
Readers' Forum

Q. I have come across few cases of male babies with easy bruising of skin, with or without history of slight trauma to skin. Their blood count and clotting profile remain within normal range. Kindly clarify what should be the line of approach to such patients?

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A. These are the children who have easy bruisability and on investigations usually there is no gross abnormality in coagulation profile as determined by bleeding time, clotting time, prothrombin time and PTT or occasionally they may have mild prolonged PTT. Smear examination may show absence of clumping of platelets and platelets may be scattered. These are the mild varieties of hemophilia or platelet functional disorders and hence to detect the exact cause, we need to do detailed investigations like factor assay. Often they have been found to have mild Von Willebrand's disease or mild hemophilia where factor concentrate may be more than 5-20%. Similarly, in the mild varieties of platelet functional disorders like mild Glanzmann's thrombasthenia, or mild storage pool disorders, there is poor aggregation of the platelets as studied by aggrega-

tion test with low dose (1 µg/dl) or high dose (5 µg/dl) of ADP or epinephrine or Collagen or ristocetin. They usually do not bleed spontaneously, except for mild ecchymosis, purpuric spots, or petechiae. Occasionally they may have epistaxis and hence in routine life they do not have major problems. However, on severe injury, or during operation they may bleed (majority of time they may not) and hence one may have to be little cautious and keep platelet concentrate ready during such occasions. It is worthwhile avoiding administration of anti-platelet drugs like aspirin, phenacetin, brufen, ibugesic and similar non-steroidal anti-inflammatory drugs to these children. To confirm the diagnosis, the investigations required include PT, PTT, and if PTT is prolonged or borderline prolonged, then factor assays (VIII, IX and Von Willebrand Factor), PS examination for clumping of platelets, clot retraction and platelet aggregation studies, to rule out platelet functional disorders.

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