triglycerides, total cholesterol, high density lipoprotein (HDL) cholesterol, apolipoproteins (A1 and B), lipoprotein(a) and polymorphisms the G279A locus of the CETP gene, were determined.

Results In children with genotype B1B1, a significantly lower % cholesterol concentration in the HDL fraction was found than in those with genotype B1B2 and B2B2. Children with genotype B1B1 were significantly shorter in stature than children with genotypes B1B2 and B2B2. Other biochemical parameters, such as levels of apolipoproteins (A1 and B) and lipoprotein(a) were not significantly different between these genetic polymorphisms.

Conclusion In the future, proper early prevention based on the modification of risk factors, periodic lipid profile control, and the assay of markers of early atherosclerosis changes can reduce morbidity and mortality due to cardiovascular system diseases among children.

746 GLAZMANN THROMBASTHENIA: SINGLE CENTER EXPERIENCE

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B Kutubay, N Ozdemir, G Tuysuz, H Apak, T Colkan. Pediatric Hematology-Oncology Dept, Istanbul University, Cerrahpasa Medical Faculty, Istanbul, Turkey

Aim Glazmann thrombasthenia is a rare autosomal recessive disease characterized by defect in platelet aggregation. Here we report the management of children with Glazmann thrombasthenia followed at Cerrahpasa Medical Faculty Pediatric Hematology Department.

Methods Nineteen patients’ (42% girls, 58% boys; median age: 10 months) files were retrospectively reviewed.

Results The median age of the start of bleeding symptoms was 9 months (2 weeks-24 months). All patients presented with easy bruising and mucosal bleeding. Fourteen patients’ parents were consanguineous. In 15 patients, flow cytometry was performed. According to this, 7 had type I, 6 had type II and 2 had type III disease. Nine patients were treated by thrombocyte transfusion, tranexamic acid, recombinant active factor VII and fibrin glue as a single or combined therapy in invasive procedures; none of them had a major bleeding complication.

Conclusion Bleeding control of invasive procedures may be challenging in children with Glazmann thrombasthenia; local treatments, DDAVP, steroid and antifibrinolytics may be used with success.

747 ETHIOLOGICAL FACTORS AND PREVALENCE OF ZINC DEFICIENCY IN CHILDREN WITH IRON DEFICIENCY ANEMIA

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M Inalhan, Y Feyza, T Ozlem, A Ozlem, C Mehmet, O guera. Clinics of Paediatrics, Zeynep Kamil Obstetrics, Gynecology and Paediatrics Training Research Hospital, Istanbul, Turkey

Introduction and aim: Iron deficiency is the most common nutritional deficiency in developing and developed countries. In the developing countries iron and zinc deficiency are seen together. In our study we researched the prevalence of zinc deficiency and etiological factors in iron deficiency anemia.

Materials and method A study group consisted of 40 children, aged between 1–14 years, diagnosed with iron deficiency anemia who submitted to our clinic with different complaints between January and August 2010. Control group consisted of 40 healthy children. Age, sex, birth weights, history of mother’s prophylactic iron supplement use in pregnancy, prophylactic iron supplement usage, breastfeeding duration time, initial supplement feeding age, meat, fruits-vegetables consumption, pica history, the blood count variables, serum iron levels, iron binding capacity, ferritin and serum zinc levels were recorded.

Findings There was no significant difference between test and control groups in duration of breast feeding time and initial time for supplementary feeding (p>0.05). Positive correlation was found between breast feeding time and iron levels and transferrin saturation indices (p<0.01). Fruits and vegetables consumption were found significantly low in test group.

Number of hospital admissions were also found to be significantly high in the test group. The serum zinc levels of the children who have had prophylactic iron supplements were significantly high compared with the children who have had no prophylaxis (p<0.05).

Conclusions As a result of this research, factors namely breast feeding duration time, prophylactic use of iron supplements and fruit and vegetable consumptions have a large role to prevent children from the iron deficiency.

748 DETECTION OF INTRON 22 GENE INVERSION (COMMON MUTATION) IN SEVERE HEMOPHILIA A IN KHOUZEHAN PROVINCE

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A Ghasemi, B Keikhai, K Zandian, H Galedan. Pediatric Hematology-Oncology, Mashhad University of Medical Sciences, Mashhad, Iran

Introduction Hemophilia A, is the most common severe coagulation disorder with an incidence of 1 in 5000 males. The most common genetic alteration is a gene inversion, which occurs in approximately 48% of patients with severe hemophilia A.

The goal of the study was to assess the presence of the intron22 inversion in patients with severe hemophilia A from Khozestan province.

Materials Twenty-five patients with severe hemophilia A and 15 mothers of these patients participated in the study. Patients were referred from the thalassemia service of Shafa Hospital to detect the
presence of intron 22 inversion in the patients with severe hemophilia A.

**Results** Patients were aged 2–30 years. Six (24%) patients were diagnosed during the neonatal period, 11 (44%) between 1–12 months, 5 (20%) between 1–2 years, 2 (8%) between 2–3 years and 1 (4%) at 3.5 years. In our patients, 1–8 joints were affected. The mean joints involvements were 3.8±1.8. Of the 25 patients with severe hemophilia A, 7 patients had the intron 22 inversion. Seven of 15 mothers also presented with the intron 22 inversion. In all 7 cases, mother and son had the same intron 22 inversion, no new mutation was found in our patients.

**Conclusion** The prevalence of the intron 22 inversion in hemophilic patients is 28%. This prevalence is lower than that reported Worldwide. Based on this study and other reports, we recommended that the detection of intron 22 inversion is performed as a genetic screening test in hemophilic patients.

