

During follow-up, 24 patients (35.8%) never needed a transfusion; 10 (14.9%) patients had an increased need for transfusion in infection periods; eight patients (12%) were regularly transfused, other 25 patients were transfused one or two times, not regularly. 29 (43.2%) had a splenectomy, 41% of the patients who had a splenectomy had a simultaneous cholecystectomy because of the bile sludge and gallstones identified in the ultrasound. Laboratory findings of the patients were also evaluated before splenectomy and two months after splenectomy. Hemoglobin and platelet levels increased significantly ($p < 0.01$), and indirect bilirubin levels significantly decreased ($p < 0.01$), but no significant difference was found in MCHC levels ($p = 0.648$). Splenectomy halted transfusion dependency in 96% of patients. **Conclusion:** HS is a relatively benign form of hemolytic anemia during childhood. Despite high frequency of consanguineous marriage, familial history of HS, and neonatal hyperbilirubinemia in our cohort, most of the patients were diagnosed relatively late, around three years. This finding indicate to underrecognition of HS in primary care. One-thirds of the patients have mild disease and they can be managed conservatively. Splenectomy, in selected cases, may provide clear increase in hemoglobin levels, and decrease in transfusion need.

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OP 19

ASSESSMENT OF THE NUTRITIONAL STATUS, BONE MINERALIZATION AND ANTHROPOMETRICS OF CHILDREN WITH THALASSEMIA MAJOR

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Objective: Children with thalassemia major are prone to growth failure and micronutrient deficiency. In this study, we aimed to evaluate nutritional status, anthropometrics, bone mineralization defects in regularly transfused patients. **Methodology:** We analyzed the data obtained by evaluating laboratory tests, anthropometric measures, and bone mineral density. **Results:** Twenty-nine patients (62% male, 38% female) with mean age 12.26 ± 4.74 years, mean pre-transfusion hemoglobin 8.64 ± 1.01 g/dl, mean serum ferritin 1158.6 ± 556.8 ng/ml were included. Vitamin D (72.4%), selenium (72.4%), folate (37.9%) deficiencies were the most frequent ones. In 17.2% hypocalcemia, 3.5% hypomagnesemia, in 10.3 % decreased ceruloplasmin were observed. Folate was higher between $2 \leq$ and < 6 years ($p = 0.028$). Ceruloplasmin was higher between $6 \leq$ and < 10 years ($p = 0.018$). Selenium was significantly higher in patients with ferritin ≥ 1500 ($p = 0.008$). No significant ferritin-related differences were found in other micronutrients ($p > 0.05$). For body mass index (BMI) 31% were under the 5th percentile, none was over the 95th percentile. For height, 24.5%, for weight 20.7% were under the 3rd, none was over 97th percentile. BMI of patients $10 \leq$ age ≤ 18 years old was significantly higher ($p = 0.001$). Anthropometric percentiles did not differ significantly in terms of mean serum ferritin and micronutrient levels. Hypoparathyroidism was observed in

13.8%, hypothyroidism in 3.5% of the patients. Low bone density was detected in 14.8% (2 osteopenic, 2 osteoporotic) patients. Bone mineral density did not differ significantly in terms of ferritin and micronutrient levels. **Conclusions:** Nutritional support and prevention of deficiencies are important to minimize the burden of complications, to increase the life expectancy and quality in TM patients.

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OP 20

ANEMIA AND DIETARY BEHAVIORS AMONG YOUNG ADULTS IN RIYADH, SAUDI ARABIA

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Objective: The study sought to assess the prevalence and the risk factors associated with anemia among male and female young adults in (Riyadh city, Saudi Arabia): Our study population showed a higher percentage of men as compared to women participants. About half of our study sample had a lightly active lifestyle, and more than one-third of the study participants were overweight (34.7%). The average age of the respondents was 22.08 ± 1.98 years. **Methodology:** A cross-sectional study was conducted at King Saud University and Alfaisal University in September 2016 among young adults aged 18 to 28 years old. Data were collected using an interview questionnaire. Additionally, the respondents were evaluated clinically and via laboratory testing for anemia. The only factor significantly associated with anemia was gender, in that female gender showed a positive association with anemia. **Results:** The most specific risk for anemia among Saudi individuals of college and young professional ages (18–28 years old) was the female gender. The dietary lifestyle, heavy menstruation, pregnancy, and NSAID use were important risk factors; however, they were not statistically significant. **Conclusion:** Public awareness about anemia is important including regarding improving dietary behaviors and taking iron supplementation for prevention in high-risk people. Additionally, NSAIDs should be used with caution.

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IMMUNODEFICIENCIES / NEUTROPHIL DISEASES

OP 21

THE EVALUATION OF CONGENITAL NEUTROPENIA PATIENTS

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