Objective To evaluate the efficacy of pentaglobulin in reducing the rate of exchange transfusion among neonates with immune hemolytic anemia.

Method An observational prospective study that was conducted over two year’s period starting from January 2010 to January 2012. Pentaglobulin was given in a dose of 1 gm/Kg/day for all newborns with the following criteria: immune hemolytic anemia, high or rising level of bilirubin approaching exchange transfusion. Phototherapy was used in conjunction with pentaglobulin.

Results The total number of newborns who received pentaglobulin over that period of time was 85 infants. None of them required exchange transfusion. Ten newborns required top up transfusion. The duration of phototherapy application ranged from 48 to 72 hours.

Conclusion The study shows that early use of pentaglobulin in immune hemolytic anemia reduces the risk of exchange transfusion and the duration of phototherapy application. Further randomized controlled trials are needed to verify the results of our observations.

VITAMIN B12 AND FOLATE DEFICIENCY IN HEALTHY NEONATES AND THEIR MOTHERS

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Objective To assess linear growth of patients with Fe deficiency anemia (IDA) before and after in relation to their hematologic parameters and IGF-I concentration before and after treatment with iron.

Methods Forty children (aged 17.2 +/- 12.4) months with iron deficiency anemia were studied with 40 healthy normal age-matched children (controls). Patients were treated with iron syrup or drops to supply 6 mg/kg/day. Growth (weight, length and head-circumference) and hematological parameters were measured and IGF-I concentrations measured before and 3 and 6 months after treatment.

Results Growth parameters (weight, length and head-circumference) and hematological parameters were studied for 6 months after iron therapy. At presentation, patients with IDA had low Hb (8.2 +/- 1.2 g/dl), hematocrit (29 +/- 2.8), MCV (61.5 +/- 8.1), and MCH (19 +/- 3.2) which improved significantly after treatment to 11.2 +/- 1 g/dl, 70.6 +/- 6.8, 23.4 +/- 2.9 and 18.9 +/- 5 respectively. Before treatment children with iron deficiency they had length standard deviation score (LSDS) = -1.2 +/- 1, annualized growth velocity (GV) = 7.5 +/- 2.2, GV SDS = -1.42 +/- 0.6 and BMI = 13.5 +/- 1.2. After 6 months their LSDS = -0.6 +/- 0.9, annualized GV=15.2 +/- 4.4 cm/year, GVSDS = 1.7 +/- 0.5, and BMI = 14.2 +/- 1.1. Circulating IGF-I increased significantly after treatment (52 +/- 18.8 ng/ml) vs before treatment (26.5 +/- 4.2 ng/ml).

LINEAR GROWTH AND CIRCULATING IGF-I CONCENTRATIONS IN CHILDREN WITH IRON DEFICIENCY ANEMIA AFTER TREATMENT

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A REVIEW OF TOLERATION OF PNEUMOCYSTIS CARINII PNEUMONITIS (PCP) PROPHYLAXIS TREATMENT IN CHILDREN WITH ACUTE LYMPHOBlastic LEUKAEMIA

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Background and Aims According to the UKALL2003 protocol, co-trimoxazole should be used as first line therapy to prevent PCP