organ involvement (MS-RO), and 4 multisystem disease with risk organ involvement (MS-RO). Chemotherapy based on vinblastine with corticosteroids was used in 4 patients who had MS-RO form. The outcome was favourable in 6 cases.

Conclusions Langerhans cell histiocytosis is a rare and heterogeneous disease. Multisystem disease with risk organ involvement justify the use of many drugs.

PO-0167 STUDY ON THE FREQUENCY AND CAUSES OF SEVERE IRON DEFICIENCY ANEMIA IN INFANTS AND YOUNG CHILDREN

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Objectives To study the frequency and causes of the severe iron deficiency anaemia (AF) (haemoglobin <7 g%) in infants and young children.

Material and methods We studied the observation sheets of infants and children between 1–3 years hospitalised with AF at the 2nd Paediatric Clinic, EUCH Craiova in the interval 1.01.2011–31.12.2013.

Results AF was recorded in 678 infants and 784 children, with the age between 1–3 years. Severe forms were present in 14 infants and 28 children, age1–3 years. Mean haemoglobin: infant 5.61 ± 0.79 (4, 8–7) g%; children 1–3 years 5.45 ± 1.2 (3–7) g%. Gender distribution of AF severe forms: infant M/F: 10/4; children 1–3 years: 18/10; the backgrounds Urban/Rural: infants 3/11; children 1–3 years 6/22. Severe AF causes in infants: prematurity in 8 cases, prematurity + twins 2 cases, 3 cases with food causes, cystic fibrosis in 1 case. The causes in children with the age between 1–3 years were: food (flour + excess cow's milk) in 23 cases, food intake deficiency in: congenital heart malformations, childhood chronic encephalopathy, palatoschizis /cleft palate, Toxocara canis and parasitic infestation with uncorrected anaemia in infants born prematurely, for each situation 1 case.

Conclusions

1. Severe forms of AF frequency were 2% in infants with AF and 3.6% in children with the age between1–3 years.
2. Rural origin was over three times higher in both age groups.
3. 2/3 of the infants with severe AF were premature/ twin; food mistakes were the AF cause in 82.1% of the children aged 1–3 years.

PO-0168 LEUKAEMIA CUTIS: AN UNUSUAL PAEDIATRIC PRESENTATION OF ACUTE LYMPHOBLASTIC LEUKAEMIA

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We present the case of a 12-month-old boy presenting in February 2014 with widespread soft tissue nodules that had progressed over 5 months. They were not painful or itchy and there were no associated symptoms. He had continued to gain weight and had remained systemically well.

He had widespread subcutaneous and firm nodules over his scalp, forehead, trunk, back, abdominal wall and scrotum. They were non-tender and had no overlying skin changes. He was pale but systemic examination was otherwise normal. There was no significant lymphadenopathy or hepatosplenomegaly.

Blood tests confirmed normocytic, hypochromic anaemia (Hb 69 g/L), slightly low white cell count (5.5×10^9/L) and normal platelet count (198×10^9/L). Over the following week the blood count deteriorated with progressive anaemia and leucopenia with an increasing blast cell population. Tissue biopsy and bone marrow aspirate confirmed a diagnosis of pre-B cell acute lymphoblastic leukaemia (ALL) with mixed-lineage leukaemia (MLL) gene rearrangement.

Cutaneous leukaemia (*leukaemia cutis*) is a rare presentation of ALL signifying neoplastic infiltration of the skin. The appearance of skin lesions is variable and can manifest in different leukaemia subtypes (most commonly seen in acute myeloid leukaemia and in neonates). Occasionally it may be the only clinical sign of leukaemia but is invariably felt to be a poor prognostic sign.

This case describes an unusual presentation of childhood leukaemia, highlighting the importance of early skin biopsy in unusual cutaneous lesions. To our knowledge it is the first case of cutaneous leukaemia in a child with pre-B ALL with an MLL gene rearrangement.

PO-0169 AN UNUSUAL CASE OF PAINFUL PURPURA – GARDNER-DIAMOND SYNDROME

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We present the case of a 13 year old girl who presented with spontaneous, recurrent and painful soft tissue swellings affecting her extremities. On several occasions the degree of swelling and pain was enough to consider compartment syndrome. To date she has required ten fasciotomies. On two occasions she has also had haematuria.

Baseline biochemical, haematological and radiological investigations were normal with no cause for symptoms identified. Skin biopsy showed no evidence of vasculitis. She underwent further extensive national investigations, including genetic testing for Type 4 Ehlers-Danlos syndrome. No pathological cause for purpura was found. Non-accidental and self inflicted injury were carefully considered, and excluded.

Following wide-ranging investigations and on review of her complex presentation she was diagnosed with Gardner-Diamond Syndrome (*psychogenic purpura*, *autoerythrocyte sensitisation syndrome*).

Gardner-Diamond Syndrome is a rare condition characterised by onset of spontaneous ecchymotic and painful lesions. The aetiology is not well understood but emotional stress is felt to be most common trigger for symptoms. Routine coagulation investigations are normal and the diagnosis is made clinically. It is therefore a diagnosis of exclusion.

This interesting case highlights a rare cause of painful purpura. A high index of suspicion was necessary to make the diagnosis. Numerous medical treatments have been trialled without any clear benefit. In this case, early administration of DDAVP has been beneficial in decreasing the progression of bruising,