PP 59

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

Gökcen MERAL [1], Volkan KÖSE [1], Vildan ÇULHA [1], AYÇA KOCA YOZGATLI [1], NAMIK YAŞAR ÖZBEK [1], HÜSNİYE NEŞE YARALI [2]

[1] *MINISTRY OF HEALTH ANKARA CITY HOSPITAL, DEPARTMENT OF PEDIATRICS*
[2] *ANKARA YILDIRIM BEYAZIT UNIVERSITY FACULTY OF MEDICINE, DEPARTMENT OF PEDIATRICS*

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.

https://doi.org/10.1016/j.htct.2021.10.1069

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]

[1] *Istanbul University, Istanbul School of Medicine, Division of Pediatric Hematology&Oncology*
[2] *Uludag University School of Medicine, Division of Pediatric Hematology*
[3] *Acibadem Altunizade Hospital, Pediatric Hematology&Oncology Unit*
[4] *Afyonkarahisar University of Health Sciences Medical Faculty, Division of Pediatric Hematology*
[5] *Akdeniz University School of Medicine, Division of Pediatric Hematology&Oncology*
[6] *Ankara City Hospital, Pediatric Hematology Unit*
[7] *Ankara University School of Medicine, Division of Pediatric Hematology*
[8] *Antalya Training and Research Hospital, Pediatric Hematology & Oncology Unit*
[9] *Ataturk University School of Medicine, Division of Pediatric Hematology&Oncology*
[10] *Aydin Adnan Menderes University School of Medicine, Division of Pediatric Hematology*
[11] *Aydin Maternity and Children's Hospital, Pediatric Hematology Unit*
[12] *Bagcilar Medipol Mega University Hospital, Division of Pediatric Hematology&Oncology*
[13] *Basaksehir Cam and Sakura City Hospital, Pediatric Hematology&Oncology Unit*
[14] *Baskent University School of Medicine, Division of Pediatric Hematology*
[15] *Dicle University School of Medicine, Division of Pediatric Hematology&Oncology*
[16] *Dr Behcet Uz Children's Hospital, Pediatric Hematology&Oncology Unit*
[17] *Ege University School of Medicine, Division of Pediatric Hematology*
[18] *Erciyes University School of Medicine, Division of Pediatric Hematology&Oncology*

[19] Eskisehir Osmangazi University School of Medicine, Division of Pediatric Hematology&Oncology
[20] Gazi University School of Medicine, Division of Pediatric Hematology
[21] Gaziantep University School of Medicine, Division of Pediatric Hematology
[22] Hacettepe University School of Medicine, Division of Pediatric Hematology
[23] Istanbul Medeniyet University School of Medicine, Prof. Dr. Suleyman Yalcin City Hospital, Pediatric Hematology&Oncology Unit
[24] Istanbul University-Cerrahpasa School of Medicine, Division of Pediatric Hematology&Oncology
[25] Istanbul University Oncology Institute, Division of Pediatric Hematology&Oncology
[26] Kanuni Sultan Suleyman Training and Research Hospital, Pediatric Hematology&Oncology Unit
[27] Karadeniz Technical University School of Medicine, Division of Pediatric Hematology
[28] Kocaeli University School of Medicine, Division of Pediatric Hematology
[29] Koc University School of Medicine, Division of Pediatric Hematology&Oncology
[30] Losante Child and Adult Hospital, Pediatric Hematology Unit
[31] Manisa Celal Bayar University School of Medicine, Division of Pediatric Hematology
[32] Marmara University, Istanbul Pendik Training and Research Hospital, Division of Pediatric Hematology&Oncology
[33] Mersin University School of Medicine, Division of Pediatric Hematology
[34] Necmettin Erbakan University, Meram School of Medicine, Division of Pediatric Hematology &Oncology
[35] On dokuz Mayis University School of Medicine, Division of Pediatric Hematology
[36] Pamukkale University School of Medicine, Division of Pediatric Hematology
[37] Sakarya University School of Medicine, Division of Pediatric Hematology&Oncology
[38] Samsun Medicalpark Hospital, Pediatric Hematology Unit
[39] Sancaktepe Training and Research Hospital, Pediatric Hematology Unit
[40] SBU Bursa Yuksek Ihtisas Training and Research Hospital, Pediatric Hematology&Oncology Unit
[41] SBU Okmeydanı Training and Research Hospital, Pediatric Hematology Unit
[42] SBU Sisli Hamidiye Etfal Training and Research Hospital, Pediatric Hematology Unit
[43] SBU Van Training and Research Hospital, Pediatric Hematology Unit
[44] Umraniye Training and Research Hospital, Pediatric Hematology&Oncology Unit
[45] Van Yuzuncu Yil University School of Medicine, Division of Pediatric Hematology&Oncology
[46] Yeditepe University School of Medicine, Division of Pediatric Hematology&Oncology
[47] Dokuz Eylul University School of Medicine, Division of Pediatric Hematology

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.

https://doi.org/10.1016/j.htct.2021.10.1070

PP 61

THE CLINICAL PICTURE AND LABORATORY WORK-UP OF GLANZMANN THROMBASTHENIA

Joanna Zdziarska [1], Teresa Iwaniec [1], Ewa Wypasek [2], Tomasz Sacha [1]

[1] Department of Haematology, Jagiellonian University Medical College, Krakow, Poland
[2] Laboratory of Molecular Biology, John Paul II Hospital, 31-202 Krakow, Poland; Faculty of Medicine and Health Sciences, Andrzej Frycz Modrzewski Krakow University, 30-705 Krakow, Poland

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.

https://doi.org/10.1016/j.htct.2021.10.1071

PP 62

THE USE OF ROMIPLOSTIM IN AN INFANT

Fatma Burçin KURTİPEK, Turan BAYHAN, Vildan ÇULHA, Neşe YARALI

Ankara City Hospital

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