based on the servical LN spicimens and bone marrow biopsy specimens according to WHO classification 2008. According to ann-arbor clasification our patient was classified with stage IVb. We started patient radiotherapy (RT) for the mass. We treated patient with three cylecs of CHOP (cyclophosphamide, doxorubicin, vincrsitine and methylprednisolone) and one cycle of EPOCH (etoposide+CHOP). After the RT we performed an new MRI to evaluate remission. We found total regression of the mass but all the spinal cord was infiltrated with lymphoma. We gave patient intratecally methotrexat one dose. He was diagnosed with febrile neutropenia after chemoterapy; and a CT scan demonstrated us bilaterally infiltrating of the lungs with oppotunistic fungal infection. We started broad spectrum antibiotics and antifungal agents but our patient did not respond well our treatment and died in the 4th month of treatment. Discussion: In this case report we described a patient with a mediastinal mass and a lymphoma infiltration overlapping between PMLBL and NSHL. Our patient has CD30, CD20, PAX-5 positivity and lack of CD15 staining in the LN biopsy. The optimal treatment is unknown due to the rare of this type of tumor and the prognosis of these patients is poor. Most recent studies have recommended that these tumors are treated with CHOP-like regimens but our patient did not respond this treatment. Further clinical studies need to be done evaluating for treatment options.

Keywords: Mediastinal Grey Zon Lymphoma, Primer Mediastinal B cell Lymphoma

PS-072 **Abstract:0168**

OVEREXPRESSION OF SOX11 TRANSCRIPTION FACTOR IS A HIGHLY SPECIFIC MARKER FOR MANTLE CELL LYMPHOMA DIAGNOSIS AND CORRELATES WITH CYCLIN-D1 EXPRESSION

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Mantle cell lymphoma (MCL) is a B-cell neoplasm generally composed of monomorphic small to medium-sized lymphoid cells with the t(11;14)(q13;q32), resulting in abnormal expression of the cyclin-D1 gene in the tumor cells. Mantle cell lymphoma (MCL) accounts for 5–10% of mature B-cell neoplasms. Immunohistochemically, MCL are usually positive for CD5, CD20, and cyclin D1, but are negative for CD10 and CD23. SOX11 is normally expressed throughout the developing nervous system of human embryos and is required for neuron survival and neurite growth. However, the data on the roles of SOX genes in hematopoiesis are very limited. The prognostic role of the transcription factor SOX11 in mantle cell lymphoma is unclear and controversial. In this study, we analyzed absence or existence of SOX11 expression and clinical prognostic role of SOX11, in a total of 171 materials obtained from 160 cases including mantle cell lymphoma and other B-cell neoplasms composed of small lymphocytic lymphoma (SLL), marginal zone lymphoma (MZL), and follicular lymphoma (FL), diagnosed between 2000 and 2012 and evaluated its association with overexpression of cyclin D1. Of the 51 cases diagnosed as MCL, 58 samples were evaluated in the study. The materials were obtained from 29 lymph nodes (11 cervical, 8 inguinal, 7 axillary, 1 supraclavicular and 2 unknown localization) and 29 extranodal sites (9 gastrointestinal tract, 7 tonsil, 2 neck, 2 mammillary, 2 nasopharyngeal, 2 orbital, 1 eye, 1 conjunctiva, 1 lung, 1 maxillary sinus, 1 spleen involvement). Nuclear staining of SOX11 was observed in 48 of 58 (82.75%) mantle cell lymphoma samples. Ten mantle cell lymphoma cases negative for nuclear SOX11 staining were analyzed and were all positive for cyclin D1. In order to evaluate nuclear SOX11 as a possible differential diagnostic marker in MCL, we stained FL (n=29), SLL (n=52) MZL (n=32) and all other B-cell lymphomas (n=113) showed no nuclear positivity. As a result of the study, we have concluded that SOX11 mRNA and nuclear protein expression is a highly specific marker for mantle cell lymphomas.

Keywords: mantle, SOX11

PS-073 **Abstract:0179**

ADULT T-CELL LEUKEMIA / LYMPHOMA COMPLICATED WITH SAPROCHAETE CAPITATA FUNGEMIA – CASE REPORT

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Adult T cell leukemia/lymphoma (ATLL) is a rare and often aggressive T - lymphoproliferative disorder, etiologically linked with human T cell lymphotropic virus type-1 (HTLV-1). HTLV-1 is endemic in Japan, Caribbean and Africa, although sporadic cases have been reported elsewhere in the world. ATLL affects almost exclusively adults. There is no gender prevalence. Depending on the disease manifestations, ATLL is classified into several forms: acute, chronic or smoldering. Treatment of ATLL remains a challenge for the clinicians Patients with ATLL are immunocompromised and develop opportunistic infections that complicate the disease course and make its management even more difficult. Infection with Saprochaete capitata has been reported in patients with hematological malignancies, especially in acute leukaemia. But, so far, infection with Saprochaete capitata in the ATLL patients has not been reported. We report a case of a 54 year old woman presented at the University Clinic of Hematology in Skopje, Macedonia, in July 2014, with intensive itching, coughing, dyspnea and skin tumorous formations. Physical examination revealed neither peripheral adenopathy nor organomegaly. Diagnosis was made upon several investigations. Beside the presence of skin lesions she had elevated white blood cells (55,9 X 109 /L) with atypical lymphomonocytoid cells. The bone marrow (BM) smear showed 80-90% lymphoid infiltration. The histopathological finding was - Malignant lymphoma. PCR of BM aspirate showed dominant monoclonal population of T lymphocytes. Immuno-phenotyping of bone marrow cells showed positivity for CD3, CD2, CD4, CD5, CD7, CD10, CD25, CD38 and negative FCM7, CD79b and CD22, confirming ATLL. Treatment started with CHOP protocol due to acute renal failure. In the course of the disease she complained she couldn't walk. MRI of the back bone revealed vertebral sclerosis with spinal stenosis L4-L5. After 3 cycles, treatment continued with Hyper-C-VAD regimen. After the first cycle, she became neutropenic and febrile.

