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THE EVALUATION OF HEALTHY CHILDREN WITH INCIDENTAL PROLONGATION OF PROTHROMBIN OR ACTIVATED PARTIAL THROMBOPLASTIN TESTS

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Objective: This cross-sectional study aimed to reveal possible hemostatic disorders in patients referred to the Pediatric Hematology Department due to the prolongation of the prothrombin test (PT) or activated partial thromboplastin test (aPTT). **Methodology:** In this study, patients aged 0-18 years without known hematologic disease were referred to investigate the incidental prolonged PT and/or aPTT were evaluated. Mixing studies were performed in patients with continued PT/aPTT prolongation in the control examinations. Coagulation factor activities were analyzed in patients with improvement in mixing study. Antiphospholipid antibodies were studied in patients whose results did not improve with mixing studies. **Results:** Coagulopathy was found in 30% of 103 patients. Lupus anticoagulant positivity was found in two patients (1.9%). The most common factor (F) deficiencies were FVII deficiency (10.6%), FXI deficiency (7.8%), FXII deficiency (7.8%), FV deficiency (0.9%), FVIII deficiency (0.9%), fibrinogen and FVII deficiency (0.9%) and von Willebrand factor (vWF) deficiency (0.9%). Coagulopathy was more common in patients with bleeding disorders in their families, and this difference was statistically significant. **Conclusion:** In our study, mild factor deficiencies were more common than expected. Coagulation factor deficiencies can be seen in the patients without any finding of physical examination, personal and family histories. There is often no evidence of bleeding in mild factor deficiencies, and the clinical significance is unknown. We recommend using PT and aPTT as screening tests, especially before a major surgical intervention is performed.

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PLATELET DISORDERS / THROMBOSIS AND ANTITHROMBOTIC THERAPY

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CHILDHOOD IMMUNE THROMBOCYTOPENIA: A MULTICENTER QUESTIONNAIRE STUDY

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Objective: A questionnaire form was prepared by the Turkish Pediatric Hematology Society- Subcommittee of Hemostasis, Thrombosis and Hemophilia to determine the current approaches in the diagnosis and treatment of childhood ITP in our country. Our aim was to share the results of this study, and to do new, national, multicenter prospective studies. **Methodology:** This form, which consists of twenty questions with multiple choices, but a brief explanation is requested when there is a different approach other than the options given, was sent to all pediatric hematologists via e-mail. **Results:** The response was obtained from 55 hematologists experienced in ITP from 47 centers in total. Due to space constraints, this summary could not present the survey questions and answers. **Conclusion:** In conclusion, the approaches for diagnosis and management of childhood ITP differ between centers.

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THE CLINICAL PICTURE AND LABORATORY WORK-UP OF GLANZMANN THROMBASTHENIA

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Case report: We present the clinical picture and laboratory work-up of Glanzmann thrombasthenia, based on a group of 7 patients. Bleeding history was significant in all patients and included both mucosal and postsurgery bleeds. Laboratory analysis revealed decreased or absent platelet aggregation (< 10%) with all physiologic agonists (ADP, collagen, epinephrin, arachidonic acid) together with normal agglutination response to ristocetin. In three patients diagnosis was confirmed by flow cytometry.

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THE USE OF ROMIPLOSTIM IN AN INFANT

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Case report: Immune thrombocytopenia (ITP) is the most common platelet disorder in children, peaking between the