with that of his first hospitalization under the replacement therapy with FVII. The bruisings and hematomas had retired.

Conclusions: If a child especially if is a male has hemarthrosis in the large joints, had to be considered the possibility of having a coagulopathy even if he has no positive family history of any kind of coagulopathy.

Hemophilia A has an outburst evolution, their frequency is related to the concentration of the Factor VIII which is why the patient will require chronic replacement therapy with the avoidance of exercises and traumas.

Under the correct treatment, in terms of continuous prophylactic substitutions, life expectancy and quality of life was greatly improved, the risk of death caused by cerebral hemorrhage, internal bleeding or hemorrhagic shock had reduced to below 3 % of all the patients.

Key words: HEMOPHILIA A, KNEE HEMARTHROSIS, BRUISES, HEMATOMAS

20. A CASE OF APLASTIC ANEMIA COMPLICATED WITH SYSTEMIC ASPERGILLOSIS

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Introduction: Aplastic anemia is a rare disease in which the bone marrow and the hematopoietic stem cells that reside there are damaged. This causes a deficiency of all three blood cell types (pancytopenia). Aplastic refers to the inability of the stem cells to generate mature blood cells.

Aplastic anemia can be caused by exposure to certain chemicals, drugs, radiation, infection, immune disease, and heredity; in about half the cases, the cause is unknown. It may also occur due to a congenital inheritance or as well in the context of a constitutional predisposition.

Objective: The aim of this paper is to present the case of a 17 years old boy who developed aplastic anemia in the context of using sodium metamizol at home (Algocalmin) for 10 days without medical advice. Due to poor immune system the opportunistic fungus Aspergillus takes advantage of this situation and colonizes throughout the body leading to the condition called Aspersilosis.

Clinical case: We monitored the patient for a period of 33 days correspondently to the hospitalization in our Pediatric Clinic I - Hemato-Oncology Department of Targu-Mures.

Results: At the admission in our clinic, the first lab tests showed: a marked leukopenia (Leu/mm^3- 440, Gran. 7/mm^3) and trombocytopenia (PLT/mm^3- 26.000) and the peripheral blood smear showed (Segmented 0%, Eo 0%, Ba 0%, Mo 1%, Lymphocytes 99%). The final diagnose was established on the bone marrow biopsy histopathology exam. Than it was performed the Anti Aspergillus fumigatus antibody: 1/320 (NV< 1/80) because of the persisting fever. Immediately it was implemented the antibiotic, antifungal and replacement therapy with a good result. After 33 days of hospitalization the lab tests showed a marked improvement therefore: the leucocytes reached the peak of 5890/mm^3,

granulocytes 4090/mm^3, PLT 384.000/mm^3.

Conclusions: Due to the fact that the aplastic anemia is secondary to the treatment with Algocalmin occurred in a previously healthy young patient, the bone marrow rehabilitation was achieved with the right treatment.

After 6 months after the discharge, the patient had been declared completely cured having both aplastic anemia and systemic aspergillosis extinguished.

Key words: aplastic anemia, aspergillosis.

21. A RARE CASE OF MULTIPLE MYELOMA IN A PATIENT WITH AN UNRESPONSIVE TO CHEMO-AND RADIOTHERAPY FRONTOPARIETAL GYGANTIC PLASMACYTOMA

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Introduction: Multiple myeloma is a cancer of plasma cells, a type of white blood cell normally responsible for producing antibodies.

In multiple myeloma, collections of abnormal plasma cells accumulate in the bone marrow, where they interfere with the production of normal blood cells. Most cases of multiple myeloma also feature the production of a paraprotein - an abnormal antibody which can cause bone lesions and hypercalcemia. Plasmacytoma refers to a tumour consisting of abnormal plasma cells that grows within the soft tissue or bony skeleton in the context of multiple myeloma disease.

Objective: We will present the case of a 56 years old female patient admitted in the Medical Clinic I - Department of Hematology of Targu Mures, suffering from a rare hematological cancer - multiple myeloma of which onset was the appearance of a solitary extramedullary gigantic frontoparietal plasmacytoma which also did not responded at all to chemo-and radiotherapy treatment still increasing its size.

Clinical case: We monitored the patient over a period of 13 months and we will display the evolution chronologically.

Results: She was given 3 regimens of chemotherapy consisted in VAD, (Vincristine, Adriamycin, Dexamethasone), 7 regiments of PAD (Adriamycin, Epirubicin, Dexa.), one regimen of Velcade+Cytarabin+Dexamethasone in order to shrink the plasmacytoma but with no success. In the fall of 2015 she was presented at the oncology clinic for the administration of the radiotherapeutic regiments. After she recived a few radiotherapy still no reduction in the plasmacytoma volume. The oncologists stopped the therapy because the side effects were more significant than the improvements. The patient is currently hospitalized in our Hematology Clinic under the new treatment recently introduced with Caelix+Dexamethasone in order to reduce the level of plasma cells and the size of the frontoparietal plasmacytoma.