platelet counts $\leq 40 \times 10^9/L$ had minor bleeding. At platelet counts $>40 \times 10^9/L$ 59% of infants had minor bleeding.

Conclusion: Minor bleeding and in particular hematuria is common in thrombocytopenic neonates and appears to inversely correlate with gestational age but not absolute platelet count.

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L-6 IN CHILDREN WITH REACTIVE THROMBOCYTOSIS

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Background: Reactive thrombocytosis is associated with a variety of clinical conditions such as respiratory tract infections and iron deficiency anemia. IL-6 stimulates the release CRP. IL-6 stimulates thrombopoiesis. EPO may play an important role in reactive thrombocytosis.

Aims: To study the involvement of IL-6, relation IL-6 and CRP, and significance of EPO levels in patients with acute respiratory infections and thrombocytosis.

Methods: A prospective design was used. 61 patients with reactive thrombocytosis were admitted in the pediatric department with respiratory tract infections, during a 6 months period, respecting the inclusion criteria. All patients were classified as reactive thrombocytosis. The evaluated parameters included: platelet count, CRP, serum IL-6, Hb, MCV, MCHC, RDW, iron serum level and EPO.

Results: We investigated 61 patients with reactive thrombocytosis and acute infection, mean age was 19.47 months (std dev 18.5), mean CRP value was 12.9 (std dev 20.28) and IL-6 mean value was 8.53 (std dev 10.622).

In 62.96% of the patients with reactive thrombocytosis, levels of IL-6 and CRP were elevated. In 70.49% of the patients level of IL-6 was elevated. There was significant correlation between reactive thrombocytosis, IL-6 and CRP levels.

In 24.59% of patients IL6 and EPO were positive. 22.95% had confirmed iron deficiency anemia and both EPO and IL6 positive.

Conclusions: The results suggest a correlation between CRP and IL6 in children with respiratory infections. Thrombocytosis in these patients may

be the result of IL6 stimulating TPO and platelet production. No significant relationship between platelet counts and EPO levels was found.

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THE EFFECTS OF ERYTHROPOEITIN-BETA ON FERRITIN, RETICULOCYTE, HAEMOGLOBIN LEVELS AND BLOOD TRANSFUSION REQUIREMENTS IN VLBW INFANTS WITH ANAEMIA OF PREMATUREITY

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Aim: To study the effects of erythropoietin-beta in VLBW infants with anaemia of prematurity on their ferritin, reticulocyte, haemoglobin levels and transfusional requirements during the first month of treatment.

Methods: Routine blood sampling for ferritin, haemoglobin and reticulocyte counts were done weekly for VLBW infants receiving 750U/kg of erythropoietin in 3 divided doses per week and daily oral iron of 6mg/kg according to our unit policy.

Results: Over a 9-month period, 35 infants (17 males, 18 females) received erythropoietin. Their mean gestation was 29 ± 2 weeks and mean birthweight was 1.08 ± 0.24 kg. The median haemoglobin level pre-erythropoietin was 10.9g/dL; ferritin, 222mcg/L; and reticulocyte count, 2.9%. Erythropoietin was commenced after the first three weeks of life (mean, 23 ± 5 days; range, 13 to 33 days). The earliest response observed was a 2.5-fold increase in reticulocytes (median, 7.2%; $p < 0.01$) after one week of therapy (3 doses). After 3 weeks of treatment (9 doses), the average ferritin level decreased by 50% (median, 104mcg/dL; $p = 0.011$), but the haemoglobin maintained stable at 10.4g/dL vs the initial 10.8g/dL, $p = 0.25$. All but ten infants (29%) required blood transfusion because of concomitant illnesses or poor weight gain.

Conclusion: The use of erythropoietin-beta was associated with an early rapid increase in reticulocytes and a significant fall in ferritin levels. Monitoring and ensuring iron adequacy is vital to prevent iron-deficiency during erythropoietin therapy. Nine doses of erythropoietin-beta commenced at 3-4 weeks postnatal age maintained haemoglobin