

median platelet count $362 \times 10^9/L$ (range $160-1460 \times 10^9/L$). All cases were in chronic phase at presentation, except one, which was in blast crisis. p210^{BCR-ABL1} transcript was detected in all cases.

Conclusions: Paediatric CML is not very common. It accounted for 1.5% of CML cases in this study. Male predominance with splenomegaly and hyperleucocytosis was seen in majority of cases (69% and 85% cases respectively) at presentation. The presenting leukocyte counts are often higher in children.

Although CML in children is thought to have the same biology as adults, shows difference in clinico-haematological features compared to adults.

PP3

Relationship between HAS-BLED Score & major bleeding events in patients with atrial fibrillation on warfarin: A study at a tertiary care teaching hospital

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Background : Prevention of stroke and thrombo-embolism in patients with atrial fibrillation (AF) using oral vitamin K antagonists is closely related to risk of bleeding. The HAS-BLED score has been proven useful in assessing major bleeding risk in patients with AF in previous studies. The present study was conducted to evaluate the usefulness of the HAS-BLED score for predicting major bleeding events in a cohort of patients with atrial fibrillation on warfarin.

Methods: Ninety one (91) patients with non valvular atrial fibrillation on warfarin for at least 18 months were recruited from anticoagulation clinics of CSTH and the university haematology clinic. Retrospective data was collected using a questionnaire and medical records. The HAS BLED score was calculated at a point of time when 06 months elapsed from initial diagnosis and commencement of warfarin therapy using retrospective information. The occurrence of major bleeding events during the following 01year period of time was documented. The results were analyzed by obtaining a p value through chi square test methods.

Results: The median HAS-BLED score was 2 (35.2%). Out of 91 patients, 06 (6.6%) were in a low risk, 59 (64.8%) were in an intermediate risk and 26 (28.6%) were in a high risk of bleeding. There were no major bleeding events recorded during the period and only 17 minor bleeding events were recorded. Though most of the minor bleeding events (16/17, 94.1%) were observed in intermediate/high risk category, the association was not statistically significant ($p > 0.05$).

Conclusions: Our findings did not show any considerable importance of the HAS-BLED score in assessing the bleeding risk in patients with atrial fibrillation on warfarin therapy. However, further studies using a larger sample number is recommended to draw further conclusions in our population.

