119 Lipid Profile in Patients of Acute Leukaemia
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Pt. B.D. Sharma PGIMS, Rohtak - 124 001.

Aims and Objectives: To estimate and correlate serum lipids and lipoprotein cholesterol levels in acute leukaemias before and after chemotherapy.

Methodology: The study was conducted in 30 patients (13 males and 17 females) of acute leukaemia (15 AML + 15 ALL) (Mean age 32.9 years) admitted in Pt. B.D. Sharma PGIMS, Rohtak during the year 2001-2002. Estimation of lipids and lipoprotein cholesterol was done at the time of diagnosis and 4-6 weeks after chemotherapy. Lipid profile estimation included estimation of total serum cholesterol (TC), serum triglyceride (TG), high density lipoprotein cholesterol (HDL-C), very low density lipoprotein (VLDL-C) and low density lipoprotein cholesterol (LDL-C). TC and TG were estimated by enzymatic method. HDL-C was estimated by precipitation method. LDL-C and VLDL-C were determined by Friedewald’s formula.

Result: Lipid profile in AML patients: There was significant increase in TC (140.44 to 200.60), TG (123.8 to 141.33), VLDL-C (24.77 to 31.7) and decrease in TG (158.6 to 117.8) and VLDL-C (31.7 to 23.6) in 10 patients who responded to chemotherapy. Lipid profile of ALL patients: There was significant increase in SC (133.2 to 169.10), HDL-C (32.8 to 52.2), LDL-C (68.7 to 93.5) and there were decrease in TG (158.6 to 117.8) and VLDL-C (31.7 to 23.6) in 10 patients of ALL who responded to chemotherapy.

TLC and Lipid Profile: There was invasive relation with TLC in both AML and ALL patients.

Conclusion: Acute leukaemias were associated with significant alterations in TC and other lipoproteins.

120 Clinical, Hematological and Electrophysiological study on patients of Megaloblastic anemia
Garg Praveen Kumar, Kansara Amit, Goel Ashish, Agarwal SB, Dalal Bhavin, Lakhani Krishna
PG Dept. of Medicine, B.J. Medical College, Ahmedabad, Gujarat.

Aims and Objectives: To elaborate clinical features, hematological and electrophysiological abnormalities in patients of megaloblastic anemia.

Material and Method: Forty patients of megaloblastic anemia diagnosed by peripheral smear and bone marrow examination were included in the present study. Apart from complete history and examination, a complete hematological work up is carried out. Specific investigations like serum B12 level (RIA method) and nerve conduction studies were carried out. Treatment with therapeutic doses of injectable B12 and folic acid was started. Response to the treatment was observed clinically and by reticulocyte count on 10th day, Hb, MCV and B12 level on follow up after one month.

Results: Following observations were made. Female:male ratio was 1.22:1. 85% patients were vegetarian. Clinical presentation of these cases was in the form of anemia (85%), neuropsychiatric manifestations (57.5%) and GIT disturbances (40%). Hematological abnormalities included hyper-segmented neutrophils with macrocytosis on peripheral smear examination (95%), rise in MCV (92.5%). Electrophysiological studies showed sensory-axonal neuropathy (66.6%) and motor axonal neuropathy (26.6%) as major abnormalities. Serum B12 level was decreased in (75%) of cases which showed a rise after one month of treatment.

Conclusion: Megaloblastic anemia is of particular interest to the clinician due to its varied clinical manifestations. Hematological manifestations are legion and help in the diagnosis, as does specific findings on electrophysiological study.

121 Observation of Various Clinical State and Complications in Sickle Cell Trait in Western Orissa
Patel DK, Patel S, Mohanty PK, Majhi CD, Nanda R
V.S.S. Medical College, Berhampur

Material and Methods
Two hundred forty cases of sickle cell trait diagnosed by Hb electrophoresis in cellulose acetate paper and agar gel were studied for various presentation like pain in joint, splenic infarct and various urinary problem Hb, DC, TLC, ESR, Comment on peripheral smear, ASO titre. LE cell, FBS. Serum urea and creatinine, urinalysis, abdominal USG and HbF were done in all cases.

