PETECHIAE AND MARKED LYMPHOCYTOSIS

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In my third year residency at newly opened up Ihsan Doğramacı Childrens Hospital, I was also helping of establishment of hematology laboratories in 1958.

A new resident brought to me a peripreheral smear of an infant for the evaluation of very marked leukocytosis (>300,000/fl), mild anemia (Hb:9,8 g/dl). He told me that this 11 month old infant had petechiae of his face and upper chest and conjunctivae and added infant's spleen was palpable.

Although platelet numbers were enough, almost all of the white cells were small lymphocytes. In the presence of mild anemia, I first considered acute lymphoblastic leukemia, though it was relatively rare in this age group without Down syndrome, despite of absence of atypical lymphocytes, I requested bone marrow performance at once. A few hours later, I examined the bone marrow aspiration smear which showed no abnormality with normal megakaryocytes and mild erythroid hyperplasia.

I made the whooping cough diagnosis at the entrance of the patient's room, because of very typical whoop. Petechia and splenomegaly were related to severe cough.

In those days whooping cough was not rare diagnosis because of the low immunization rate. Fortunately, the baby recovered without sequalae.

Because of this experience, I learned once more that, detailed history and good physical examination should be performed before order of any laboratory study. This baby had unnecessary bone marrow examination unfortunately.

One should be careful of peripheral smear examination since neonatal pertussis is returning related to because of mild maternal whooping cough.

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