Results: 23 neonates were assessed with total of 241 daily records. Median birth weight was 1400 (IQR 900-2400)g. Median gestational age at birth was 30 (IQR 27-36) weeks. Incidence of bleeding (represented as bleeding days/study days) was: major 14/227 (6%); moderate 130/227 (57%); minor 26/227 (11%). The median lowest platelet count was 164 (IQR 80-264). 53/63 (84%) daily duplicate assessments performed correlated. The most frequent form of minor bleeding was microscopic haematuria (6%).

Conclusions: The BAT may provide a useful method for the systematic recording of bleeding in neonates, and be of value in clinical trials. Rates of major bleeding are low but 74% of infants show evidence of bleeding, although the clinical significance of many types of bleeds remains unclear.

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HOME TREATMENT FOR HAEMOPHILIA PATIENTS: CHALLENGES WITH ADHERENCE

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Aim: To determine adherence to home treatment prophylaxis, documentation of bleeding history and return of recording sheets to the regional centre for haemophilia patients.

Method: All severe haemophiliacs who are currently on a home treatment prophylaxis programme during a one year period were identified. A retrospective chart review was undertaken and information regarding factor usage and bleeding episodes was collected.

Results: 28 haemophilia A patients and 3 haemophilia B patients were identified. The mean age at commencement of home treatment was 3.68 years, and the mean length of time each of the patients had been receiving home treatment was 6.1 years. 46.7% of patients were prescribed factor 3 times per week, with 26.7% of patients prescribed factor more frequently and 26.7% prescribed factor less frequently. A third of the patients returned at least some of the home recording sheets, however only 40% of the return sheets included both factor usage and bleeding episodes. 30% didn't record any bleeding episodes on return sheets to correlate with documentation of episodes in hospital notes. The mean number of recorded bleeding episodes from patient notes was 5.6. Of the 5 patients who

recorded bleeding episodes on the return sheets, the mean number of episodes was 4.6. The percentage factor used compared to predicted annual usage ranged from 55%-147% with a mean of 81.3 %. Only 2 patients collected more factor than predicted.

Conclusion: Only a third of patients are using the recording sheets. The mean factor usage is comparable to reported levels in Europe.

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DETERMINANTS OF RED BLOOD CELL TRANSFUSIONS IN A PEDIATRIC CRITICAL CARE UNIT: A PROSPECTIVE, DESCRIPTIVE EPIDEMIOLOGICAL STUDY

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Objective: To determine the incidence and to characterize the determinants of red blood cell transfusions in critically ill children.

Design: Prospective, descriptive epidemiologic study.

Patients: Critically ill children.

Setting: A single-center, multidisciplinary, tertiary care level, university-affiliated, pediatric intensive care unit (PICU).

Interventions:

None.

Measurements and main results: Of 425 consecutive admissions over a 9 months period, 286 were retained for study. At least one transfusion was given in 52.3 % of cases. Incidence rate of transfusion was 688 transfusions/1.000 cases. Possible determinants of red blood cell transfusions were identified and prospectively monitored during PICU stay until a first transfusion event (transfused cases) or until the time of death or discharge from PICU (non-transfused cases). Three significant determinants of a first red blood cell transfusion event were retained in the multivariate analysis: a pre-transfusion hemoglobin level < 9.5 g/dL (OR: 35.97, CI: 10.83-119.51, $p < 0.0001$), an admission diagnosis of cardiac disease (OR: 3.58, CI: 1.21-10.55, $p < 0.02$), an admission Pediatric Logistic Organ Dysfunction (PELOD) score >20 (OR: 8.62, CI: 2.09-35.74, $p < 0.0001$).

Conclusion: A significant proportion of critically ill children receive at least one red blood cell transfusion during their PICU stay. Presence of anemia, cardiac disease, severe critical illness with multiple organ dysfunction syndromes are the most significant determinants of red blood cell transfusions in PICU.

Abbreviations: OR; odds ratio, CI; confidence interval.

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INTERFERON COMPARED WITH INF PLUS RIBAVIRIN FOR TREATMENT OF CHRONIC HEPATITIS C IN THALASSEMIA PATIENTS IN ALI ASGHAR CHILDREN'S HOSPITAL

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Background: Hepatitis C infection is common in transfusion dependent thalassemia. The effect of alpha interferon and INF plus ribavirin on hepatitis C was examined in patients.

The aim of the study was to assess the long term efficacy of two therapies and comparisons of efficacy of these.

Method: 23 patients had treated with alpha interferon and 14 patients had treated with INF plus ribavirin. INF was admitted three times a week (24-48 weeks) at dose 3MIU/m² and oral ribavirin 16mg/Kg/d. We examined the serum HCV-RNA titer and ALT before and 6 months after treatment and comparison of both.

Results: The mean of serum level of ALT pretreatment of monotherapy was 102/95 and pretreatment of combination therapy was 84/75.

The mean of serum level ALT 6 months after cessation of monotherapy was 95.45 and in combination therapy was 50.66.

At 6 months after cessation of INF 5 patients had positive serum HCV -RNA, 7 patients had negative HCV-RNA and 11 patients had undetectable HCV-RNA.

At 6 months after cessation of combination therapy, 5 patients had positive serum HCV-RNA, 1 patient had negative and 8 patients had undetectable HCV-RNA.

Based on statistical information, the amount of response with INF treatment had no significant statistical difference compared with treatment combination therapy. Only the ratio of HCV-RNA before and after the treatment in patients with single therapy showed statistical difference. (Pvalue: 0.008)

Conclusion: INF monotherapy proved to be an effective treatment, especially in thalassemia patients with chronic HCV in whom ribavirin cannot be used.

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EVALUATION OF IRON CHELATION THERAPY IN BETA THALASSEMIA MAJOR PATIENTS IN EAST DELTA OF EGYPT

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Aims: Evaluation of the efficacy and safety of alternating deferiprone and desferrioxamine in reducing transfusional iron overload compared to either drug alone and to assess associations between compliance, complications and ferritin levels in thalassemic children in east delta of Egypt.

Methods: Retrospective-Prospective cohort study was carried out on 150 transfusion dependant thalassemic children on irregular desferrioxamine chelation therapy. Patients were randomized into three groups (50 patients in each) according to iron chelation therapy regimen: Group I received deferiprone 5 days/week alternating with desferrioxamine for 2 days/week, group II received daily deferiprone only and group III received desferrioxamine 5 days/week. Efficacy, safety and tolerance of different chelation regimens were assessed periodically both clinically and laboratory.

Results: There was highly significant reduction in serum ferritin levels after chelation therapy in all studied groups. The reduction was significantly higher in group I and group III than in group II especially in compliant patients. Patients of group II and group I were more compliant to chelation therapy than patients of group III. Regarding disease complications, hypogonadism and growth impairment were the commonest disease complications in our study followed by osteoporosis and osteopenia. Complications were higher in non compliant patients and those with higher serum ferritin levels. Regarding