Observation
Of the 240 cases of sickle cell trait 36.6% were in 21-30 yrs. and males outnumbered the females. Maximum number of cases belonged to Kulita and Chasa caste. 6% of cases had normochromic normocytic anemia due to mild excess hemolysis, 5% had significant proteinuria >150 mg/24 hr. 4% had glomerulonephritis and 5% had UTL 2% of cases had splenic infarct of which half were severely symptomatic. 17% of cases presented with episodic moderate to severe pain in joints and limbs like VOC of sickle cell disease; of this 4% had severe pain necessitating hospitalisation and parenteral therapy.

Summary and Conclusions
Sickle cell hemoglobinopathies which include sickle cell trait is a relatively common problem in Western Orissa. Contrary to earlier belief, significant number of these cases present with health problem like repeated painful episodes, normochromic normocytic anemia, renal problem and splenic infarct in this geographical region which needs further work up to take preventive measures.

122 Etiology of Thrombocytopenia in Bankura
Banerjee SK, Kar JK
B.S. Medical College, Bankura, West Bengal

Object of the study: Thrombocytopenia is not an uncommon occurrence in day to day practice. There is a tendency for the clinicians to diagnose them as ITP, as the common sufferers are females and paucity of other symptoms except bleeding manifestations. The object of our study is to find out the other causes of chronic thrombocytopenia other than ITP in a particular subset of patients.

Methodology: Ninety-seven female patients attended haematology clinics...
I23 To Study Relationship between Haemoglobin Concentration and Various Markers of Insulin Resistance

Gupta AK, Jain SK
LHMC and Associated Hospitals, Delhi.

Hyperinsulinemia and insulin resistance (IR) cause erythroid progenitor’s proliferation resulting in increase in RBC mass which is a risk factor for cardiovascular diseases. Barbieri M et al (Diabetologia 2001; 44: 1232-37) reported positive correlation between hyperinsulinemia/IR by homeostatic model assessment (HOMA) and Hb, RBC count and haematocrit. In contrast, anaemia is a hypermetabolic stress state that is associated with a number of alterations in carbohydrate metabolism and IR. We decided to study relationship between haemoglobin (Hb) and markers of IR in 40 normal healthy euglycemic subjects.

Study population included 40 euglycemic normal healthy subjects of mean (±SD) age 38.9 ± 8.6 years (33 male and 7 female). All subjects underwent 75 gm OGGT followed by insulin suppression test (IST) by Modified Harano’s method (simultaneous infusion of glucose as 20% dextrose @ 6 mg/kg/min and plain human insulin @ 50 mU/kg/hr). Metabolic clearance rate (MCR) was calculated as rate of glucose infusion/steady state plasma glucose (SSPG) for 120-150 min of infusion. Lower the MCR, higher is the state of IR and vice versa. Correlations of Hb with MCR, fasting glucose (FG), postprandial (PP) glucose (30 min PP, 60 min PP, 90 min PP, 120 min PP), fasting insulin (FI), 120 min PP insulin (PPi) and HOMA (FG x FI/22.5) were studied.

The mean (±SD) Hb was 13.7 ± 1.6 gm/dl. Hb was significantly correlated with MCR (r = 0.51, p< 0.01). Hb had significant negative correlation with 30 min PP glucose (r=-0.32, p<0.05), 90 min PP glucose (r=-0.33, p<0.05), 120 min PP glucose (r=-0.43, p<0.01), FI (r=-0.44, p<0.01), SSPG (r=-0.50, p<0.01), and HOMA (r=-0.46, p<0.01). Correlations with FG (r=0.16) and PPI (r=-0.05) could not achieve statistical significance.

Haemoglobin concentration had significant negative correlation with markers of IR. This is in contrast with the study of Barbieri M et al. We suggest a larger study to evaluate relationship between haematological parameters and markers of IR preferably derived from euglycemic clamp technique to review this controversy.

I24 A Study of Hematological and Microbiological Profile of Eosinophilia

Sharma SK, Makkar A, Rohtagi A, Goel A, Narayan S, Dutta R, Garg S
Lady Hardinge Medical College, New Delhi.

The study was carried out in Lady Hardinge Medical College and Associated Hospitals New Delhi. A total of 50 patients with a differential eosinophil count of more than 3% or an absolute eosinophil count of more than 300/cumm were studied. Patients were classified as having mild (AEC 351-1500), moderate (1500-5000) and severe (>5000) eosinophilia. All the study subjects underwent a detailed history, examination and subjected to complete hemogram including p/s and bone marrow examination, serum IgE, stool for ova and cyst. Repeat hemogram was performed after follow up period of 3 months. Most of the patients were in the category of mild eosinophilia. The maximum differential eosinophil count was 80% and minimum was 8% with maximum and minimum AEC of 22500 and 600. Repeat hemogram after 3 months showed a significant improvement in AEC even without antieosinophilic treatment in most of the patients. Thus eosinophilia tends to resolve even without treatment. Bone marrow examination was normal in most of the patients. Regarding microbiological profile, stool for ova and cysts were positive in 16% of the patients and serum for IGE was raised in 82% of the patients. These findings were not related to degree of eosinophilia. Further implications to be discussed.

