

was higher and platelet count was lower. O blood group were diagnosed with MISC at a later age. Patients with A blood group have a statistically significantly less serious course compared to other blood groups. **Conclusion:** In our study, we found that individuals with A blood group had MISC more frequently than other blood groups, and MISC was less severe in these patients compared to other blood groups.

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OP 31

EVALUATION OF APPROPRIATE USE OF PEDIATRIC FRESH FROZEN PLASMA IN A TERTIARY CARE HOSPITAL

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Objective: Fresh frozen plasma (FFP) is the primary source of coagulation factors. Indications of FFP use are very limited such as disseminated intravascular coagulation, massive bleeding, thrombotic thrombocytopenic purpura, biopsy for chronic liver disease, and reversing warfarin anticoagulation with severe bleeding. In clinical practice, FFPs are reported to be used inappropriately either in respect of the particular indication or excessive in adult studies. Therefore, we aimed in this study to evaluate indications of pediatric FFP usage in our tertiary care hospital. **Methodology:** Patients aged 0-18 years, who were hospitalized in Ankara City Hospital Children's Hospital between September and December 2020, were analyzed retrospectively. Demographic information, diagnosis, FFP transfusion indication, pre-transfusion coagulation results, surgical procedure and bleeding status, and the amount of FFP administered were recorded. Statistical analysis was done with SPSS 18.0 program. **Results:** 1110 units of FFP were transfused to 324 patients (57% males) in 987 transfusion episodes. The mean age of the patients was 5.4±5.7 years. 68% of the transfusion episodes had a pre-transfusion coagulation testing. 249 (25%) of the transfusion episodes were given before or after minor or major surgery, and 226 (23%) were for plasmapheresis. The most FFP usage was in pediatric and cardiovascular surgery intensive care and hematology/oncology clinics. 69% of the FFP transfusions were appropriate. **Conclusion:** Misuse of FFP exposes patients to unpredictable adverse effects such as allergic reactions, infectious complications, hemolysis, fluid overload, and transfusion-induced acute lung injury (TRALI). In this study, the use of FFP in children was evaluated for the first time in our country, and it was found that the 31% of the FFP transfusions was inappropriate. Regular audit and education programs for the efficient use of FFP by hospital transfusion committees can improve transfusion practices.

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STEM CELL TRANSPLANTATION

OP 32

COMPARABLE OUTCOMES OF ALLOGENEIC PERIPHERAL BLOOD VERSUS BONE MARROW HEMATOPOIETIC STEM CELL TRANSPLANTATION IN CHILDREN

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Objective: Hematopoietic stem cell transplantation (HSCT) is used in many malignant and non-malignant diseases in pediatric patients. Peripheral blood (PB), bone marrow (BM) or cord blood can be used as a graft source. In this study, it was aimed to compare the transplantation results of patients who used bone marrow as a graft source and those who used peripheral blood in pediatric patients who underwent allogeneic HSCT. **Methodology:** We retrospectively analyzed the transplant results of 349 pediatric patients who received a transplant between April 2010 and August 2021 considering their stem cell source as a comparative variable. Engraftment days, development of acute graft versus host disease (aGVHD) or chronic graft versus host disease (cGVHD), development of relapse and overall survival of patients were evaluated. The source of stem cells was BM in 240 and PB in 109 patients. **Results:** The mean age of patients was 96.8±60 and 94.5±63 months in BM and PB group, respectively. The mean myeloid and platelet engraftment time was statistically significantly earlier in PB group ($p<0.001$). Acute GVHD was statistically significantly higher in PB group ($p<0.001$). The relapse rate was statistically significantly higher in the PB group ($p=0.02$). The mean follow-up period was 49.2±41.6 months. The 5-year overall survival rate was 83.4% in the BM group and 68.5% in the PB group ($p=0.003$). **Conclusion:** In our study, in accordance with the literature, it was observed that myeloid and platelet engraftment was earlier if the source is PB in HSCT in pediatric patients, but acute GVHD was more frequent. In the survival analysis, the 5-year survival of the bone marrow transplant group was found to be higher. Peripheral blood could be an alternative stem cell source in patients but it would be more appropriate to decide the stem cell source according to the primary diagnosis of the patients.

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CONSULTATION HEMATOLOGY

OP 33

A RARE CAUSE OF SIDEROBLASTIC ANEMIA: TRNT1 MUTATION

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Case report: tRNA nucleotidyltransferase 1 (TRNT1) gene encodes a polymerase involved in the maturation of cytosolic and