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The blood smear is used to assess red cell size/shape; white cell appearance and differential; abnormal cells; platelet size and morphology; detection of parasites, e.g. malaria. The smear may suggest a diagnosis, e.g. type of anemia, presence of malaria, leukemia and myelodysplasia.

#### **Bone Marrow Examination**

Marrow examination complements clinical and laboratory in determining the cause of anemia, leukopenia, leukocytosis, thrombocytopenia and thrombocytosis, as well as contributing of lymphoproliferative disease and various solid tumors. Smear on approximately 12 slides should be prepared to enable 5 slides to be stained with Wright-Giemsa stain for Hemosiderin and ringed sideroblast evaluation. Additional aliquots of 3-5 ml. of anticoagulated marrow for each ancillary study are prepared.

**Table 2.1: Bone marrow specimen collection**

Study	Anticoagulant
Molecular Diagnostic studies	E.D.T.A
Flow Cytometry	Heparin
Cytogenetics	Heparin

#### **Biopsy**

Following fixation, decalcification and paraffin embedding, staining is conventionally accomplished with Hematoxylin and Eosin stain (H&E).

#### **Reporting**

- A. The report should include a review of the peripheral blood smear including red cell, leukocyte and platelet morphology, as well as adequacy, etc.
- B. The report should include an assessment of the marrow aspirate including adequacy and technical quality of the specimen, conclusion and diagnosis.

#### **Review of the marrow including**

1. Marrow differential count of 500 Nucleated cells
2. Comments regarding cellularity
3. M:E ratio
4. Type of Erythropoiesis (Normoblast, Megaloblastic, Dysplastic)
5. Hemosiderin content - Grade 0-6
6. Evaluation of Ringed sideroblasts if appropriate
7. Myeloid series comments
8. Lymphoid elements comments
9. Plasma cell elements
10. Megakaryocytes Series- (Normal, Increased, Decreased, Dysplastic)

#### **Bone Marrow analysis**

1. The interpretation correlates observations made from the marrow examination with data obtained from the complete blood count.
2. More than one diagnosis may be possible for each case.
3. Each bone marrow aspirate may have a cytologic and / or etiologic diagnosis.
4. The cytologic interpretation utilizes the M/E ratio and the differential cell count to provide diagnostic data for the clinician.

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The aim of this study is to investigate the prevalence and the commonest degree of thrombocytopenia among pregnant women in Tripoli region, Libya.

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