I25 A Study of Hematological Manifestations of HIV Infection

Kasthuri AS, Sharma Sanjeevan
AFMC, Pune.

Object of the study: Hematological manifestations of HIV infection are common, diverse and occur in all stages of the disease. This study was an attempt to know the frequency and clinical profile of hematological changes in HIV patients.

Methodology: One hundred HIV patients were randomly selected from a tertiary care centre. History included their habits, drug history and clinical examination stressed on anaemia, bleeding, HIV manifestation and opportunistic infection. Laboratory tests included hematological workup, CD4 and CD8 counts and tests for coagulation. Patients were divided into three categories (A, B, C) as per CDC criteria.

Summary of Results: There were 80 males and 20 females (5 months to 54 yr). 25 patients belonged to category A, 19 to B and 56 to C category. Hemoglobin was less than 10 gm/dl in 61 patients. Reticulocyte count was less than 2% in 81% of anaemia cases. Evidence for hemolysis was seen in 8 patients. Platelet count was less than one lakh in 34 patients. Nine of ten patients with deranged PTTK and VDRL positive had circulating anticoagulant. Anaemia was normochromic and normocytic with hypoproliferative marrow.

Conclusion: Anaemia in HIV is multifactorial and related to severity and worsens with opportunistic infection. Thrombocytopenia is immunemediated.

I26 Hematological Changes in Chronic Alcoholic Liver Diseases

Barik BK, Bhakta S, Murmu NR, Padhan P
V.S.S. Medical College, Burla.

Aim: To study the hematological changes in chronic alcoholic liver diseases.

Materials and methods: Thirty chronic alcoholic patients were investigated after excluding the patients having pathological diseases of other organs those altering the haematological status. All selected cases had history of alcohol abuse for more than 5 years, all the haematological parameters were compared with the duration and amount of alcohol consumption and the observations were compiled and discussed. The significance of mean in comparison to control was done by using Students unpaired ‘t’ test. Association of parameters with amount and duration of alcohol consumption was made by calculating correlation coefficient.

Results: Chronic alcoholism was commonly observed in 4th and 5th decades with median age of 44 years. 1. The mean Hb% was 9.2 ± 1.3 gm%, macrocytosis (MCV > 96 fl) in 56.7% of cases and all cases were normochromic (MCH > 27 pg and MCHC > 30%). Raised ESR (86.6%), leucopenia (33.3%), thrombocytopenia (30%) were other observations.
Recent insights into the clinical, haematological, bio-chemical, endoscopic studies have shown varied clinical spectrum of megaloblastic anemia. These may vary from symptoms of anemia to various neuro-psychiatric manifestations like parasthesiae, paresis, spinal cord involvement, gastrointestinal manifestation. With this in background a descriptive study was conducted to determine the magnitude of overt manifestations, etiology, the response to vitamin B\textsubscript{12}, folic acid. Patients detected to be having macrocytic anemia, dimorphic anemia, pancytopenia presenting to the department of medicine of a tertiary hospital over period of two years were taken for study. A detailed clinical history with emphasis on predisposing factors, associated clinical conditions, physical examination was done. A full blood examination including hemoglobin, reticulocyte count absolute indices, peripheral smear, lactate de hydrogenase, total bilirubin, conjugated bilirubin, bone marrow aspiration, biopsy, vitamin B\textsubscript{12}, folic acid assay, eosinphago - gastro- dudenoscopy, gastric biopsy. All patients were treated with parenteral vitamin B\textsubscript{12}, one mg per day, five mg oral folic acid. Patients hemoglobin, reticulocyte count were followed up for 1-6 weeks.