Microbiological finding was Saprochaete capitata. Despite treatment, she succumbed to her illness five days from the beginning of the febrile episode and six months from the presentation due to Saprochaete capitata fungemia.

Keywords: Adult T cell leukemia/lymphoma, Saprochaete capitata

PS-074 **Abstract:0183**

PRIMARY BREAST LYMPHOMA; A SINGLE CENTER EXPERIENCE

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Primary breast lymphoma (PBL) is a rare disease accounting for 0.4–0.5 % of all breast malignancies. The breast is an uncommon site for non-Hodgkin lymphoma involvement. The term "primary breast lymphoma" (PBL) is used to define malignant lymphomas primarily occurring in the breast without any history of previously detected any other lymphoma localizations. Over 98 % of cases occur in women. We retrospectively examined our case records and found out 7 cases of PBL. These 7 patients were diagnosed as PBL between January 2006 and December 2012. We analyzed their medical records in terms of clinical features, prognostic factors, diagnostic methods and treatment outcomes of these cases. Median age at diagnosis was 55 years (range 17-72 years). All patients were female. The most common histological subtype was diffuse large B cell lymphoma (DLBCL) with total 6 cases. The remaining was anaplastic lymphoma with T cell. B symptoms were present in 2 patients. The IPI scores were determined as 3 in 1 case, 2 in one and 1 in two cases. Three of the patients revealed IPI 0. Pathologic evaluation was done via surgery (lumpectomy) in 2 patients. Six patients underwent core biopsy. Systemic treatment was selected as R-CHOP chemotherapy for 6 patients, CHOP for one. Two of the formerly mentioned 6 patients received adjuvant radiotherapy. Two patients received intrathecal injection. A case who has not received central nervous system (CNS) prohylaxis developed CNS relapse in the 46 months after first remission. She is currently in remission after second line treatment and autologus bone marrow transplantation (ABMT). One of the patients died due to disease progression. To date 5 patients are followed in remission. One patient was lost to follow up when she was in remission with second line treatment owing to her relaps after 13 months from first remission. After entire evaluation median follow-up was found to be 72 (28-102) months. The most common histological subtype in patients with PBL was DLBCL. Combined modalities containing chemotherapy and radiotherapy provides long term survival in PBL treatment. As this is a chemosensitive disease, consequtive morbidity of mastectomy must be avoided and surgery must not be the primary modality of choise for treatment. The patients should be monitored closely for CNS relapse.

Keywords: Non-Hodgkin Lymphoma, primary breast Lymphoma

PS-075 **Abstract:0186**

A RARE PEDIATRIC CASE OF CUTANEOUS GAMMA/DELTA T-CELL LYMPHOMA

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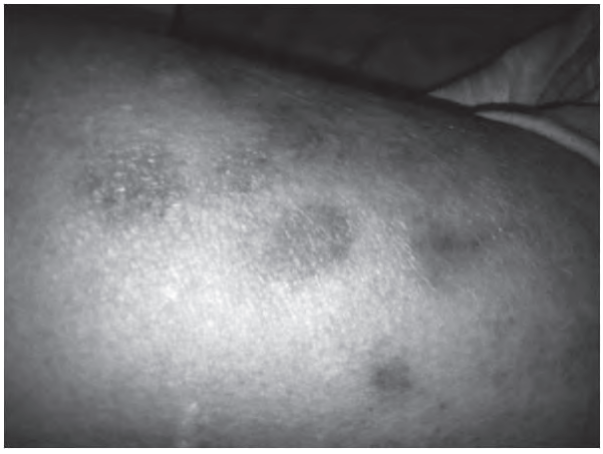
Cutaneous γ/δ T-cell lymphoma (CGD-TCL) is a recent entity described in the newly revised World Health Organization-European Organization for Research and Treatment of Cancer classification of cutaneous lymphomas. Only a few cases have been reported, of which two pediatric cases. A 15 years old child with a 6 months history of polyadenopathy, cutaneous lesions, general edema and deterioration of general condition was hospitalized. Results from laboratory testing, cutaneous histopathology and immunohistochemistry showed a primary CGD-TCL. Staging was completed by a total body computed tomography. Therapy was planified with SMILE protocol. It is a highly aggressive tumor resistant to chemotherapy, immunotherapy, and radiation therapy. The GDTCL is characterized by a worse prognosis with a median survival of 15 months. Early diagnosis is essential and aggressive therapy is necessary.

Keywords: cutaneous / T-cell lymphoma, WHO-EORTC classification

Erythematous infiltrated lesions of the internal face of the thigh



PS-076 **Abstract:0194**

PERIPHERAL T CELL LYMPHOMA WITH CNS INVOLVEMENT DURING THE TREATMENT OF MYCOSIS FUNGOIDES- CASE REPORT

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Introduction: The peripheral T cell lymphomas (PTCL) are a heterogeneous group of aggressive neoplasms that constitute less than 15 percent of all non-Hodgkin lymphomas (NHL) in adults. PTCL, NOS(not otherwise specified) is the most common subtype of PTCL, accounting for approximately 30 percent of PTCL and approximately 6