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Extreme thrombocytosis as a diagnostic clue to hepatoblastoma

EDITOR,—In the recent article describing an extensive survey of thrombocytosis in Sheffield Children's Hospital over a 12 month period, Drs Vora and Lilleyman identified infection, trauma, and malignant disease/chemotherapy as the three commonest causes.¹ Most, if not all, of the children with malignant disease were recovering from a course of chemotherapy ('marrow rebound').

We would like to point out that very high platelet counts, including some in the 'platelet millionaire' subgroup, occur in children with the malignant liver tumours, hepatoblastoma, and hepatocellular carcinoma, before the institution of chemotherapy. The table shows the incidence of platelet counts over $500 \times 10^9/l$ and over $800 \times 10^9/l$ in children with these two tumours who are registered in the SIOP (Société Internationale d'Oncologie Pédiatrique) liver tumour study, 'SIOPEL-1'. In our experience, patients with other forms of malignant solid tumour rarely have platelet counts in excess of $500 \times 10^9/l$ and virtually never in excess of $800 \times 10^9/l$. Thus, the platelet count may be a strong diagnostic pointer in a child with a newly diagnosed upper abdominal mass.

Platelet counts in patients with hepatoblastoma and hepatocellular carcinoma

	Hepatoblastoma	Hepatocellular carcinoma
Total No of patients	99	29
No (%) with platelet counts:		
> $500 \times 10^9/l$	35 (35)	7 (24)
> $800 \times 10^9/l$	29 (29)*	3 (10)
Range ($\times 10^9/l$)	517–1740	545–998

* Ten patients have platelet counts $> 1000 \times 10^9/l$.

Presumably these two forms of hepatocellular tumour produce a thrombopoietin which circulates and stimulates megakaryocytopoiesis. There is some in vitro evidence to support this contention.²

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Cycle helmets

EDITOR,—I have been worried about cycle helmets for several years and was delighted to

read the balanced discussion by Rogers,¹ which followed articles by Trippe,² McCarthy,³ and Illingworth⁴ in the *BMJ*. Whereas the case for helmets for motor cyclists is clearly established, the protection afforded pedal cyclists is not so certain. Furthermore, pedal cyclists have higher mortality and morbidity on our roads.

The British Standard 6863-89 applies only to children's cycle helmets and there appear to be no British Standards for adult and teenager size cycle helmets. In spite of this fact, attractive, light, perforated polystyrene cycle helmets are sold in high street retailers for £30–£60. These helmets bear only 'Ansi Z90.4' and 'Snell B.90' standards and a warning to the effect that the helmet will not prevent serious head injury in a road traffic accident. In contrast motorcycle retailers sell helmets which do bear British Standards. The cheaper and lighter helmets, BS6658-85, 'Type B', can cost as little as £25–£35, weigh about a kilogram, and allow good hearing.

While young children who cycle do not often take to the main roads to 'play with the traffic', older teenagers, like adults, do. In these circumstances a stronger helmet is appropriate. If a teenage cyclist wishes to reduce his or her risk of sustaining a serious head injury on public roads I suggest a suitable, that is 'motorcycle', helmet is worn.

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