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 phalangeal 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 derelimination-related arthropathy in children with thalassemia major.

**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.

**Objectives** To determine the frequency and severity of infections in children with hemophilia. Demonstrate the value of prophylaxis in the prevention of bleeding.

**Background and Aims** Thromboelastogram (TEG) gives information about the coagulation cascade showing the combined effects of coagulation factors and thromboocyte 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** The study was conducted from 1st of January 2007 till 31st of December 2011, comprising 436 children aged from 2 months to 17 years old. The patient’s records were retrospectively evaluated.

**Results**

**Abstract 759 Table 1** Patients

<table>
<thead>
<tr>
<th>patients</th>
<th>Factor of thrombosis</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>Femoral artery infection</td>
<td>Posterior cerebral</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.

**Objectives** To determine the frequency and severity of infections in children with hemophilia. Demonstrate the value of prophylaxis in the prevention of bleeding.

**Materials and Methods** Retrospective study on cases of children with hemophilia hospitalized for a period of 4.5 years (01–01–2007 to 31–07–2011). 26 patients with hemophilia complicated.

**Results** The incidence varies between 0.90% and 2.4%.

The child with hemophilia may be hospitalized for all age groups with a maximum 10-year enter 5. Only 38.46% of our patients have a family history of hemophilia.

61.54% have a severe form (factor VIII or IX < 1%).

38.88% were hospitalized for a hemorrhaxis of the knee, the rest is represented by the other known locations bleeding in children with hemophilia.

14 of our patients developed infections (53.8%), including 8 of knee arthritis, arthritis of the ankle, two subcutaneous abscesses, a dental abscess and 2 cases of hepatitis B.

**Conclusion** Our study confirmed the significant incidence of infection in children with hemophilia dominated by post-traumatic infections with two cases of hepatitis B which is to intensify the education of our children and the benefit of prophylactic to reduce the incidence of bleeding including the risk of infection.