common clinical presentations. Hypergammaglobulinemia is diagnostic of increased CD4-CD8-T cells in peripheral blood. Often it is susceptible to B Cell Lymphoma. In our presentation, we wanted to draw attention to this issue by presenting two different cases, one in the differential diagnosis of lymphoma and the other in the diagnosis of ALPS after long-term lymphoma treatment.

A 6-year-old girl presented in April 2012 with complaints of swelling and night sweats on the left side of the neck. On physical examination, hepatosplenomegaly was absent, and multiple lymphadenopathies were detected in the left cervical chain. No agent was detected in terms of infectious pathologies. There were no pathological cells in bone marrow aspiration performed for malignant diseases, but multiple lymph nodes with cervical, supraclavicular and intra-abdominal hypermetabolic activity were detected in PET imaging. She was diagnosed as Mixed type Hodgkin's Lymphoma by supraclavicular lymph node excision. After ABVD and COPP treatment, radiotherapy was applied to the abdomen, neck and mediastinum. While regression was seen in PET imaging after treatment, the disease was progressed by bone marrow activation and lung parenchymal involvement. Autologous Bone Marrow Transplantation was performed in August 2014, but recurrence was detected for the second time in January 2015. In the follow-up, although the treatment of Brentuximab, Gemcitabine, Paclitaxel and Nivolumab were applied, the disease progressed. Double T Negative Cells 5.3% were detected in immunophenotyping, which was sent for possible immune deficiencies. The history of lymphadenopathy, the predisposition of B lymphoma, the rate of DNT above 2.5%, the presence of a consanguineous marriage between parents and the rate of DNT 11.6% of the sisters who had no complaints, suggested the possibility of ALPS (Autoimmune Lymphoproliferative Syndrome) in the patient. The patient, whose m-Tor inhibitor Sirolimus treatment was started, has been on follow-up for 3 years. Genetic tests of the patient were sent.

A three-year-old male patient was diagnosed as Acute ITP by detecting thrombocytopenia in his examinations with the appearance of bruises on his body after infection. No pathology was observed in bone marrow aspiration.

The response to IVIG and pulse steroid treatments was not good. Due to splenomegaly, coombs positive hemolytic anemia and thrombocytopenia continuing in the follow-up of the patient, DNT cell count was found 7.9% considering ALPS. Genetic tests of the patient were sent. Sirolimus treatment was started for the patient who did not respond well to MMF and oral steroid.

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OVERVIEW ON THE CURRENT MANAGEMENT GUIDELINES OF IMMUNE THROMBOCYTOPENIA IN CHILDREN

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Our aim is to identify, analyze and compare the international guidelines or national consensus reports on the management of immune thrombocytopenia in children.(ITP).

We performed a systematic search on PubMed database using keywords: 'immune thrombocytopenia in children AND ['children' OR 'pediatric' OR 'paediatric'] AND ['guideline' OR 'consensus'] between 1992 (first guideline) and 2020. We excluded publications written in other languages than English or French and animal studies. A total of 54 papers have been initially found. After exclusion of those that were not relevant or other types of publications than guidelines or consensus (reviews, case series, case reports) we ended up in gathering 44 publications. After full text screening, we excluded papers that did not particularly refer to ITP guidelines but to quality of life, adherence to treatment etc. Finally 6 papers have been found to meet such strict criteria.

They are only six countries in the world published having a specific ITP published in Pub Med: USA with American Society of Oncology Guidelines for Immune Thrombocytopenia, Great Britain, Spain, Italy, Argentina and Japan.

The USA and Italian Guidelines recommend for children newly diagnosed with ITP without bleeding or minor bleeding observation rather than corticosteroids and Immunoglobuline IV (USA). For Children with non-life threatening mucosal bleeding the american guideline suggest corticotherapy no longer than 7 days. For the forms non-responsive at the first line the treatment, the American and Spanish Guidelines indicate thrombopoietin receptors agonist (TPO-RA-Eltrompobag) rather than Rituximab and Splenectomy. According to the spanish guideline corticotherapy is the first choice therapeutic. Generally the primary goals of these guidelines are to review and implement evident based-recommendations. Other treatments include Azathioprine, Cyclophosphamide, Cyclosporine A, Dapsone, Danazol and Myofenolate of Mofetil. In 2018 a joint working group (JWG) of several hematology societies (Germany, Switzerland, Austria) published a European Guideline for adults with ITP but more limitate for children with ITP (no standard treatment for chronic ITP at children).

The splenectomy is universally the last options for treatment in ITP at children.

The general purpose of the Guidelines are the implement new therapies (Eltrompobag/Romiplostim) at children because they are rather than corticotherapy and immunoglobuline iv (which are important side-effects and expansive bugets). At children for Eltrompobag are reported minor or moderate side-effects and no for long term.

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CHILDHOOD NEUTROPENIA – OUR EXPERIENCE

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Our goal was to describe demographic characteristics, course and outcome of neutropenic patients.

We used descriptive statistics to demonstrate demographic and clinical characteristics of patients who were referred to pediatric hematologist's examination or hospitalized in the Department of Hematology and Oncology, Children's Hospital Zagreb, due to neutropenia from January 1st, 2009 to December 31st, 2019. Oncology patients with febrile neutropenia were excluded from the study.

Altogether, 100 children were examined or hospitalized in our Department during the 11-year period due to neutropenia, of which 56 were males, with an average age of 3.48