e pacientes pode afastar os estudantes da especialidade. **Conclusão:** Desta forma, depreende-se que, embora as ligas acadêmicas de hematologia sejam espaços para estimular reflexões do estudante de medicina e melhorar o desenvolvimento curricular estudantil, a manutenção da atividade extensionista permanece um desafio.

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GRAFT VERSUS HOST DISEASE IN AUTOLOGOUS STEM CELL TRANSPLANT: AN UNCOMMON ENTITY

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Aim: Identify in literature the graft versus host disease (GVHD) incidence after autologous hematopoietic stem cell transplantation (HSCT). **Materials and methods:** We searched the PubMed database using a broad search strategy to identify studies related to GVHD complication after autologous stem cell transplant. The primary search was conducted using the terms: "GVHD in autologous transplant", and publication date less than 5 years. 91 free full articles were identified, but 7 were better related to the purpose of the study. **Results:** Two articles present cases of gastrointestinal tract (GIT) GVHD in recipients of autologous HSCT. Two patients with multiple myeloma had GVHD and the clinical and endoscopic presentations were distinct. Another patient developed severe acute GVHD 93 days post autologous HSCT for Hodgkin's lymphoma. PET and CT findings included characteristic patterns of bowel inflammation with bowel wall thickening, mural stratification, and enhancement with high FDG-uptake of the involved regions, as well as typical extra intestinal findings such as ascites, engorgement of the vasa recti and stranding of the mesenteric fat. A case report of membranous nephropathy succeeding autologous HSCT described that this is a rarely entity (3% post-autologous *vs* . 97% post-allogeneic HSCT). In autologous HSCT populations, there have been reports of associated glomerular disease, because of any type of immune dysregulation. Based on literature, 6% of all patients with glomerulonephritis after HCT had received Autologous transplants. And the last case report presents a 4-year-old girl with metastatic neuroblastoma who spontaneously developed AGVHD after autologous HSCT. One article said the risk of GVHD in an autologous transplant is zero and the last one related the skin cancer with the delayed immune recovery and persistent immunodeficiency in GVHD. **Discussion:** GVHD following stem cell transplantation (SCT) is a common complication in patients that have undergone allogenic SCT but rare in recipients of autologous SCT. With the emergence of autologous HSCT, GVHD and its complications were expected to be eliminated. However, autologous GVHD has been described in some patients, and your prophylaxis mainly consists of post-transplant administration of immunosuppressive drugs and may impair the post-transplant immunologic reconstitution. After the sixth month, immune recovery occurs progressively towards complete recovery, but GVHD may develop. In chronic case, patients with only liver and skin involvement have a better prognosis. Patients with extensive involvement of multiple organs the prognosis may be poor. Recent studies have indicated that two major factors are necessary for the induction of autologous GVHD: the first factor was a disruption of thymic-dependent immune reconstitution and the second one was a failure to reestablish peripheral self-tolerance. On another hand, autologous GVHD has been thought of as an autoimmune syndrome and a milder form of GVHD than its counterpart in allogeneic transplantation, the presence of autoantibodies in relation to the HSCT provides evidence for the involvement of the B cell. **Conclusion:** The difficulty of finding articles related to the study shows GVHD in autologous HSCT is an uncommon entity, but although this fact, these cases are important to further the understanding of the various presentation of this manifestation and be awake to the possibilities of differential diagnoses.

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GRUPOS SANGUÍNEOS E ALOIMUNIZAÇÃO: DESAFIOS DA TESTAGEM EM PACIENTES COM DOENÇA FALCIFORME E β-TALASSEMIA

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Introdução: Pacientes com doença falciforme (DF) e β-talassemia com clínica grave, apresentam necessidade de transfusão sanguínea recorrente, aumentando o risco de aloimunização. A aloimunização ocorre devido à exposição a antígenos não próprios, levando à formação de anticorpos e resultando em reações transfusionais hemolíticas agudas e tardias. **Objetivo:** Diante disso, o objetivo desta revisão narrativa é analisar a fenotipagem e genotipagem desses grupos sanguíneos em pacientes com doença falciforme (SS, Sβ, SC, SD) e β-talassemia e seus impactos na aloimunização. **Materiais e métodos:** Foram realizadas duas buscas distintas nas plataformas científicas: PubMed,Biblioteca Virtual de Saúde, Science Direct e ResearchGate, com os seguintes descritores "sickle cell disease", "thalassemia", "alloimmunization"e "genotypes". Incluiu artigos a partir do ano de 2015 que tratavam de genótipos de sistemas sanguíneos (ABO, Rh, Kell, Kidd, MNS ou Duffy) relacionados ou não a aloimunização em pacientes com doença falciforme e/ou β-talassemia. **Resultados:** Em um estudo envolvendo cerca de 1.147 pacientes com β-talassemia maior, identificaram por meio de técnicas moleculares, que cerca 48.5% e 23.7% dos pacientes apresentaram aloanticorpos contra o sistema Rh e Kell, respectivamente. Em um