presence of intron 22 inversion in the patients with severe hemo-
philia 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 3.3 ± 1.8. Of the 25 patients with
severe hemo philia 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 hemo-
philic patients is 28%. This prevalence is lower than that reported
Worldwide. Based on this study and other reports, we recommend-
that the detection of intron 22 inversion is performed as a genetic
screening test in hemophilic patients.

749 HUMAN IMMUNOGLOBULINE ROLE IN TREATMENT OF
IDIOPATHIC THROMBOCYTOPENIC PURPURA

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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 treat-
ment 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 anamnensis, clinical
examinations, laboratory checks, biochemistry, ultrasound exami-
nations, and bone marrow biopsy.

Results 7 cases (29.1%) were treated with human immunoglobu-
lin, while 17 cases (69.9%) were treated with steroids. Immunoglobul-
in treatment lasted 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 val-
ues. In patient treated with steroids platelet count began to rise
after one week of treatment., in most cases platelet count was nor-
mal 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 intracra-
nial bleeding.

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

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Introduction Thrombocytopenia is the most common hematologic abnor-
mality in newborn infants. Immature platelet fraction (IPF) shows mega-
karyopoietic activity. The purpose of this study is to provide non-
invasive 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 ges-
tational age 37.5, birth weight 3032g, platelet count 234,000/mm3,
average levels of cord blood IPF 5.19%, IPF level in 48th hour 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; particu-
larly 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.

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

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Introduction Iron deficiency during the fetal and neonatal (penna-
tal) 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 com-
pared 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. Nonsignificant differences were found in head circumfer-
ence values between the groups. In groups 1.2.3 cord blood median
hemoglobin, ferritin and sTfR levels were 17.2; 15.4; 17.5 (µg/dl)
(p=0.05), 179.7; 252.3; 225.7 (µg/L) (p=0.456) and 5.22; 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=0.456).

Serum ferritin levels were found to be lower and sTfR levels were
found to be significantly higher than that of both the control group and the LGA
group. 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 fer-
ritin were not statistically significant.

Conclusions Increased sTfR reflects tissue iron deficiency in chil-
dren. Increased sTfR levels in infants of GDMs may indicate that
they have an risk for iron deficiency. Optimal follow up is war-
ranted in infants of GDMs to prevent perinatal iron deficiency and
its consequences.

752 THE EFFECT OF CHEMOTHERAPY OF NEPHROBLASTOMA A
TREATMENT

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