(anti-D). The need for exchange transfusion for treatment of babies with a severe disease has also been reduced by early recognition and treatment with phototherapy and intravenous immunoglobulin (IVIG). We present a case of a newborn infant with RI complicated by unexpected severe thrombocytopenia.

Methods
Case A male infant was born at 37 weeks gestation following an uncomplicated pregnancy. Previous children required treatment only with phototherapy for RI. The mother had normal platelets throughout the pregnancy. She was induced at this gestation for RI as per local guidelines. There were no antenatal concerns of active haemolysis despite modestly raised antibody levels. The infant did not require resuscitation but was electively admitted to the neonatal unit for monitoring and prophylactic treatment with phototherapy.

Results
The baby was commenced on phototherapy and received IVIG shortly after birth. At one hour of life, the initial investigations were received showing Haemoglobin 12.5 g/dL, WBC 13.6, Platelets 15, Neutrophils 7.3, Lymphocytes 4.9, Reticulocyte count 314 and total bilirubin 85 with direct bilirubin 11. The haemoglobin and bilirubin levels remained stable over the next 48 hours. Emergency platelet transfusion was given but this failed to normalize platelet counts. Further IVIG transfusions were required over the next few days. As platelets counts failed to rise above 50 over the next week, neutrophil count, reticulocyte count, and haemoglobin level also started to steadily drop. Extensive investigations including neonatal alloimmune thrombocytopenia screen, genotyping for bone marrow failure disorders, blood film, parvovirus serology, Fanconi anaemia screen, TORCH screen, X-ray of the forearm for radial anomalies and cranial ultrasound, were all normal. The platelets remained low but stable over the next few weeks and in consultation with the pediatric haematologist, the decision was made to repeatFull blood count (FBC) at regular intervals and all cell lines normalized after at least 2 months of close monitoring.

Conclusions
The association between RI and severe thrombocytopenia at birth followed by falling neutrophil counts leading to pancytopenia is rare and there are very few cases reported in the literature.

REFERENCES