PP 59

## 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*

PP 60

## CHILDHOOD IMMUNE THROMBOCYTOPENIA: A MULTICENTER QUESTIONNAIRE STUDY

Ayşegül Ünüvar [1], Melike Sezgin Evim [2], Serap Karaman [1], Arzu Akçay [3], İbrahim Eker [4], Funda Tayfun Küpesiz [5], Namık Özbek [6], Mehmet Ertem [7], Sultan Aydın [8], Zuhal Keskin [9], Yusuf Ziya Aral [10], Zülfükar Gördü [11], Murat Elli [12], Ayşe Özkan Karagenç [13], Burcu Belen Apak [14], Hülya Uzel [15], Murat Söker [15], Tuba Karapınar [16], Yeşim Oymak [16], Nihal Karadaş [17], Alper Özcan [18], Ersin Töret [19], Ülker Koçak [20], Sinan Akbayram [21], Şule Ünal Cangül [22], Aylin Canbolat Ayhan [23], Tiraje Celkan [24], Deniz Tuğcu [1], Bülent Zülfikar [25], Rejin Kebudi [25], Şadan Hacısalihoğlu [26], Erol Erduran [27], Sema Aylan Gelen [28], Nazan Sarper [28], Fatih Erbey [29], Emin Kürekçi [30], Hüseyin Gülen [31], Barış Yılmaz [32], Ömer Doğru [32], Ahmet Koç [32], Selma Ünal [33], Hüseyin Tokgöz [34], Canan Albayrak [35], Yılmaz Ay [36], Fatih Orhan [37], Davut Albayrak [38], Neslihan Karakurt [39], Betül Orhaner [40], Emine Türkkan [41], Yıldız Yıldırmak [42], Hadi Geylani [43], Begüm Koç [44], Ahmet Fayik Öner [45], Çetin Timur [46], Hale Ören [47]

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