

Transfusion with maternal platelets, the only compatible ones that are readily available, increases dramatically the infant's platelet count.<sup>1</sup> Three exchange transfusions given to our first patient to remove platelet antibodies, and two transfusions of random donor platelets to our second patient, increased the babies' platelet count for a time shorter than expected. In both cases the clinical course and the laboratory findings improved immediately after transfusion with 1 unit of maternal platelets resuspended in random plasma, as described by Adner et al<sup>1</sup> (Fig. 1 and 2). Both patients were also given steroids, but the effective and fast response was more likely due to the transfusion of maternal platelets than to treatment with steroids, which usually generate a slower response.

### CONCLUSION

In thrombocytopenic newborns who do not respond as expected to random platelet transfusion, the transfusion of maternal platelets simplifies the diagnosis of ITN and at the same time provides effective treatment for the infants and avoids the delay entailed by tests to detect platelet antibodies. For women with other affected children, we agree with authors<sup>9,10</sup> who recommend elective cesarean section to prevent the hazards of labor and delivery, which probably are the largest cause of intracranial bleeding among these infants.

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### CORRECTION

In the article "Noncompliance in Children With Renal Transplants" by Korsch et al (*Pediatrics* 61:872, June 1978), Fig 1 and 2 are reserved. The bar graph showing the distribution of results on the Piers-Harris Self-Esteem Scale should be Fig 1, and the bar graph showing the distribution of results on the California Test of Personality should be Fig. 2.

**Noncompliance in Children With Renal Transplants**  
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