was used despite FEN episodes. The patient achieved VGPR and is now planned for ASCT.

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PP 28_ Case report

THE SUCCESS LIES ON CLINICAL SUSPECT: THE SYNCHRONOUS CANCERS PRESENTING AS PULMONARY AND VERTEBRAL MASS LESIONS

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Objective: It is a well-known epidemiological research issue that cancer patients are at high risk for developing multiple primary cancers. The risk increase is more likely among cancer survivors and elderly people. We present a case of synchronous cancers with pulmonary cancer and extramedullary plasmacytoma. A 68-year-old male patient was evaluated for back pain, walking difficulty, and urinary incontinence. MRI showed a vertebral mass lesion on T10–11, with a pre-diagnosis of metastatic bone disorder. A PET-CT scan was performed to find out the primary cancer. This time, two mass lesions were striking: one on the right infrahilar region of the lungs and the other as a large lesion on the vertebras, as seen on MRI, which seemed to be two separate malignant lesions. Two biopsies were decided. The patient's clinical picture deteriorated, and an urgent surgery for decompression and a diagnostic lung biopsy by bronchoscopy were performed. Histology of the vertebral lesion revealed kappa monotypic cell infiltration consistent with plasmacytoma, and histology of the lung revealed non-small cell lung carcinoma. He had a monoclonal gammopaty as IgG kappa with a level of 1.24 g/dL. Further investigation covered bone marrow, which confirmed the diagnosis of solitary plasmocytoma and primary lung carcinoma. Treatment was designed as radiotherapy for plasmocytoma and referral to the oncology unit with a recommendation for three monthly follow-ups for pursuing active myeloma development. **Results:** Multiple cancers comprise two or more primary cancers occurring in an individual originating in a primary site or tissue and are neither an extension nor a recurrence or metastasis. According to the timing of the cancers' diagnosis, the development of different cancers may be differentiated as synchronous or metachronous. The risk for the development of multiple primary cancers may be multifactorial as inherited predisposition to cancer; the lifestyle, cancerogen exposure related with environmental factors; previous cancer and increased survival and surveillance of cancer patients. We highlighted the need for comprehensive epidemiological data collection in cancer patients by publishing this case.

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PP 29_Case report

ACUTE LYMPHOBLASTIC LEUKEMIA DIAGNOSED FOUR YEARS AFTER HSCT IN A BETA THALASSEMIA PATIENT: A CLINICAL CASE

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Introduction: Beta thalassemia is an inherited blood disorder caused by defective synthesis of the beta chains of hemoglobin. This results in the production of ineffective red blood cells, leading to anemia and a severe reduction in the ability to transport oxygen to organs and tissues. In some cases, patients with beta thalassemia, due to prolonged treatment processes and other factors, may develop malignant hematologic disorders. This case presentation describes a patient diagnosed with beta thalassemia major who developed Acute Lymphoblastic Leukemia (ALL) four years after undergoing Hematopoietic Stem Cell Transplantation (HSCT). **Materials and methods:** A patient diagnosed with beta thalassemia major, registered at the Thalassemia Center (TC), underwent allogeneic HSCT in 2020 and was later diagnosed with T-cell Acute Lymphocytic Leukemia (T-ALL) four years post-transplant. **Results:** A 19-year-old male patient was diagnosed with beta thalassemia major at the age of one year. He has been under regular follow-up at the Thalassemia Center since the age of six. At seven years old, he was officially diagnosed with "Beta Thalassemia Major" (HbA2 – 3.9%; HbF – 57.1%) and has since been on a transfusion regimen with chelation therapy. On February 23, 2020, he underwent an allogeneic bone marrow transplantation from his HLA 10/10 matched sibling using the BU/Flu/CY/ATG/TT myeloablative conditioning regimen. Post-transplant chimerism analysis showed 93% donor cells. The patient was regularly monitored at the TC-HSCT outpatient clinic. **Medical history:** The patient was born from his mother's third pregnancy and third delivery.

- Two siblings from previous pregnancies did not survive.
- He was born at term with a birth weight of 3500g.
- He had incomplete routine vaccinations.
- He had a history of measles and chickenpox infections.
- The family denies a history of tuberculosis or venereal skin diseases.
- One healthy sibling lives at home.
- Parents are not consanguineous.
- The father was diagnosed with Hodgkin lymphoma two months ago and started treatment.

On November 5, 2024, the patient presented with extensive bruising and petechiae over his entire body. His general condition was severe, and laboratory findings were:

- Leukocytes (L): $284.32 \times 10^3/\mu L$
- Hemoglobin (Hb): 121 g/L
- Platelets (Tr): $30 \times 10^9/L$
- Blast cells: 80%