Based on the observations made in them, the following conclusions were drawn. The peak incidence of megaloblastic anemia was in the second to fourth decade. There was a significant male preponderance. The bone marrow study is a sensitive early diagnostic tool in the diagnosis of megaloblastic anemia. The autoimmune etiology was found in a significant number of patients, of which pernicious anemia was found in majority of the patients. The incidence of peripheral neuropathy, subacute combined degeneration and psychiatric manifestations were less frequent compared to various studies. Hemoglobin and reticulocyte count increment was higher during the first two weeks of therapy with vitamin B\textsubscript{12} and folic acid. Helicobacter pylori is an important cause of megaloblastic anemia with a specific treatment indicated in them.

**Conclusion:** Correlation of duration of alcohol consumption with haematological changes revealed a significant decrease in Hb% and increase in ESR and increase in MCV with the duration of alcohol consumption 5 to 10 years and when it is more than 10 years of duration.

**127 The Clinical Spectrum and Diagnosis of Megaloblastic Anemia**

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A boy aged 9 years presented with bleeding gums and per rectal bleeding of one-week duration. History of bleeding gums 3 months back, diagnosed as ITP and treated with steroids for 2 months with a good remission. Boy was receiving anti-tuberculous therapy (ATT) for suspected tuberculous lymphadenopathy from the past 7 months. History of bleeding gums 3 months back, diagnosed as ITP and treated with steroids for 2 months with a good remission. Boy was receiving anti-tuberculous therapy (ATT) for suspected tuberculous lymphadenopathy from the past 7 months. History of bleeding gums 3 months back, diagnosed as ITP and treated with steroids for 2 months with a good remission. Boy was receiving anti-tuberculous therapy (ATT) for suspected tuberculous lymphadenopathy from the past 7 months.

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**128 Immune Thrombocytopenic Purpura and Hodgkin’s Lymphoma**

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A diabatic female aged 55 years presented with fever, breathlessness and jaundice of 5 days. On evaluation found to have anemia of 5.6 gm% with reticulocytosis. Peripheral smear showed polychromatophils and nucleated RBC. Malarial parasite negative. Biochemistry of blood revealed hyperbilirubinemia and increased LDH. Coomb’s test negative. Diagnosed as hemolytic anemia, treated accordingly. After that patient lost follow up.

After 8 months developed cough, anorexia. Four months later noted to have cervical lymphadenopathy, underwent FNAC elsewhere, found to have reactive hyperplasia and empirical anti tuberculosis treatment was given. Anemia progressively increased. CECT chest revealed mediastinal lymphadenopathy. Biopsy of cervical lymphnode done elsewhere showed predominant lymphoid cells. Immunohistochemistry showing large cells CD20+, MIB index around 90%, diagnosed as diffuse large B-cell lymphoma. ATT was stopped. CVP regimen (without adriamycin) and supportive care was given. Erythropoietin was also given elsewhere thinking of bone marrow suppression, but hemoglobin did not increase.

She was admitted to our institute with severe anemia of 3.2 gram% and jaundice. Detected to have Coomb’s strongly positive with reactive marrow. Diagnosed as immune hemolytic anemia. Patient received packed red cell transfusions and steroids. As anemia was not responding, IV immunoglobulin injections for 5 days were given on two occasions. She improved gradually and later 1\textsuperscript{st} cycle of CHOP was given. After 10 days developed chemotherapy-induced pancytopenia and recovered slowly. Further cycles of CHOP were given along with GMCSF, patient was doing well with constant hemoglobin except for transient leucopenia. Non-metastatic complications in the form of immune dysregulations can be found in hematological malignancies. Probably in our case immune hemolytic anemia was due to some form of immune dysregulation.
abdominal examination revealed mild non-tender hepatomegaly, and moderate splenomegaly, moderate free fluid in the abdomen. Other systems examination is normal.

Upon investigations, hemoglobin - 6.5 gm/dl with normal total and differential leucocyte and platelet count. ESR - 5mm/1st hr., blood sugar and renal parameters in normal limits. Liver function tests revealed total protein - 3.25 g% and serum Alb - 1.6 g%. Sputum for AFB and Montoux is negative. Ascitic fluid analysis showed transudative fluid with few neutrophils and low adenosine deaminase levels. Radiograph of chest was showing few infiltrates in right upper lobe. Diagnostic bone marrow aspiration and bone marrow biopsy was done which showed erythroid prominence with megaloblastoid erythropoiesis, marked prominence of mast cells of 21%, histiocytes and plasma cells 7%, a diagnosis of systemic mastocytosis was made and managed accordingly, patient is doing well.

