P25. A CASE REPORT OF BLASTIC PLASMOCYTOID DENDRITIC CELL NEOPLASM (BPDCN): IS ASCT A OPTION?

Ana Manuela Crişan[1,2], Alexandra Gheaur[2], Sorina Bădeliţă[2], Camelia Dobrea[1,2], Anca Gheorghe[2], Inga Botnariuc[2], Diana Agatinei[2], Daniel Coriu[1,2]

[1] "Carol Davila" University of Medicine and Pharmacy, Bucharest,, Romania

[2] Department of Hematology and Bone Marrow Transplantation, Fundeni Clinical Institute, Bucharest , Romania

Blastic plasmacytoid dendritic cell neoplasm (BPDCN) is a rare hematopoietic malignancy, formerly known as blastic NK cell lymphoma or CD4+/CD56+ hematodermic neoplasm. Further studies demonstrated the myeloid origin of the tumor cells. Most patients with BPDCN present with cutaneous lesions with or without bone marrow involvement and leukemic dissemination. Immunohistochemical studies are of critical importance, because of demonstration of CD4 and CD56, together with markers more restricted to plasmocytoid dendritic cells, CD123, BDCA-2, TCL1. This is a case report about a young man presented with multiple cutaneous bruise-like deep red mixted lesions widespread to his face, scalp, trunk and upper limb, supradiaphragmatic lymphadenopathy and bone marrow involvement. Histopathology of a skin biopsy specimen and flow-citometry exam of peripheral blood define BPDCN. The patient received SMILE regime and achieved complete remission. To consolidate the response to chemotherapy, the patient has received autologous bone marrow transplant. Six months after autologous transplant, the patient relapsed and he received salvage chemotherapy as DeVic regimen with achieving a second complete response, but only for 4 weeks. Now he is receiving a new chemotherapy protocol and he is waiting for allogeneic HCT, the only possible treatment for a long-lasting remission.