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Platelet count trends in pregnant women who have pre-eclampsia with thrombocytopenia

Peprah, M A (Koranteng)

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Corrections

Page number	Examiner comment	Error made	Correction made
pg. 18	*"Inconsistent referencing style"*	Hayashi et al (2002)	Hayashi et al. in 2002
pg. 19	*"Inconsistent referencing style"*	Janes et al. (1994)	Janes et al. in 1994
pg. 20	*"Inconsistent referencing style"*	Macey et al. (2010)	Macey et al. in 2010
pg. 20	*"Inconsistent referencing style"*	Van Wijk (2002) nor by Lok et al.(2008)	Van Wijk in 2002 nor by Lok et al. in 2008
pg. 20	*"Inconsistent referencing style"*	Ceyhan et al. (2006)	Ceyhan et al. in 2006
pg. 21	*"Inconsistent referencing style"*	A review by Redman et al. (1990)	A review by Redman et al. in 1990
pg. 21	*"Inconsistent referencing style"*	Zemel et al. (1990)	Zemel et al. in 1990
pg. 21	*"Inconsistent referencing style"*	Konijnenberg et al. (1997)	Konijnenberg et al. in 1997
pg. 23	*"Inconsistent referencing style"*	Heilman et al. (2007)	Heilman et al. in 2007
pg. 23	*"Inconsistent referencing style"*	Leduc et al. (1992)	Leduc et al. in 1992
pg.24	*"Inconsistent referencing style"*	Fitzgerald et al. (1990)	Fitzgerald et al. in 1990
pg.25	*"Inconsistent referencing style"*	Leduc et al. (1992)	Leduc et al. in 1992
pg.25	*"Inconsistent referencing style"*	Rinehart et al. (2001)	Rinehart et al. in 2001
pg.25	*"number error*	100-50x10^9/L	100-150x10^9/L
pg.26	*"numerous studies but only one quoted"*	Martin et al. (2003) have been involved in numerous studies regarding the benefits of steroids in HELLP syndrome and has repeatedly found…..	Martin well known for his research in corticosteroids and pre-eclampsia conducted a study in 2003 regarding the benefits of steroids in HELLP syndrome….
pg.28	*"better to quote the original studies here"*	Research conducted in 1987, 1991 and 2002, where the various authors used patients undergoing surgical procedures, liver biopsy and lumbar punctures respectively, found	The suggestion of transfusion with platelet counts <50 x10^9/L for those undergoing surgical intervention remains an arbitrary one based on expert opinion guidelines

		that bleeding was not excessive provided the platelet count was >$50x10^9$/L.	and a limited amount of research. [66] The most data collected regarding major surgery on patients with thrombocytopenia was in 1987 by Bishop et al. [67] Bishop and colleagues reviewed the files of 95 patients with leukaemia who had a surgical procedure (majority were laparotomies and craniotomies) and found that in the group where platelets were >$50x10^9$/L, significant blood loss of more than 500 mL and need for significant blood transfusion of four units occurred in only 7% of cases. [67] Limitations of Bishop et al. work was its retrospective nature and lack of a comparative arm. In 1990 McVay retrospectively analysed the files of patients who had liver biopsies and recorded an incidence of significant haemorrhage in 3.4% of the patients with platelets of 50-$99x10^9$/ L; this figure was similar to those patients who had liver biopsy with normal blood results.[68]