131 Role of Steroids in Idiopathic Myelofibrosis - A Case Report
Reddy Nagabhushan B, Rau NR, Hende Manjunath, Rajeev
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A 30 year old female had presented to us in April 2001 with 6 months history of easy fatigability, exertional breathlessness, and intermittent low-grade fever and recurrent episodes of giddiness following exertion. Examination revealed severe pallor and massive hepsplenomegaly and other system examination was normal. Investigations revealed very low hemoglobin and high ESR. Peripheral blood smear showed microcytic hypochromic RBC and anisopoikilocytosis and tear drop cells. LDH is high but Coomb’s test was negative. Bone marrow aspiration was a dry tap, but biopsy showed features suggestive of primary myelofibrosis. Repeat bone marrow biopsy showed similar features. During the hospital stay she received multiple blood transfusions. At the time of discharge she was asymptomatic and was put on iron supplementation and folate. Subsequently she was admitted for four times for low hemoglobin and received multiple blood transfusions. In the fifth admission her Coomb’s test was positive and retics were high with elevated blood levels and SLE work up was negative. After reviewing the literature the possibility of coexistent autoimmune hemolytic anemia was considered and high dose steroids were started. In the subsequent follow up we found her hemoglobin was maintaining and she is asymptomatic, so the steroid dose was tapered and kept on maintenance with 5 mg/day. However repeat bone marrow did not show any improvement. She was in good health till June 2003 when she was again admitted for similar symptoms, this time her Hb was low along with increased retics as well as elevated bilirubin and coomb’s test was positive. So steroid dose was hiked to 50 mg/day following which her bilirubin has fallen and Hb showed mild improvement and she was discharged. She was due for follow up on 2nd July 2003.

This case report high light the role of steroids in otherwise transfusion dependent myelofibrosis, if there is an additional component of autoimmune hemolytic anemia associated with it.

132 Unusual Presentation of Acute Myeloid Leukemia (AML)
Shrivastava SB, Brahmbhatt BK, Pandya TP, Dabhi AS, Thorat PB
S.S.G. Hospital and Medical College, Baroda

Acute myeloid leukemia (AML) mostly presents as constitutional symptoms; bleeding or bone pain. Here is a rare case of a 13 years old male who presented with protraction of both eyes, diminution of vision and swelling in midline upper chest. He responded very well to chemotherapy with reduction in size of pseudotumor.

133 Splenic Infarct: Unusual Presentation in Haematological Disorders
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Army Hospital (Research and Referral), Delhi Cantt.

Introduction: Splenic infarct is a rare entity. It may follow splenic vein thrombosis that occurs as a complication of acute and chronic pancreatitis, pancreatic carcinoma, trauma and hypercoagulable state.

Objective: The objective of this study is to find the incidence of splenic infarct in hematological diseases.

Methodology: We studied four cases of splenic infarct who presented to our hospital in last 1 year. A detailed clinical examination, laboratory evaluation was done to find out the causes leading to splenic infarct. These patients have presented with acute abdomen and a friction rub was heard over splenic area in one out of 4 cases. The diagnosis of splenic infarct was based upon the USS and CT findings of the abdomen. The investigations for aetiology included a detailed hematological investigation including a thrombophilic workup.

Results: Out of four cases of splenic infarct two cases had sickle cell disease and two cases had primary polycythaemia. In one case of sickle cell disease the splenic infarct occurred due to a short exposure to high altitude. Conclusion: Splenic infarct as such is a rare condition. We report four cases of splenic infarct due to hematological diseases like sickle cell disease and polycythaemia admitted to our hospital.

134 Hematological Abnormalities in HIV Patients
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Object of the Study: The aim of present study was to see the prevalence of hematological abnormalities in patients with HIV and to study their correlation with severity and progression of disease and also with therapy.

Methodology: Patients who were HIV positive were classified into AIDS and non-AIDS according to NACO criteria. Peripheral blood examination, CD4/CD8 count by FACS, HIV RNA load by RT-PCR, bone marrow examination and other relevant investigations were done and patients were followed up for one year to see for hematological parameters and clinical course of disease.

Summary of Results: Out of 132 HIV patients, 90.9% had AIDS. Anemia was observed in 66.7% out of which 83% had mild anemia of normocytic normochromic type. Further, 62.3% of the patients had < 200 CD4 counts, which were positively correlated with hemoglobin and negatively with HIV RNA in plasma. Antiretroviral therapy improved CD4 counts in 70% of patients. Observation in bone marrow were dysplasia of granulocytic series (21.5%), erythroid series (6.7%), hypercellularity (14.7%) and hypocellularity (6.7%).

