

**THROMBOCYTOSIS IN HOSPITALIZED CHILDREN**

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The incidence of thrombocytosis, the clinical findings and the relationship between the platelet count (PLT) and other blood parameters (WBC, Sedimentation Rate-SR) were evaluated by studying the patients' charts (admitted during the year 2001) with one peripheral blood count (CBC) and the ones with at least two CBC's, separately.

Thrombocytosis (PLT  $\geq 600,000$  cells/mm<sup>3</sup>) was seen in 198/1549 (12.8%) patients with at least one CBC. They were hospitalized 9 days vs 6 days of the non-thrombocytotic ones. 71% of them were less than one year of age. The final diagnosis was occult bacteremia in 20.7%, urinary track infection in 18.6%, pneumonia in 14.6%. On the other hand 33% of the patients with urinary track infection had thrombocytosis, 24% with bacterial meningitis and 19.2% with pneumonia. 108 /372 (29%) patients with at least two CBC's had PLT  $\geq 600,000$ . The SR and the WBC were higher in thrombocytotic patients: (58.5 mmHg vs 41.7 mmHg,  $p < 0.01$ ) and (17,000 cells/mm<sup>3</sup> vs 14,100 cells/mm<sup>3</sup>,  $p < 0.01$ ) respectively. 64% of them developed thrombocytosis on the second week of the illness. Those patients had significantly higher SR than the ones admitted with thrombocytosis (64.5 mmHg vs 45.3 mmHg,  $p < 0.01$ ).

Conclusions: The secondary thrombocytosis is most commonly seen in younger patients with more serious illnesses (higher WBC and SR, longer hospitalization). It develops in 1/3 of the patients with urinary track infection, 1/4 with bacterial meningitis and 1/5 with pneumonia on the second week of their illness.

