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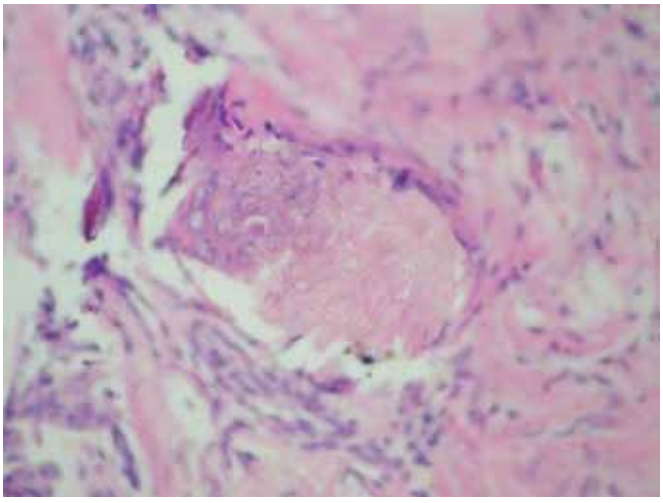
Backgrounds and aims Pilomatrixoma commonly occurs in children as a single tumor. Multiple tumors are rare. This case report describes the presentation of an 8-year-old girl with multiple pilomatrixomas.

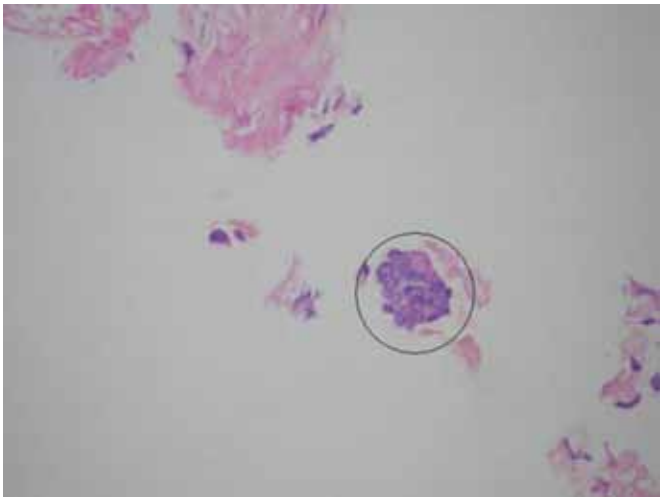
Case Report An 8-year-old girl presented with 4 subcutaneous, rock-hard nodules. The average time from the onset of the appearance of other nodules was about 12 months. The sites of occurrence were the right eyebrow, neck, right scapular region, and upper left region of the abdomen. Only the nodule in 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

periphery, there were focal areas of basaloid cells (figure-2). The pathological diagnosis was pilomatrixoma. No recurrence has been observed during 8 months' follow-up.

Conclusion Although pilomatrixoma occurs mostly in children, general pediatricians are not as well informed about this tumor as are dermatologists and otolaryngologists. We report this case for the benefit of pediatricians.



Abstract 626 Figure 1



Abstract 626 Figure 2

627 INITIAL EXPERIENCES WITH PROPRANOLOL TREATMENT OF INFANTILE HEMANGIOMAS: REPORT OF EIGHT CASES

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Background The infantile hemangioma (IH) is the most common benign vascular tumor in children. The most cases do not require therapeutic intervention. However, 10% of these cases require a treatment because of a life-threat, a functional trouble, a local complication or esthetic risk. We study the efficiency of Propranolol in the control of infantile hemangioma.

Methods Eight infants presented with 8 infantile hemangiomas treated by oral propranolol at a dose of 2 mg/kg body weight per day. Treatment outcomes were clinically evaluated.

Results The treatment was initiated during infancy in all cases (mean, 12.7 months). five patients were treated with 2 mg/kg per day, and three with 3 mg/kg per day Patients were monitored at initiation of treatment The first noticeable effects on propranolol treatment were the changes in color and softening of hemangiomas, followed by regression of their sizes and deep. Response to treatment was favorable; five showed total regression and in three cases a partial regression The average treatment duration in the remaining patients was 6.1 months. no adverse events were reported.

Conclusion Propranolol is an efficacious therapy for infantile hemangiomas. Risks and complications appear moderate. Prospective controlled trails are necessary to observe the effects on a long-term basis.

628 CUTANEOUS SARCOIDOSIS ON A THREE YEARS OLD CHILD

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Background Sarcoidosis is a multisystemic granulomatous disorder characterized by the presence of noncaseating granulomas in tissues such as the skin, lung, lymph nodes, eyes, joints, brain, kidneys and heart. Sarcoidosis is a rare disease in paediatric age, with an incidence of 0.06/100.000 habitants, in children younger than four years of age. Cutaneous involvement is more common in the pediatric population than in adults. Skin may be involved in 80% of affected children.

Case Report The AA present the case of a three years old girl, with unremarkable personal or familiar medical background, that presented a facial nonexsudative maculopapular lesion after insect bite. Four months later, in spite of various therapeutic approaches, the lesion was larger with erythematous-violaceous papules. She had no systemic symptoms.

The patient was referred to dermatology. Skin biopsy identified histopathologic features consistent with sarcoidosis. Pulmonar and ophthalmologic examination were normal. Serum angiotensin converting enzyme level was elevated.

She started oral prednisolone 1mg/kg/d with clinical improvement after one month.

Conclusion Dermatological manifestations of sarcoidosis should be considered in differential diagnosis of various chronic skin conditions such as eczema, acne or infections. The risk of development of systemic sarcoidosis in patients who present with the disease limited to the skin is unknown. However studies have shown that younger children have more risk of develop more serious sequelae.

629 CALCINOSIS CUTIS OF LOWER EXTREMITIES

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We present a 16 months old albanian female with firm nodules along her lower extremities, two months ago from now. No history of trauma or recent infections. Life history has no remarkable data, no medicaments has been used during pregnancy. Antirachitic prophylaxis just three months, 400 UI/day. First steps, by age of 14 months. Family history unremarkable. No consanguinity. Physical examination: weight and stature on 50 centile. Hypertrichosis on the upper parts of the body and forehead. No other skin changes. All along the lower extremities are some hard, no sensitive nodules, different sizes and symmetrical spread all over the legs more expressed along crural region. Feels like cobbled when touched. Muscles are slight atrophic. Joints have normal range of motion with no walking difficulty. Other systems examination was unremarkable. Thyroid hormones, parathyroid hormone, Phosphor, Ca total and ionized, Total Proteins, Albumins, Lipidogram, Rheumatoid factors, ANA, CPK in the normal range. Other biochemical and microbiological parameters