Conclusion: In the study group anemia was the commonest hematological abnormality and was associated with faster disease progression and poor prognosis. Bone marrow dysplasia was the commonest abnormality seen and appeared before any abnormality was detected in peripheral blood. This study of hematological abnormalities in Indian HIV patients may help us in improving our diagnostic and therapeutics skills pertinent to HIV and AIDS and to setup treatment guidelines for Indian HIV patients.
A male aged 31, presented with memory impairment, erectile dysfunction of one month duration and unsteadiness of gait for two days. He had a history of anemia on irregular therapy. He was a vegetarian. He had mild pallor, glossitis, subtle impairment of recent memory, normal fundi and cranial nerves, brisk tendon jerks, impairment of posterior column sensation and positive Romhberg sign. Other systems were normal. Hemoglobin was 9 gm/dl, MCV 102.6 fl., TLC 5,200, normal DC, platelet 2.1 Lakhs/µL and reticulocytes 0.5%. Bone marrow showed megaloblastosis and iron deficiency. S. B₁₂ was less than 60 µg/mL, folate was > 20 ng/mL, LDH was 974 IU/ml.

MRI cervical spine showed a demyelinated area in posterior columns. NCV was normal. SSEP was abnormal. Gastroscopy and biopsy were normal. Shilling test was not done. He improved rapidly with injections of Vit. B₁₂ and iron sulfate. After three months hemogram and neurologic status were normal. Nutritional cause of vit B₁₂ deficiency with all its classical manifestation is emphasized in this case report.

One hundred consecutive patients with acute ITP were studied. History and various clinical features were noted. Full blood counts, peripheral smear examination were done in all cases. Bone marrow aspiration was done in 96 cases. Secondary causes of thrombocytopenia were excluded. Initial treatment included corticosteroids (oral/parenteral) or IV Immunoglobulins. For patients refractory to initial treatment splenectomy was done. For post-splenectomy failures several other drugs were tried. The age range was 1 to 73 years with a mean of 25 years. Majority of patients (50%) were between 11 to 30 years. There were 54 females and 46 males. Purpura was seen in 60 patients, gum bleed in 56 patients, ecchymoses 36 patients, menorrhagia in 20 patients. One patient had perirenal hematoma and another muscle hematoma. Intra-cranial bleed was observed in 5 patients. Platelet counts ranged from 3000/mm³ to 142000/mm³ (mean-27240/mm³). IV methyl prednisolone was given to 58 patients, IV Ig for 16 patients and splenectomy was done in 11 patients. Mean duration after treatment for reaching platelet count >30,000/mm³ and >100000/mm³ was 4 days and 8 days respectively. Spontaneous remission was observed in 6 patients. 44 patients had long-term remission on follow up, 28 patients have lost follow up, 20 patients became chronic ITP and 5 refractory in them. One patient with auto-immune hepatitis died of progressive hepatic failure even though platelets improved with steroids. In conclusion, acute ITP has various presentations with appropriate treatment majority improve and in some cases spontaneous remissions can also be seen. There were no deaths attributable to the ITP.

A 30 year old male cobbler residing in Delhi presented with slowly enlarging painless swellings around initially the right angle of jaw then the left angle over a period of 2 years with development of submandibular and posterior cervical lymphadenopathy in the last six months. In the ENT OPD, an FNAC from the right sided swelling suggested a granulomatous disorder. The patient was started on empirical ATT, which was ineffective. In the MOPD peripheral eosinophilia was detected and an excision biopsy of the posterior cervical lymph node was done histopathology revealed multiple lymphoid follicles with intense eosinophilic infiltration, with occasional capillary venular infiltration of the germinal centers and a few Warthin Finkely giant cells. A diagnosis of Kimura’s disease was made on basis of clinical features and histopathological findings.

Kimura’s disease, a chronic inflammatory condition of unknown cause, is endemic in China and Japan. The clinical features include predominance in young males, slowly developing soft tissue masses, a predilection for the head and neck regions and an indolent but sometimes locally destructive course. The disease may present as single or multiple lesions mainly involving subcutaneous tissues, major salivary glands and lymph nodes. Well-developed lymphoid follicles, marked infiltration of eosinophils and capillary venules characterize the lesion Kimura’s disease should be considered an important differential diagnosis to other granulomatous and malignant disorders of head and neck region.

