Because of intracranial bleeding the head x-ray should be available to help in the diagnosis of Caffey's disease. Probable vitamin K deficiency suggests that the level of other lipid soluble vitamin levels should also be determined.

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Dr Lilleyman comments:

We were interested in Professor Ozsoylu's observations concerning our patient with intracranial bleeding and thrombocytosis and confess that at the time we did not consider the possibility of infantile hyperostosis or vitamin E deficiency being present, although we acknowledge that both conditions have been found in patients in whom the platelet count is high.

Against the diagnosis of Caffey's disease in our patient was the absence of fever and the fact that there were no characteristic mandibular or clavicular swellings; as there were no clinical stigmata of the disorder no x-rays were obtained.

As far as vitamin E deficiency is concerned, we can only say that the reticulocyte count was not recorded above 3% at any time, and the characteristic irregularly contracted erythrocytes of the associated haemolytic anaemia were not noted. Also our patient was a term baby of 2.86 kg, whereas those described with vitamin E deficiency associated thrombocytosis have been premature with birthweights of 1.5 kg or less. None the less, we did not measure tocopherol levels or perform a peroxide haemolysis test and so cannot be absolutely certain about this point.

We agree that these two conditions should be considered when thrombocytosis occurs in infancy but are tempted to observe that their discovery would make the genesis of a high platelet count no less puzzling.

**References**


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