RISK FACTORS ASSOCIATED WITH LIFE THREATENING INFECTIONS IN CHILDREN WITH FEBRILE NEUTROPENIA: A DATA MINING APPROACH

Methods

In this cross-sectional study, from December 2008 to November 2009, all children with FN admitted to Dr. Sheikh Pediatric Hospital were enrolled. For each patient, demographic, clinical and laboratory data were recorded and they were followed up for occurrence of LTI.

Results

120 episodes of FN in 68 patients were analyzed. The most common underlying disease was Acute Lymphoblastic Leukemia (ALL) (53.3%), 9 (7.5%) died from an infection and 35 patients (29.1%) had a LTI. Five variables were identified as risk factors for LTI i.e. body temperature ≥39°C (p=0.000), presence of mucositis (p=0.000), abnormal chest x-ray (p=0.001), platelet count less than 20,000/mm³ (p=0.000), and absolute neutrophil count less than 100/mm³ (p=0.001).

Risk of LTI was increasing according to number of RFs presented at the beginning of admission (from 2.8% in patients without RF to 100% in patients with 5 RF).

Data mining analysis showed relationship between risk factors with platelet count as the most important variable in the high risk group for LTI.

Conclusion

Evaluation of important RFs and judging the severity of patients’ condition by studying the importance and relationship between RF at the time of admission can be a useful method for screening LTI in children with FN.

RISK FACTORS FOR CORONARY ARTERY LESIONS IN KAWASAKI DISEASE

Methods

One hundred pediatric patients presenting with peripheral lymphadenopathy were included in the study, their ages ranging from 2 to 14 years, with a mean age of 7 years. Demographic characteristics, clinical manifestations and FNA materials were prospectively obtained.

Results

FNA was performed under general anesthesia in 100 cases (100%). There were no technical complications. All cases confirmed adequacy of specimen. Overall, FNA demonstrated 90 (90%) benign lesions and 10 (10%) malignant diagnosis. The benign lesion was reactive lymphoid hyperplasia (n=64), followed by benign granulomatous disease (n=26). Of the 10 cases diagnosed with malignancy, 7 (70%) were cases of non-Hodgkin’s lymphoma and the remaining 3 (3%) were Hodgkin’s lymphoma cases.

Conclusion

Lymphoblastic leukemia can be suspected in pediatric patients with lymphadenopathy. FNA provides a useful tool in the diagnosis of pediatric patients with peripheral lymphadenopathy.

A RARE, BUT SERIOUS SIDE EFFECT OF METHYLPHENIDATE

Introduction

Anaemia, leucopenia and thrombocytopenia have been rarely reported in patients receiving methylphenidate. There is no recommendation for routine blood testing unless clinically indicated. We report two children who developed reversible neutropenia on treatment with methylphenidate.

Method-case reports

Case 1: Routine blood test in a 14 year old boy with ADHD on Concerta XL 54 mg daily showed significant neutropenia (white cell count (WCC) - 3.1, neutrophil count - 0.8). The drug was discontinued following which WCC and neutrophil counts increased. Concerta was restarted but count started to decline after 2 weeks. Hence the drug was stopped. Since then, his counts have remained normal.

Case 2: Routine blood test in a 12 year old boy with ADHD on Concerta XL 36 mg and 10 mg of methylphenidate immediate release daily showed neutropenia (1.72). The count was further reduced to 1.55 after a month. There was no history of any viral infection during or immediately before this period. Neutrophil count normalised 1 month after stopping medication.

Discussion

Methylphenidate is the most commonly prescribed stimulant for ADHD. There are wide variation in haematological