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INTRODUCTION: Various pathways, such as person-person, fecal-oral, and oral-oral transmission, play a role in transmission of *Helicobacter pylori* infection. It can be transferred from mother to infant in either the perinatal or postnatal periods.

OBJECTIVE: The aim of this prospective study was to determine the course of *H pylori* infection in mother-infant pairs in early years of life.

METHODS: Forty-eight mother-child pairs were followed for 12 months. *H pylori* and hepatitis A virus immunoglobulin G levels were measured in maternal sera, infant sera, and breast-milk samples at birth and in breast-milk samples and infant sera at follow-up visits.

RESULTS: At birth, the seropositivity for *H pylori* was 81.25% and hepatitis A was 68.75% in breast milk and 95.8% in maternal and infant sera for both microorganisms. Although there was a decrease in seropositivities for both agents in both infant sera and breast milk at the age of 9 months, an increase was observed in the twelfth month.

CONCLUSIONS: High seroprevalence rates of *H pylori* and hepatitis A virus and similar monthly changes in seroprevalence could be indicators of the same transmission routes.

IMPACT OF ZINC SUPPLEMENTATION ON GROWTH: A DOUBLE-BLIND, RANDOMIZED TRIAL AMONG URBAN IRANIAN SCHOOLCHILDREN

Submitted by Nahid Masoodpoor

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INTRODUCTION: The first study that linked zinc and growth was carried out in Iran and Egypt almost 3 decades ago. At the time, the circumstances leading to growth impairment secondary to zinc deficiency were believed to be unique in less developed countries. Multiple studies have been carried out to assess the effect of zinc supplementation on children's growth. The results of these studies have been inconsistent.

OBJECTIVE: The aim of this study was to investigate the impact of zinc supplementation on growth (weight and height) among schoolchildren who were underweight or had stunted growth.

METHODS: Our study was a randomized, double-blind, placebo-controlled trial of 90 Iranian urban schoolchildren (50 boys and 40 girls; 7–12 years old) who were underweight or stunted and were supplemented with 10 mg of zinc or placebo on school days for 6 months. Variables were weight and height.

RESULTS: Significant effects on weight gain (2.037 ± 1.240 vs 1.55 ± 0.64 kg; $P = .0167$) and height (2.030 ± 1.003 vs 1.403 ± 0.521 cm; $P = .0002$) in the children after zinc supplementation versus placebo administration, respectively, were seen over the 6-month period.

CONCLUSIONS: On the basis of this study, zinc supplementation improved growth in underweight or stunted children and should be considered for populations at risk for zinc deficiency, especially where there are elevated rates of underweight or stunting.

TEL/AML1+ ACUTE LYMPHOBLASTIC LEUKEMIA IN THE GREEK PEDIATRIC POPULATION

Submitted by Sophia Polychronopoulou

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INTRODUCTION: *TEL/AML1*⁺ acute lymphoblastic leukemia (ALL) is considered to be a distinct nosological entity with excellent prognosis, but recent studies have indicated significant clinical heterogeneity.

OBJECTIVE: In this study, we attempted to estimate the incidence and clinical features of *TEL/AML1*⁺ ALL for the first time in a representative cohort of Greek pediatric patients.

METHODS: One hundred twenty children (<16 years old) diagnosed with ALL (107 of B-cell origin, 13 of T-cell origin) were screened for *TEL/AML1* with interphase fluorescence in situ hybridization by using a commercial probe set. All patients were treated as either standard risk (SR) or high-risk (HR) cases according to a modified BFM-95 (Berlin-Frenkfurt-Munster) protocol. Follow-up ranged between 5 and 87 months (median: 45 months).

RESULTS: Twenty-six patient (all of them will ALL of B-cell origin [24.3%]) were found to be positive for *TEL/AML1*. The presence of *TEL/AML1* was significantly associated with younger age and lower white blood cell count at diagnosis but not with remission duration or overall survival rate. The number of children who relapsed (1 vs 7) or succumbed (1 vs 5) was comparable between the *TEL/AML1*⁺ and *TEL/AML1*⁻ groups of children with ALL of B-cell origin.

CONCLUSIONS: The incidence of *TEL/AML1* in Greece seems comparable to that in other European and Med-

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