alloimmunized at the time of entering remission only five patients
strate "progressive alloimmunization" over time. Of 61 patients not
alloimmunized at the time of entering remission only five patients
became immunized subsequently despite multiple random donor
transfusions.

Based on our data, as well as the confirmatory data of others, we
reiterate that there is no evidence of a dose response relationship
between the number of platelet transfusions given and the develop-
amal development of alloimmunization. Although we do not recommend indis-
criminate use of platelet transfusions, prophylatic platelet trans-

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PRELEUKAEMIA IN DOWN’S SYNDROME

To the Editor:

We read the report on Chromosome Abnormalities in Down’s
Syndrome Patients with Acute Leukaemia by Kaneko et al. with
great interest and noted the author’s report of an extra chromosome
8 in two cases being associated with a preleukaemic phase. We
should like to report a case presenting similar features to the two of
Kaneko et al.

A 21 mo old Caucasian girl with Down’s syndrome (of trisomy 21
type) presented with easy bruising and a 3-wk history of purpura.
She had been otherwise well and there had been no history of
infection. Physical examination showed a cheerful child with typical
Down’s syndrome features and purpura over her knees and chest.
She had a few small bruises and there were no retinal haemorrhages.
She was afebrile and had no hepatosplenomegaly.

Initial full blood count showed: haemoglobin 8.0 g/dl, total white
cell count 2.3 x 10^9/l, platelets 10 x 10^9/l. No particular abnormal-
ities of the red cells were noted, differential white count indicated
neutrophils of 0.8 x 10^9/l and occasional myeloblasts were noted.
Bone marrow aspiration showed increased marrow cellularity with
hyperplasia of granulocyte precursors and "maturation arrest" at
the promyelocyte-metamyelocyte stage; additionally, 18% myeloblasts
were noted. Cytogenetic analysis of unstimulated marrow cells in
culture showed a karyotype of 48XX, +8, +21 in two out of eight
cells, the remaining six being 47XX, +21. She was thus considered
to have a typical preleukaemic syndrome with many of the features
reported by Linman and Bagby and the presence of the chromosome
abnormality was taken to be an adverse prognostic feature. Manage-
ment was supportive and she was given transfusion of concentrated
red cells (140ml) and followed up.

No significant clinical or morphological changes occurred over 3
mo followup apart from the haemoglobin dropping to 8.5 g/dl. Bone
marrow was repeated and identical morphological and cytogenetic

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Preleukaemia in Down's syndrome [letter]
AG Smith and ML Willoughby