Cardiac failure and sudden death, the latter probably due to arrhythmias, remain the major causes of death in \( \beta \)-thalassemia major (TM). Many studies have shown that reduced heart rate variability (HRV), as well as the presence of ventricular late potentials (VLP) are associated with a higher risk of ventricular arrhythmias and sudden cardiac death in heterogeneous populations of patients, independently of other risk factors. Differences in characteristics within the TM group were statistically significant when \( p < 0.05 \).

Four patients exhibited episodes of non-sustained ventricular tachycardia (from 3 to 12 beats) (Table 2), whereas none of the control subjects showed significant arrhythmias.

The main findings of the present study were that patients with TM, even without clinical signs of cardiac functional involvement, have reduced HRV and an increased incidence of VLP, associated with some non-sustained ventricular tachycardia.

The reduced HRV, expression of impaired sympatho-vagal...


Several small studies suggest that the assessment of interleukin (IL)-6 and IL-8 concentrations at the time of admission is a valuable tool for predicting serious infection in febrile neutropenic cancer patients. Since serum levels of both cytokines are influenced by known promoter polymorphisms, we evaluated whether genotyping of IL-6 and IL-8 promoter polymorphisms improves the diagnostic value of these cytokines.

IL-6 and IL-8 concentrations were measured in duplicate by ELISA (R&D) in children with febrile neutropenia (≥38.5°C, absolute neutrophil count (ANC) ≤500/µL) at the time of admission and 24 hours later. Children with fever for longer than 24 hours prior to admission were excluded. Febrile episodes were classified as bacteremia with Gram-negative or Gram-positive organisms, microbiologically or clinically documented localized infection, pneumonia or fever without an identifiable source (FUO).

Genomic DNA isolated from peripheral blood was used for genotyping the promoter polymorphisms IL-6 G→174C and IL-8 A→251T influence serum concentrations of the respective cytokines, genotyping for these polymorphisms does not improve the diagnostic value of IL-6 and IL-8 measurements.