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**749** HUMAN IMMUNOGLOBULINE ROLE IN TREATMENT OF IDIOPATHIC THROMBOCYTOPENIC PURPURA

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1V Gajricevi, 2R Macastena, 3B Abrashi, 4F Selimi, 5E Bajrami. 1Hemat-Oncology Department, Pediatric Clinic, University Clinical Centre of Kosovo, Pristina, Kosovo

**Introduction** Idiopathic thrombocytopenic purpura is a disorder, in which immune system destroys platelets, which are necessary for blood clotting. ITP persons have a very low platelet count. ITP appears when the immune system products antibodies against platelets. This disorder attacks equally boys and girls.

**Objective** The purpose of study was to present cases and treatment of the patients who are hospitalized in Pediatric Clinic in Pristina at the hematology-Oncology unit.

**Materials and Methods** In this study there are included 24 cases that are hospitalized in chemato-Oncology unit during 2011 and their treatment. The diagnose is made based on anamnesis, clinical examinations, laboratory checks, biochemistry, ultrasound examinations, and bone marrow biopsy.

**Results** 7 cases (29.1%) were treated with human immunoglobulin, while 17 cases (69.9%) were treated with steroids. Immunoglobulin treatment last for 5 days. The second day of treatment with human immunoglobulin the average platelet count increase was 30% higher, while in the fifth day platelet count arrived normal values. In patient treated with steroids platelet count began to rise after one week of treatment, in most cases platelet count was normal after two weeks of treatment.

**Conclusion** Immunoglobulin therapy is a very efficient therapy in acute idiopathic thrombocytopenia especially in serious and possibly fatal complications such as gastrointestinal and intracranial bleeding.

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**750** DETERMINING THE MEAN CORD BLOOD IMMATURE PLATELET FRACTION (IPF) OF HEALTHY NEWBORNS

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1A Gürelmez, 2M Öruz, 3HM Kir, 4M Çekmec, 5AS Gökalp. 1Neonatology, 2Biochemistry, Kocaeli University, Kocaeli, Turkey

Thrombocytopenia is the most common hematologic abnormality in newborn infants. Immature platelet fraction (IPF) shows megakaryopoetic activity. The purpose of this study is to provide noninvasive new approach to thrombocytopenic infants for further studies by determining the normal levels of the mean cord blood IPF of healthy newborns.

**Methods** Healthy newborns who were born at Kocaeli University in 2012, took place in this study. One ml of cord blood was obtained into EDTA tubes. Platelet counts and the mean IPF levels were studied with XE-100 (Sysmex) device. If taking blood to detect blood group is needed in 24–48 hours, IPF levels have been reworked.

**Results** A total of 75 infants were enrolled in this study. Mean gestational age 37.5, birth weight 3032 g, platelet count 234 000/mm³, average levels of cord blood IPF 5.19%, IPF level in 48 hours were found to be 4.3%.

**Discussion** In healthy adults, the normal values of IPF has been reported as 3.4% on average from 1.1 to 6.1%. Increased levels of IPF are shown to be related to increased platelet production; particularly in disorders related to the destruction of platelets and normal and low values of IPF are shown to be related to decreased platelet production conditions. There are limited number of researches which investigate IPF values in neonates.

**Conclusion** In this study we found average levels of cord blood is IPF 5.19%. Determining the right approach to thrombocytopenic patients will be possible by recognizing the normal ranges of IPF values in healthy newborns.

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**751** ARE INFANTS OF DIABETIC MOTHERS MORE PRONE TO IRON DEFICIENCY?

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1S Coşkun, 2H Bilgen, 3H Özeremir, 4O Şirici, 5E Özek. 1Marmara University School of Medicine Department of Pediatrics, Neonatology, 2Marmara University School of Medicine, Department of Biochemistry, Istanbul, Turkey

**Background** Iron deficiency during the fetal and neonatal (perinatal) period can result in dysfunction of multiple organ systems, some of which might not recover despite iron rehabilitation. The aim of the study was to assess whether infants born to mothers with gestational diabetes (GDMs) and large for gestational age (LGA) infants are at higher risk for iron-deficiency compared to matched healthy term controls.

**Methods** Infants born in Marmara University Hospital were enrolled. Infants of GDMs were assigned as group1 (n:22), LGA infants as group2 (n:17) and the control group was assigned as group3 (n:72). Blood samples for complete blood cell count, ferritin and serum transferrin receptor (sTfR) levels were obtained from cord blood. Blood hemoglobin, ferritin and sTfR levels were compared between the groups.

**Results** Median head circumference, height and weight of infants born to GDMs and LGA infants were significantly higher than that of the control group. When infants of GDMs and LGA infants were compared, bodyweight and height were significantly higher in the LGA group. Nosignificant differences were found in head circumference values between the groups. In groups 1.23 cord blood median hemoglobin, ferritin and sTfR levels were 17.2; 15.4; 16.0 (g/dl) (p<0.05), 179.7; 252.3; 225.7 (µg/L) (p=0.456) and 2.22; 4.34; 3.42 (mg/L) (p=0.008) respectively. Hemoglobin levels were higher in the infants of GDMs but this reached only borderline significance (p=0.05). Serum ferritin levels were found to be lower and sTfR levels were found to be higher in the infants of GDMs. The median serum transferrin receptor concentration in the infants of GDMs was significantly higher than that of both the control group and the LGA group. However, the differences between the groups in terms of ferritin were not statistically significant.

**Conclusions** Increased sTfR reflects tissue iron deficiency in children. Increased sTfR levels in infants of GDMs may indicate that they have an risk for iron deficiency. Optimal follow up is warranted in infants of GDMs to prevent perinatal iron deficiency and its consequences.

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**752** THE EFFECT OF CHEMOTHERAPY OF NEPHROBLASTOMA A TREATMENT

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