2014

Poster Presentations

PP-001
DETERMINATION OF REFERENCE INTERVALS FOR HEMOGLOBIN OF ADANA POPULATION

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Objective: It is very important for each laboratory to determine their own reference ranges because of the population, diet, techniques, reference group choice and geographic differences. The aim of this study is to determine reference ranges for hemoglobin level in Adana.

Material and methods: In order to determine reference ranges of 88 000 healthy donors (85,000 male and 3,000 female) aged between 18 and 65, the Blood Bank of Cukurova University Hospital located in Adana was applied and the inquiry form was requested to be filled in. Blood samples taken from appropriate donors were checked on hemoglobin level with complete blood count device. 88,000 donors were divided into 3 groups according to their ages: 18–25 (group 1), 26–45 (group 2) and 46–65 (group 3). ANOVA donor test was performed in purpose to evaluate the data. A significant gender difference was observed.

Result: Our results are comparable with the results of the other studies conducted in Turkey. Common reference ranges can be determined for Turkey and the whole region.

Keywords: reference range, hemoglobin

PP-002
LIFE-THREATENING MASSIVE THROMBOEMBOLISM AFTER LAPAROSCOPICSPLENECTOMY IN AN IDIOPATHIC THROMBOCYTOPENIC PATIENT

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Splenectomy is performed for diagnosis or treatment of a variety of hematologic diseases including immune cytopenia, indolent non-Hodgkin's lymphoma, and, rarely, for myeloproliferative diseases. Thromboembolic complications following splenectomy for hematologic diseases occur in up to 10% of patients and may range from portal vein thrombosis to pulmonary embolism, and deep vein thrombosis. It is reported that a life-threatening massive thromboembolism developed after laparoscopic splenectomy in a 57-year-old female with idiopathic thrombocytopenic purpura (ITP). Although asymptomatic, she underwent splenectomy because of poor response to steroids and intravenous gamma globulin. Thirteen days after splenectomy, she suffered portal and mesenteric emboli (Figure 1A, 1B, 1C), followed by pulmoner emboli (Figure 1D) and left popliteal thrombophlebitis. Extensive workup for hypercoagulable states was negative. Low molecular weight heparin (LMWH) was initiated at a suboptimal dose because of thrombocytopenia. At the follow-up, under anticoagulant therapy, a gastrointestinal bleeding occurred and the case was controlled after withdrawal of LMWH. Afterwards, her platelet count increased gradually. Whenever the platelet count remained stable at $>50\times10^9$/L, she received full dose of LMWH treatment (Figure 2).

Over the next 38 days, her pain resolved, she tolerated a full diet, and was sent home. Follow-up imaging studies demonstrated a recanalized portal vein (Figure 3) and totally resolved pulmonary arteries (Figure 4).

We thought that consumption of platelets in the massive thromboembolism sites including portal, mesenteric and pulmoner vascular beds resulted in deep thrombocytopenia, which improved gradually with anticoagulant therapy. It was believed that ITP patients with a bleeding diathesis were likely to be at low risk of thrombosis. However, this assumption is likely not valid for hematologic malignant conditions. Routine surveillance for portal vein thrombosis may be advisable after laparoscopic splenectomy, especially in patients with additional risk factors for thromboembolic disease.

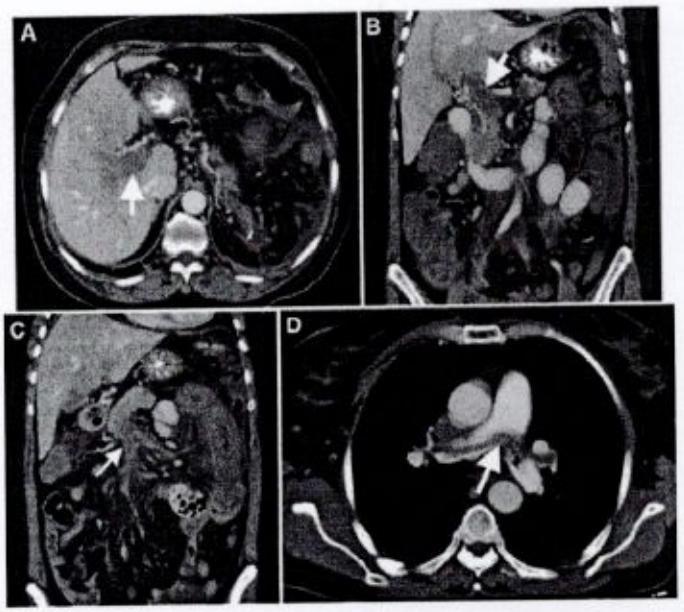


Figure 1

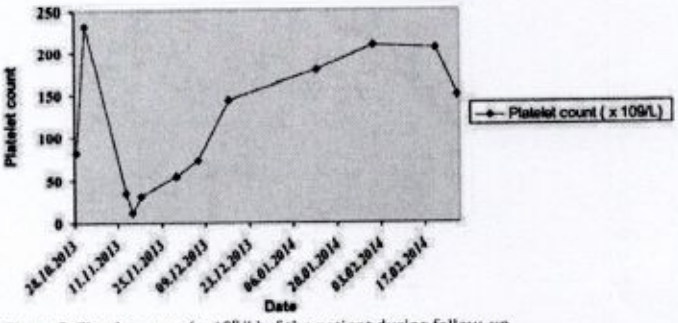


Figure 2. Platelet count ($\times 10^9$/L) of the patient during follow-up.



Figure 3



Figure 4

PP-003
RETROSPECTIVE ANALYSIS OF ELTROMBOPAG FOR THE TREATMENT OF REFRACTORY PRIMARY IMMUNE THROMBOCYTOPENIA IN THE SOUTH OF TURKEY

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Objective: Chronic immune thrombocytopenia is a autoimmune disease that has significant effects on human life. Eltrombopag is an oral, non-peptide, thrombopoitein receptor agonist that stimulates thrombopoesis and leading to increase platelet counts. It is a novel treatment for patients with chronic refractory immune thrombocytopenia.