Hemolytic Anemia Associated with Intravenous Immunoglobulin

**Introduction** Intravenous immunoglobulin (IVIG) associated hemolytic anemia is a potentially serious complication that is often overlooked. Here we describe a case of Kawasaki disease (KD) who recurrently developed coombs positive hemolytic anemia following IVIG administrations.

**Case Report** A three-years-old girl admitted with the complaint of fever, swelling of the hands and feet with palmar erythema. Investigations revealed the diagnosis of KD and she was treated with IVIG (2 gr/kg) and aspirin. The fever subsided within a day but restarted after 6 days. A second course of IVIG was administered. On day 4 after second course of IVIG, laboratory evaluation revealed hemoglobin level of 8.3 gr/dL. Her red blood cells became positive on polyclonal IgG Coomb’s testing (DAT). Aspirin was stopped and steroid was started. Her original signs had resolved and hemoglobin level gradually increased up to 11.7 gr/dL. Eight months later, she readmitted with significantly enlarged servical lymph nodes in parallel with previous symptoms consistent with the diagnosis of recurrent KD. Hemoglobin level was 11 gr/dL and DAT was negative. Following single dose of IVIG treatment, hemoglobin level gradually decreased and became 6.6 gr/dL on 30th day of treatment with DAT positivity. Within first week of steroid treatment, hemoglobin level increased to 8.9 gr/dL. The patient is now free of any symptom with an hemoglobin level around 11.5 gr/dL.

**Conclusion** It is important that physicians using high dose IVIG are aware of the risk of hemolysis. Careful monitoring of hemoglobin levels during IVIG treatment may provide proper diagnosis and early intervention.

Kaposi’s sarcoma (KS) is a low-grade vascular neoplasm and classic KS, a subtype of KS, is extremely rare in children. Childhood pulmonary involvement in classic KS has not been reported in the literature. We describe an HIV-seronegative pediatric case with a fulminant course of classic KS with pulmonary involvement mimicking endobronchial tuberculosis.

**Diagnosis and Treatment Peculiarities in an Infant with Bleeding Disorder**

For this infant, hemostasis investigations showed vitamin K deficiency and we reconsidered the treatment using vitamin K. Despite of therapy, bleedings symptoms persisted and became more severe. According to hemostasis investigations, we diagnosed vitamin K deficiency and we reconsidered the treatment using vitamin K. Prompt improvement of bleeding after vitamin K therapy confirmed vitamin K deficiency. After blood transfusion authors noticed haemoglobin (Hgb) improvement (at discharge Hgb = 14.1 g/dl).

**Conclusions**
1. Authors emphasize diagnosis and treatment difficulties in an infant with severe bleeding because of vitamin K deficiency.
2. In cases with severe bleeding, it’s mandatory to consider vitamin K treatment.
3. Antibiotic treatment should be carefully considered in infants.

**Unusual Presentation of Disseminated Pandemic Influenza A (H1N1) 2009 in an Infant**

Children are the risk group for severe disease of Pandemic influenza A (H1N1) 2009 infection. A case of disseminated manifestation of pandemic H1N1 influenza has been rarely reported.

**Methods** We present a case of a 3-month-old male infant who manifested with clinical evidence of disseminated H1N1 influenza in bone marrow prior having respiratory symptoms.

**Results** The patient presented with high fever for 1 day. The initial diagnosis was sepsis but he had persisted fever with hepatosplenomegaly. Complete blood count persistently showed pancytopenia. Bone marrow aspiration and biopsy on day 8 showed predominant population of maturing myeloid precursors. In contrast, erythroid precursors were virtually absent. PCR tested in serum was negative for Epstein-Barr virus, cytomegalovirus, dengue virus and parvovirus.

On day 11, he developed respiratory distress and required ventilator support. Bronchoalveolar lavage was positive for pandemic H1N1 influenza by both RT-PCR and viral culture. The staining marrow specimens performed on day 8 with immunofluorescence