**Background and Aims**
To describe our preliminary experience with Levosimendan during the last 4 years, a new calcium-sensitizing agent in critically unwell infants and children with severe heart failure.

**Design**
Retrospective cohort analysis.

**Setting**
Pediatric cardiology intensive care unit.

**Patients**
8 children aged 2.5 months to 13 yrs (median age 44 months) with severe myocardial dysfunction secondary to endstage heart failure who were inotropicdependent (requiring at least one catecholamine).

**Interventions**
A single dose (continuous intravenous infusion over 24 hrs) of Levosimendan was given under continuous hemodynamic monitoring in our intensive care unit.

Six children received a single dose, two children received two doses.

Echocardiographic assessments of ventricular function were made before and 3–5 days after Levosimendan infusion.

**Measurements and Main Results**
Heart rate, systolic pressure, diastolic pressure, mean blood pressure, shortening fraction, the dose of inotropic at the beginning of levosimendan infusion, at 24 hours and 36 hours, ECG result 24 hour after levosimendan infusion.

**Conclusions**
Levosimendan appeared to be a safe and efficacious drug when given to children with uncompensated end-stage heart failure in this size-limited sample. It warrants formal prospective large-cohort evaluation and multicenter trial to determine its safety profile and clinical application in the pediatric population.

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**Objective**
To determine whether there is an association between platelet counts and patent ductus arteriosus (PDA) incidence and/or closure in preterm newborns.

**Methods**
Premature infants with hemodynamically significant PDA (n=154) and a control group without PDA (n=207) who were hospitalized in the NICU were eligible. Platelet counts and other platelet indices including mean platelet volume (MPV) and platelet distribution width (PDW) of the infants in both groups during the first 5 days of life were recorded. Ibuprofen was started in infants with hemodynamically significant PDA and echocardiography was repeated 48 hours thereafter to assess the closure of ductus.

**Results**
Median gestational age and birth weight of the infants with PDA were 28 (range 26–29) weeks and 1060 (range 892–1250) gr respectively. Platelet counts and other platelet indices including mean platelet volume (MPV) and platelet distribution width (PDW) of the infants in both groups during the first 5 days of life were recorded. Ibuprofen was started in infants with hemodynamically significant PDA and echocardiography was repeated 48 hours thereafter to assess the closure of ductus.

**Conclusions**
Low platelet count was associated with ductus arteriosus patency in preterm infants while other platelet indices were not. We could not show an association between platelet counts and persistence or closure after medical treatment.