therapy was 6 years (range 2–9 years). Three patients had residual deformity of the knee joint and 4 patients had deformity at the wrist joint. The changes on wrist X-ray included lucency and thinning of the ulnar metaphysis, small ulnar epiphysis, deformation and impaired growth of the physeal cartilage leading to reduced distance between the epiphysis and metaphysis (Figure 1 and 2). The knee radiograph showed subchondral flattening of femoral and tibial condyles with irregular articular margins.

Conclusions Bony dysplasia, deformation and impaired growth of ulnar and radial epiphyses, metaphyses and physes may be an expression of deferiprone related arthropathy in children with thalassemia major.

Abstract 759 Table 1  Patients

<table>
<thead>
<tr>
<th>patients</th>
<th>Factor of thrombophilia</th>
<th>Other factor for thrombosis</th>
<th>Area of thrombosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 years old male</td>
<td>Protein C deficiency</td>
<td>Femoral artery catheter</td>
<td>Femoral artery</td>
</tr>
<tr>
<td>17 months male</td>
<td>Factor VIII</td>
<td>Infection</td>
<td>Posterior cerebral artery</td>
</tr>
<tr>
<td>3½ years female</td>
<td>G20210A</td>
<td>Congenital heart operation</td>
<td>Medial cerebral artery</td>
</tr>
</tbody>
</table>

Conclusion Arterial thromboses encountered in our PICU do not constitute a frequent diagnosis, however when exist can lead to great disability (stroke, limb loss …) or even death. It also seems that a combination rather than a single factor play role in the formation of arterial thrombus in children.

Abstract 760 INFECTION IN CHILDREN WITH HEMOPHILIA (EXPERIENCE IN THE PAEDIATRIC HOSPITAL BATNA)

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SB Brahmi, H Zerguine, H Soltani, T Bendhib, F Karchi. CHU Benflis Touhami, Universite de Batna, Park Mokrane, Algeria

Introduction Hemophilia; Constitutional most common coagulopathy with hemophilia A is 5 times more common than hemophilia B.

Serious not only about the risk of joint and muscle scars but also viral contamination in transfusions and the risk of post-traumatic infections.

Abstract 761 THROMBOELASTOGRAPH AND THROMBIN GENERATION ASSAY FOR THE EVALUATION OF HEMOSTASIS IN NEWBORNS: EFFECTS OF PREMATURITY AND VITAMIN K

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T Eroz, 1M Yalaz, 1C Balkan, O Altun Koroglu, K Kavakli, N Kultursay. 1Pediatric Hematology, Ege University Faculty of Medicine, Izmir, Turkey

Background and Aims Thromboelastograph (TEG) gives information about the coagulation cascade showing the combined effects of coagulation factors and thrombocyte functions. Thrombin Generation Assay (TGA) measures the time dependent changes of thrombin concentration. Standard values for newborns do not exist for TGA and TEG. We aimed to evaluate the effects of prematurity and vitamin K on hemostasis by TEG and TGA in addition to conventional methods.

Methods Preterm (n=16) and term (n=36) infants who received routine vitamin K prophylaxis were evaluated with pt, inr, ptt, fibrinogen, TEG and TGA measurements performed from cord blood and venous blood obtained on day 3.

Results Cord blood pt, inr, ptt and fibrinogen values were similar in both groups. TEG-R value was increased in preterm group showing delayed onset of coagulation compared to term group (p<0.003). Other TEG and TGA measurements were similar in cord blood.

After vitamin K prophylaxis; pt and inr decreased, fibrinogen increased in preterm infants (p values; 0.032, 0.01 and 0.009, respectively). In term infants; ptt decreased, fibrinogen, TEG-R, TEG-MA and TGA-lag time increased after vitamin K (p values; 0.034, 0.001, < 0.001, 0.018, < 0.001 and 0.004, respectively).

Conclusion In cord blood analyses; preterm infants didn’t have a significant difference apart from a delay in coagulation. The clot strength was increased in term infants after vitamin K. The lack of such improvement in preterm infants may be attributable to immature hepatic functions of the preterm. Preliminary data for standard values of TEG and TGA were obtained.