Introduction: This study was undertaken to highlight the various Neurological complications in the HIV infected patients in the Indian scenario because of the paucity of clinical studies in this respect.

Methods: Fifty patients with HIV positivity by ELISA test were included in this study and thorough clinical examination, biochemical evaluation of CSF, radiodiagnosis with CT/ MRI and nerve conduction studies were performed.

Observations: Majority of the patients were males (84%). The commonest presentation was fever with headache. Hemiplegia was observed in 26%, meningial irritation was noticed in 46%, cranial neuropathy was detected in 10% of the patients. CSF analysis was suggestive of tuberculous meningitis in 56% and it was normal in 30%. CT and MRI showed focal lesions in 69.1%, cortical infarcts in 26%, toxoplasmosis of brain in 14.2%, tubercula in 14.2% and cysticercosis of CNS in 7.1% of patients. Tuberculous meningitis in 56%, CNS toxoplasmosis in 12%, CNS cryptococcosis in 6%, myelopathy in 6% and cryptococcal meningitis in 2% of patients was diagnosed.

Conclusion: The study showed tuberculous meningitis as the most common neurological complication. Cryptococcal meningitis was infrequent in contrast to western studies. The study revealed cranial neuropathy and cysticercosis of CNS to be more common than the other reported studies.

P.B., 50 yrs. male, complained of fever, breathlessness right-sided chest pain and cough for one month. Examination revealed hepatosplenomegaly, anaemia and right pleural effusion. Chest X-ray showed a right mid-zone homogenous opacity with pleural effusion. Sputum AFB was negative. A provisional diagnosis of lung carcinoma was made. However, haemogram revealed Hb 4.5 gm%; TLC 70,000 cu/mm; poly 6%, lympho 2% and plasma cells 92%, many binucleate or having prominent nucleoli; platelets markedly reduced. Bone marrow revealed hypercellular marrow filled with plasma cells (90%), many
Intra-Cranial Hemorrhage in Patients with ITP: Clinical Presentations and Outcome

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Idiopathic thrombocytopenic purpura (ITP) is an autoimmune disorder characterized by increased destruction of antibody-coated platelets in the reticulo-endothelial system. Predominant clinical symptoms consist of bruising, petechiae, mucosal bleeding and menorrhagia. Intra-cranial hemorrhage (ICH) is a rare (1-2%) and life-threatening complication of ITP.

We present our experience of ICH in patients of ITP admitted over a period of 830 patients of ITP were seen and of these only 10 developed ICH, thus the prevalence of ICH was 1.2% in ITP cases attending AIIMS.

We studied total 52 indoor patients showing megaloblastic bone marrow picture, to elucidate major causes of megaloblastic anemia, study presenting features, correlation between clinical features and haematological profile.

Results: Maximum incidence (41%) was found in age group of 31-40 y. Knuckle hyperpigmentation was present in (55%) of cases while neurological dysfunction was found in (35%). Pancytopenia was present in (33%). Reticulocyte count and serum LDH were best parameters for monitoring response. Nutritional deficiencies due to economic reasons were the commonest (56%) cause while novel causative agent H. pylori (16%), was also detected.

Conclusions: The present study emphasizes that megaloblastic anemia is not that uncommon. High index of suspicion is required for early diagnosis. Adequate replacement of deficient vitamin and treatment of underlying cause leads to complete cure.

143 Factor V Leyden and Deficiency of Protein as a Cause of Familial Thrombophilia

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Inherited deficiencies of certain factors may be responsible for causation of recurrent deep venous thrombosis, however two or more genetic defects in the coagulation pathway as a cause of arterial and recurrent deep venous thrombosis is very rare. During the last two years, we encountered several members of the same family presenting with arterial and recurrent deep venous thrombosis.

A 52-year-old male presented with deep venous thrombosis involving the left lower limb. Five days later, he developed an episode of pulmonary thromboembolism. One year earlier, he had undergone below knee amputation of right lower limb which had developed gangrene following occlusion of the femoral artery. He was managed with intravenous anticoagulants and was subsequently put on oral anticoagulation. One year later, his son presented with deep venous thrombosis of the right leg and thigh. Investigation revealed factor V Leyden (acquired protein C resistance) and protein C deficiency. Detailed evaluation of the pedigree revealed several other family members had also been suffering from the similar illness. Genetic defect of multiple factors in the coagulation pathway and their implications on long term management and outcome would be discussed.