The selected scientific abstracts

Bleeding Disorders and Thrombosis
BDT-1_V1.1
LOWER DOSE OF INTRAVENOUS IMMUNOGLOBULIN (I.V.IG) RESULTS IN COMPARABLE OUTCOME IN CHILDREN WITH NEWLY DIAGNOSED ITP

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Background: I.V.IG has been shown to be effective in Immune Thrombocytopenia since 1981. The recommended dose is 0.4 g/kg/day for 5 days or 0.8 - 1 g/kg/day for 2 days. ASH 2011 guidelines say that a single dose of 0.8 - 1 g/kg of I.V.IG is also effective. But it has not become the standard of care in all centres in India. At our centre we give single dose of 0.8- 1 g/kg (capped off as per body weight) of I.V.IG to newly diagnosed acute ITP patients who can afford the drug, and then check the response 48 hours after the infusion. A second dose is administered only if there is no satisfactory response with the first dose. This mode of treatment helps in reducing the cost of treatment and also the side effects of IVIG. With this background we tried to assess the response to lower single dose of I.V.IG in children with newly diagnosed ITP treated at MCC.
Method: Review of case sheets of 6 children with newly diagnosed ITP treated with I.V IG. For each patient, Baseline characteristics like Platelet count prior to I.V.IG therapy, Presence of skin bleeds, Presence of mucosal bleeds were noted. Immediate response was measured by measuring the platelet count 48 hours after I.V.IG infusion. Response criteria were chosen as per International working group recommendations (Rodeghiero F et al, Blood 2009)
Result: 6 case files were reviewed. There were 2 girls and 4 boys. Out of these six children who received single dose of 0.8 to 1 g/kg I.V.IG, half required a second dose 48 hours later. Response to I.V.IG in these children were as represented in table 1.

"Duration of the response" is calculated from the time of CR or R until loss of CR or R.
Conclusion: Lower doses of IVIG is a cheaper but effective treatment option in children with newly diagnosed ITP in resource limited settings. We could show that, if administered for one day alone the cost can be cut down to half. Only those patients who do not respond to one dose need to be administered a second dose.

BDT-1_V1.2
TO STUDY THE FACTORS AFFECTING QUALITY OF LIFE IN CHILDREN SUFFERING FROM HEMOPHILIA

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Background: Hemophilia is the most common severe bleeding disorder in the world caused due to a single gene mutation. India has the second largest number of Hemophilia patients in the world. Being a chronic disease, hemophilia has significant impact on the quality of life which needs to be assessed. This study was designed to assess the qol in children with hemophilia and identify the factors that predict their qol, in order to better plan and distribute the health care resources.
Material and Methods: This was a cross-sectional case control study which included 30 children suffering from Hemophilia as cases and 30 normal healthy siblings' as controls aged between 5-12 years. The quality of life assessment was performed using the Pediatric Quality of Life Inventory (PedsQoL) 4.0 Generic Core Scale. Two separate questionnaires were administered for children between age group of 5 to 7 years and 8 to

Table 1

	Case 1	Case 2	Case 3	Case 4	Case 5	Case 6
Age/Sex	3 year/Male	5.5 years/Male	11 years/Male	3 years/Female	4.5 years/Male	10 years /Female
Baseline Platelet count (/mm3)	6000	14000	4000	9000	10000	10000
Skin bleeds at presentation (Yes/No)	Yes	Yes	Yes	Yes	Yes	Yes
Mucosal bleeds at presentation (Yes/No)	Yes	Yes	No	Yes	No	No
Duration of symptoms (days)	3	4	7	7	4	45
Platelet count 48 hours later (/mm3)	25000	83000	12000	21000	20000	44000
Resolution of bleeding symptoms at 48 hours	Yes	Yes	Yes	Yes	Yes	Yes
Second dose Required 48 hours after first dose (Yes/No)	No	No	Yes	Yes	Yes	No
Platelet count 48 hours after second dose of IVIG (/mm3)	NA	NA	94000	31000	35000	NA
Quality of response	CR	CR	R	CR	R	R
Time to response (days)	261	8	4	46	4	1
Duration of follow up (days)	618	458	403	185	135	6
Duration of response (days)	Still in CR	Still in CR	11	Still in CR	12	Still in R
Side effects of I.V.IG therapy	Fever, Shivering	Fever	None	Fever	None	None

"Complete response" (CR) is defined as any platelet count of at least 100×10^9/L. "Response" (R) is defined as any platelet count between 30 and 100 $\times 10^9$/L and at least doubling of the baseline count. "No response" (NR) is defined as any platelet count lower than 30×10^9/L or less than doubling of the baseline count.

12 years. For the purpose of analysis Joint, Muscle and Intracranial bleeds were together classified as Major bleeds, whereas skin and mucosal bleeds as Minor bleeds. Data was analyzed using Stata Version 13. The means between two groups were compared using the unpaired and paired t-test (for different groups, and pre-and post-means respectively and Analysis of