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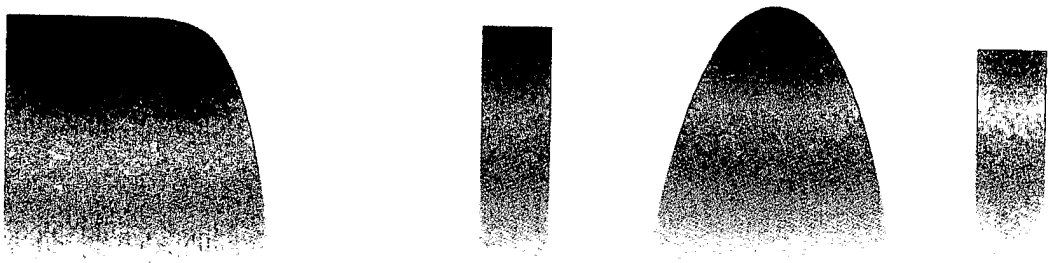

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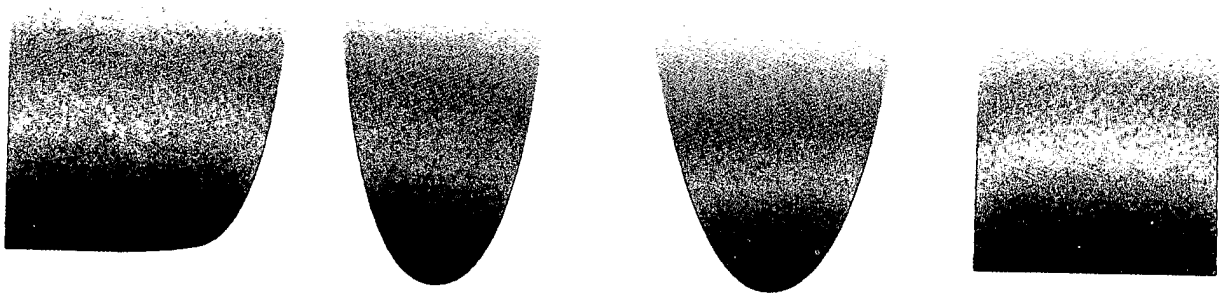

In this issue 14th Meeting of Balkan Clinical Laboratory Federation
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PP - F - 004

ERYTHROPOETIN EVALUATION OF POLYCYTHEMIA VERA

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Purpose: Polycythemia Vera is a chronic myeloproliferative disorder characterized by an increased red blood cell mass (RCM) or erythrocytosis, which leads to hyper viscosity and an increased risk of thrombosis. The aim of our study is to evaluate laboratory parameters in our patients suffering from Polycythemia Vera.
Methods: 20 patients (aged from 50-70 years, 13 males and 7 females) suffering from Polycythemia Vera were involved in our study. Hemograms were performed by ABX PENTRA 80 automatic cell counter; serum erythropoetin level was detected using chemiluminescent immunometric assay (DPC IMMULITE 1000 analyzer).
Results: Serum erythropoetin value is higher in polycythemia vera compared with the control group (<0.005). There is a strong negative correlation between serum erythropoetin value and haematologic data as RBC, hemoglobin and hematocrite (r=-0.54, r=-0.47, r=-0.57). **Conclusions**: Evaluation of serum erythropoietin level is an important tool in diagnosis of Polycythemia Vera.

PP - F - 005

CHANGES IN THE COAGULATION STATUS DURING NORMAL PREGNANCY: OUR EXPERIENCE

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Pregnancy as a physiological condition very often leads to certain changes in the coagulation status in women. The changes in the coagulation status are mostly in the direction of hypercoagulability with an increased risk for an appearance of tromboembolies but they can also be met in some cases with changes which are manifested with bleeding.
Goal: To determine the possible changes in the coagulation status during normal pregnancy.
Materials and Methods: During examination of 80 pregnant women in different lunar months various laboratory parameters of hemostasis are followed. The examined parameters : Number of platelets, Bleeding Period, fibrinogen, and F. VI, VII, VIII, IX, X, XI and XIII, FDP, Coagulation time, Pro-Thrombin time, the active partial Thrombiplast in time, and Thrombin time &. Analyses are completed in The Transfusion Center in Stip, Macedonia and the Rep of Macedonia Б—≥s Institute of Transfusion in Skopje as well as The Central Bio-Chemical Clinical Lab in Stip, Macedonia.
Results: In the period of normal pregnancy, the number of platelits remains unchanged. With the progress of pregnancy the fibrin values and the factors: VII, VIII, X, XII increase too, where as of factors: XI and XIII decreases. the concentration of factors F, V, IX and pro- thrombin time remain unchanged or in some cases lightly increases. In the period of late pregnancy the concentration of FDP increases. In 8-10% of the examined cases decreased values of thrombocytes (70.000-93.000 x 10/L) and fibrin are noted No cases of

intense bleedings were observed during the period of pregnancy and delivery. **Conclusion:** The coagulation tests have to be routinely performed during pregnancy to screen pathological values heralding fatal complications.

PP - F - 006

DISTINCTION BETWEEN THALASSEMIA AND IRON DEFICIENCY ANEMIA USING THE HEMODIAGRAMS FROM THE AUTOMATIC HEMATOLOGICAL ANALYZER

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Purpose

Thalassemia and Iron Deficiency are the most frequent causes of Hypochromic Microcellular Anemia and their differential diagnosis is useful for their management. The aim of our study is to differentiate the two types of Anemia, based on Hemodiagrams taken from the Automatic Hematological Analyzer.

Methods

We studied the Hemodiagrams of 310 patients with Hypochromic Microcellular Anemia The Hemodiagrams were done on the Automatic Hematological Analyzer CELL-DYN 3700, Abbott.

Results

292 /310 patients (94,2 %) had Thalassemia
8 /310 patients (2,6 %) had Iron Deficiency Anemia
In 10 /310 patients (3,2 %) there was coexistence of Thalassemia and Iron Deficiency Anemia

Conclusions

Although the study was done on a specific group of patients, the distinction ability between Thalassemia and Iron Deficiency Anemia using the Hemodiagrams taken from the Automatic Hematological Analyzer is very high (97,4 %). This ability of Analyzers is very useful for population screening tests and determination of the necessity or not for further blood analysis (Hb Electrophoresis, Serum Fe and Ferritin e.t.c.) and also for therapeutic purposes (avoidance of useless treatment with Iron etc.).