Results

Abstract 623 Table 1 Results

	2008	2009	2010	2011
Total number of gastroschisis transfers	28	17	25	18
Median gestational age in weeks (range)	37 (30+5–40)	37 (34–40)	36 (33+2–39)	36 (28–39+4)
Median birth weight in grams (range)	2380 (1175–3350)	2590 (1920–4240)	2470 (1620–3470)	2320 (1327–3150)
Median stabilization time in min(range)	50 (30–160)	50 (25–115)	50 (25–205)	45 (25–130)
Median time to complete transfer (range)	80 (45–220)	80 (40–170)	80 (50–195)	80 (40–200)
Facial oxygen	5	2	3	3
Ventilated	1	1	4	2
Out of region transfers	5	2	1	0

Conclusions 88 transfers for gastroschisis were conducted over the period. 91% babies were kept within region and transferred within an average time of 80 min in keeping with the network guideline. There have been no patient related clinical incidents.

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624 INCIDENCE AND OUTCOMES OF ANTENATALLY DETECTED RENAL ANOMALIES

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Purpose Antenatally detected urinary tract abnormalities (ADUTA) are increasingly recognized. Our aims were to determine the incidence and outcomes of antenatally diagnosed congenital hydronephrosis in a large cohort.

Methods We reviewed the records of 18,853 deliveries between January 2008 and December 2011 at King Abdulaziz University Hospital, Saudi Arabia. ADUTA were recorded and their postnatal medical records were reviewed for demographic and radiological data.

Results ADUTA were diagnosed in 327 fetuses (1.7%). The commonest pathology was congenital hydronephrosis (n=313, 95.7%). Cystic renal anomalies were reported in four babies (1.2%) and 10 children (3.1%) were reported to have other renal anomalies, including duplex kidneys or a single kidney. Two-hundred and forty babies with congenital hydronephrosis were followed-up. Hydronephrosis resolved in 99 children (41.2%) within 2 months of birth. Twenty-nine subjects had underlying renal anomalies (12.1%), including vesico-uretral reflux (n=12, 5%), pelvi-uretric junction obstruction (n=14, 5.8%) and posterior urethral valve (n=3, 1.25%). The best predictor for non-resolving congenital hydronephrosis and underlying anatomical abnormalities was the AP diameter on the first postnatal scan. A cut-off point of 5 mm was found to be 83% sensitive in predicting non-resolving hydronephrosis, while 7 mm was 88% sensitive and 10 mm was 94% sensitive.

Conclusion Congenital hydronephrosis is the commonest ADUTA. A large percentage resolved within 2 months of birth, but underlying anatomical abnormalities were found in 12.1%. All babies with antenatally detected hydronephrosis should be examined by US postnatally but further radiological investigations should only be performed for persistent significant AP dilatation ≥10 mm.

625 MAJOR BIRTH DEFECTS AMONG BABY, S BORNS IN QATAR

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Objective To determine the pattern of major congenital malformations in neonates admitted in a tertiaryCare NICU.

Study Design Descriptive study. Place & Duration of study; Women's Hospital Doha Qatar, The only tertiary government hospital in Doha with 310 beds, 16500 deliveries per year and around 85% of delivery in this hospital.

Method ALL neonates which admitted to NICU including those referred from outside. NeonateWith major congenital malformations were identified by clinical examination and confirmed byAppropriate radio-diagnostic methods. The pediatric service of the hospital has the subspecialties in cardiology, neonatology, neurology, nephrology, genetics and pediatric surgery. There are laboratory facilities for plain and contrast radiography, computerized tomography, ultrasound, echocardiography, chromosomal analysis and electron microscopy. Each case was investigated as indicate. Detail chromosomal analysis, Fish study and DNA was DONE infants with dysmorphic features and multisystem defects.

Result During study period number of babies born 101160, number of admission to nicu11898, number of congenital malformations 1678, the incidence of major congenital malformations 1.67%.

Conclusions The study gives an overview of pattern of congenital Anomalies in a tertiary care center. Surveillance and Monitoring of congenital conditions is important for Identifying patterns of malformations.

626 AN 8-YEAR-OLD GIRL WITH MULTIPLE SUBCUTANEOUS NODULES: PILOMATRIXOMA

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Backgrounds and aims Pilomatrixoma commonly occurs in children as a single tumor. Multiple tumors are rare. This case report describes the presentation of an 8-year-old girl with multiple pilomatrixomas.

Case Report An 8-year-old girl presented with 4 subcutaneous, rock-hard nodules. The average time from the onset of the appearance of other nodules was about 12 months. The sites of occurrence were the right eyebrow, neck, right scapular region, and upper left region of the abdomen. Only the nodule in the abdominal region was 1 cm in diameter, the others were 5 mm in diameter. The nodules were nontender and painless except the 1 in the right scapular region. The overlying skin was normal in appearance, with no evidence of ulceration or discoloration. No concurrent disorders were observed. The preliminary clinical diagnosis was multiple pilomatrixoma. The nodules were tender and painful, and the larger one was surgically excised. Histologically, the nodules consisted of acellular material in which ghost cells (figure-1) were prominent, together with foreign body giant cells and calcification. At the