specific, especially when they coexist with disorders that have an influence on them.
Target: To fix which the best analytical value is for peripheral blood in order to predict iron depots and to bring useful values for daily practise.
Materials and Methods: An historical review of 72 patients was done in 2007. They were made a medulla test and they had iron parameters determination in peripheral blood in near days to BMB. Patients were classified in three different populations by increased, usual or decreased levels of iron depots in the medulla. It has been done an average value in each group with a 95% reliance ratio.
Results: See the table.

Depots	N	Average	S	C.V.	Sx	95% CI
Decreased iron						
Transferrine	36	236.7	44.2	18%	7.36	251.42–221.98
IST	36	33.7	23.4	69%	3.9	41.5–25.9
Ferritine	36	321	313	97%	52	425–217
Normal						
Transferrine	14	203.8	39	19%	10.42	226.64–182.96
IST	14	40.5	25	61%	6.68	53.86–27.14
Ferritine	14	436	279	63%	76	588–284
Increased iron						
Transferrine	12	159.9	44	27.5%	12.7	185.32–134.48
IST	12	32.7	22	67%	6.35	45.4–20
Ferritine	12	643	395	61%	114	871–415

Conclusions: Transferrine is defined as the best iron predictor of macrofagyc medulla depots. As we have a short sequence its necessary to increase the number of tests to corroborate it.

P090 Cyclosporine alternating with danazol treatment in autoimmune medular aplasia

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A group of 28 patients diagnosed with autoimmune aplasia, in its severe form, with ages between 16–49, were monitored and treated through a prospective study, which was conducted in a time frame of 5 years (2002–2006) in the "Hematology Clinic" of Craiova.
The group of patients we studied was composed of 14 men and 14 women, all diagnosed with severe autoimmune medullar aplasia with bone marrow biopsy (BMB).
The risk of developing a neoplasm following a long time treatment with immunosuppressive drugs is well known.
The patients received alternatively Danazol 20–400 mg/day, for 6 months – Cyclosporine A 200–800 mg/day for 6 months.
The study was prospective and the results were compared with a retrospective study, done on a group of patients treated 10 years ago (1992–1996) through immunosuppressive sub continuous treatment performed in a pediatric clinic.
The pediatric group was composed of 12 to 16 years old patients with autoimmune medullar aplasia, severe forms, these patients being treated continuously with Cyclosporine A 150–300 mg/day for 37 to 48 months. In the pediatric group 4 transformations (25%) to acute leukemia were recorded, 2 cases (12.5%) with HPN aplasia syndrome, and 2 cases with brain tumors. All of these patients had been treated only with Cyclosporine for at least 36 months.
In the case of the group treated with Cyclosporine A alternating with Danazol for 6 months, in the 5 year interval of the study, 1 case of acute leukemia (LAM 7) was recorded. No infectious episodes were recorded and our patients did not have transfusion necessity, after the 3 months interval from the beginning of the therapy; in 14% of patients Erythropoietin was used to correct the anemic syndrome. The dosage was 10000 IU 3 times per week subcutaneous.
Since no severe granulocytopenia cases were reported the administration of GM-CSF and G-CSF was inopportune.
Our study deserves to continue on larger groups of patients to confirm or disconfirm our initial conclusions.

P091 Intravenous ferric gluconate significantly improves response to epoetin alfa versus no iron in anemic patients with indolent lymphomas. A preliminary study

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Introduction: Approximately 30–50% of patients with anemia of chronic disease, receiving epoetin alfa therapy, do not achieve a meaningful hematologic response, because of the functional iron deficiency in that the high rate of erythropoietic agent-induced erythropoiesis exceeds the delivery of usable iron, despite adequate iron stores. The aim of our study was to evaluate the efficacy of intravenous ferric gluconate (iv.FG) or no iron to increase hemoglobin in anemic patients with indolent lymphomas receiving chemotherapy and epoetin alfa.
Patients and Methods: 78 patients (33 chronic lymphoid leukemia, 14 multiple myeloma, 31 other low grade non-Hodgkin lymphoma) with chemotherapy-related anemia (Hgb < 110 g/l; serum ferritin >100 ng/ml) scheduled to receive chemotherapy and epoetin alfa (30000 U subcutaneously weekly) were randomised to 3 months of 125 mg of iv.FG monthly, or no iron. The primary outcome was a change in hemoglobin (Hb) from baseline to endpoint, first red blood cell transfusion or study withdrawal.
Results: Mean increase in Hb was 19 g/l (95% confidence interval (CI), 14–23) for FG, and 11 g/l (95% CI, 6–13) for no iron group. There was significant difference between the two groups ($p = 0.024$).
Conclusion: For patients with indolent lymphomas receiving epoetin alfa, FG produces a significantly greater increase in Hb compared with no iron.

P092 Severe foetal and neonatal anaemia due to Kell alloimmunization

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Introduction: We report a case of successful management of severe foetal and neonatal anaemia due to the rare entity of Kell alloimmunization.
Case Report: A 33 year old Indian lady, Gravida 4 Para 1 (1 previous normal term pregnancy, 2 previous miscarriages), was referred to our hospital at 21 weeks gestation for the problem of foetal hydrops. Investigations revealed presence of severe foetal anaemia (Hematocrit <10%). Maternal anti-Kell antibodies were positive (titre >1024). Intrauterine foetal transfusions were carried out at 21.9 weeks, 23.9 weeks, 27.4 weeks, 28.9 weeks and 31.4 weeks gestation. Serial ultrasounds showed resolution of foetal hydrops. The baby boy was delivered at 33.3 weeks gestation by Caesarean section. The infant had a birth weight of 2258 g. There was no evidence of hydrops. The haemoglobin (Hb) level at birth was 12.9 g/dl. There was early neonatal jaundice, requiring commencement of phototherapy on day 1 of life. The baby was otherwise stable and well. On follow-up, however, the Hb dropped progressively to a nadir of 4.9 g/dl at 5 weeks of life. There was no accompanying reticulocytosis. He was given packed red cells transfusion and was closely monitored. His Hb showed a gradual improvement and he did not require any further transfusions.
Discussion: Kell alloimmunization is a rare cause of severe foetal anaemia. Studies have also demonstrated suppression