period. Timing of first full blood count, frequency of repeat full blood counts and the lab values were documented.

**Results** 42 babies with T21 were born from 2016–2018; 41 babies had a FBC within 5 days (see table 1).

<table>
<thead>
<tr>
<th>Hb</th>
<th>WCC</th>
<th>Platelets</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.1 (16.9–25.8)</td>
<td>15.7 (9.3–24)</td>
<td>140 (34–271)</td>
</tr>
</tbody>
</table>

1/42 babies warranted an automatic referral to a tertiary haematologist because of significantly elevated blast cells on film (13%). Five other babies had evidence of blasts cells of 5% or less on their initial FBC with three of these babies having resolution of the blast cells to 0%; One baby was due follow up in a regional centre and one did not have a repeat FBC.

**Conclusion** The association of T21 with acute leukaemia is well documented. In keeping with international guidelines, our policy is to carry out a full blood count on all babies born with T21. We see that our incidence is less than the 10–15% reported case load of TAM1 with only 1 baby reaching the criteria. This disorder develops over the first five years of life; meaning it is essential these children get annual blood tests for monitoring through their community paediatrician.

**REFERENCE**


**Abstract P455 Table 1**

Infantile hepatic haemangioendothelioma (IHH) is the commonest benign vascular tumour occurring in the first six-months of life. Medical treatment is first-line but a transcatheter arterial embolization (TAE) was also used in this preterm neonatal case; this is an innovative procedure used to reduce hepatic shunting by occluding the feeding vessels.

**Case report** A 2.09 kg male infant was delivered at 31+3 weeks by emergency C-section. There were antenatal concerns regarding asci and dilated bowel loops and at delivery he was noted to have hydrops. He required intubation and high frequency oscillatory ventilation. Extensive bruising and active bleeding from multiple sites was noted, so the massive blood transfusion protocol was initiated. An ejection systolic murmur was heard and he had hepatomegaly.

Initial blood-work showed anaemia and disseminated intravascular coagulopathy. Thrombocytopenia was likely from Kasabach-Merritt syndrome (KMS). He also had deranged liver enzymes, jaundice and an acute kidney injury. AFP, thyroid function tests and urinary VMA were reassuring. Echocardiography demonstrated a small PDA and moderately impaired biventricular function. Abdominal ultrasound showed a mixed lesion involving both liver lobes, measuring 8.2×5.7 cm with dilated hepatic veins and ascites. MRI was not possible due to his unstable clinical condition.

A large number of blood products were required including recombinant factor 7. Regular vitamin K and broad-spectrum antibiotics were initiated. Propranolol and dexamethasone were commenced to try to shrink the lesion. On day 3 of life he had embolization of his AVM, this was a novel procedure regarding ascites and dilated bowel loops and at delivery he was noted to have hydrops. He required intubation and high frequency oscillatory ventilation. Extensive bruising and active bleeding from multiple sites was noted, so the massive blood transfusion protocol was initiated. An ejection systolic murmur was heard and he had hepatomegaly.

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A large number of blood products were required including recombinant factor 7. Regular vitamin K and broad-spectrum antibiotics were initiated. Propranolol and dexamethasone were commenced to try to shrink the lesion. On day 3 of life he had embolization of his AVM, this was a novel procedure and involved accessing the coeliac axis via the umbilical artery and releasing micro-particles. Satisfactory devascularisation was achieved.

Despite this innovative technique, he deteriorated secondary to high-output CCF, pulmonary oedema, anuria and hepatic failure. It was apparent to his parents and the multidisciplinary team that he would not survive and life-sustaining care was withdrawn on day 6.

**Discussion** It is clear that a multidisciplinary approach is required for the best treatment options. Corticosteroids...