

included respiratory distress ($p=0.000$, risk= 4.006), the use of nasogastric tube ($p=0.017$, OR=3.281) and the use of triple antibiotics ($p=0.001$, risk=1.432). Factors associated with the presence of bloody gastric aspirate included the use of nasogastric tube (OR=1.629, $p=0.000$) and the presence of hemostatic disorders (OR=3.143, $p=0.039$). It was also associated with lower hemoglobin levels ($p=0.000$).

Conclusion SRML represents an under-diagnosed problem in NICUs. Absence of bloody gastric aspirate does not exclude stress-related mucosal lesions.

717 CORRELATION BETWEEN HELICOBACTER PYLORI SEROLOGIC TESTS WITH RAPID URASE AND HISTOLOGY IN CHILDREN

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Background Helicobacter pylori infection is a common infection that affects the human being. This infection also affects the children. Different diagnostic methods such as serology, stool antigen detection, rapid urease test and histology detect this microorganism. The aim of this study was to determined correlation between serology and histology/rapid urease test.

Methods Two groups were selected and matched for age and sex. Seventy seven children with confirmed H. pylori infection as they had positive rapid urease test and histology concomitantly were compared with 77 healthy children. Both case and control groups checked serologically for detection of anti H. pylori IgM, IgG and IgA antibody titers.

Results Three Cut-off points were 3.3 U/ML for IgA, 6.4 U/ML for IgM, and 9.9 U/ML for IgG. Antibody titers were compared with gold standard methods including histologic and rapid ureas tests. IgA level had a sensitivity of 64%, specificity of 58%, accuracy of 59.3%, positive predictive value of 31.5%, and negative predictive value of 76.9%. IgM level had a sensitivity of 76%, specificity of 36.1%, accuracy of 74.2%, positive predictive value of 31.5%, and negative predictive value of 76.9%. IgG level had a sensitivity of 58.6%, specificity of 61.3%, accuracy of 60.6%, positive predictive value of 36.9%, and negative predictive value of 79.3%.

Conclusion These antibodies have a relatively high negative predictive value and a low positive predictive value. So, their negative results are more valuable. The most sensitive antibody is IgM and most specific antibody is IgG.

718 INFANT FEEDING FOLLOWING GASTROSCHISIS REPAIR

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Background and Aims Establishment of enteral feeding is crucial in gastroschisis. Breastmilk may be protective against early complications. Mothers are counselled by breast feeding advisors in our institution. We reviewed initial and discharge feed in a cohort of simple and complex cases.

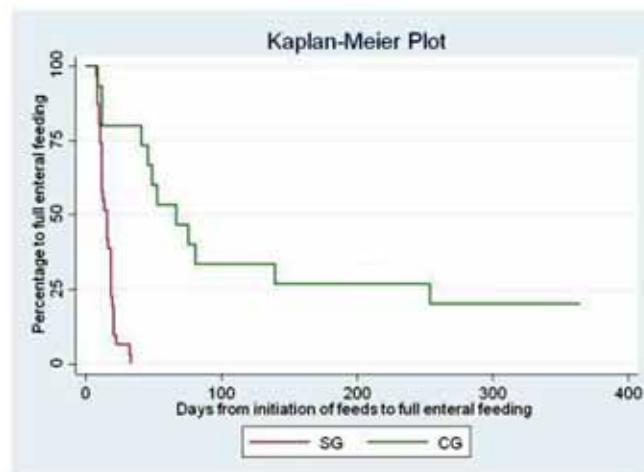
Methods Retrospective analysis of feeding outcomes in 46 patients between August 2008 and Jan 2012 in a single centre. Complex cases were defined as those with closed gastroschisis, bowel atresia, perforation, obstruction or necrosis, stoma or necrotising enterocolitis.

Results Maternal milk (MEBM) was initiated in 42 (91%) infants. MEBM and donor breast milk for 2(4.5%) and specialised formula(SF) for 2(4.5%).

Abstract 718 Table 1 Discharge Feed

| DISCHARGE FEED | SIMPLE(SG) n=31 | COMPLEX(CG) n=15 |
|----------------------|-----------------|------------------|
| MBM | 16(52%) | 1(7%) |
| MBM/SF | 3(10%) | 2(13%) |
| MBM/TF | 5(16%) | 0 |
| SPECIALISED FEED(SF) | 2(6%) | 12(80%) |
| TERM FORMULA(TF) | 5(16%) | 0 |

Discharge feed was all or part breast milk in 78% of the SG group versus 20% in the CG, $p=0.0001$. It was breast milk exclusively in 52% of the SG group versus 7% of the CG, $p=0.0025$. Median days to full feeds were 16 in the SG versus 67 in the CG, $p<0.0001$.



Abstract 718 Figure 1 Time

Conclusions CG cases were less likely to be receiving any breast milk on discharge. This has implications for medical and parental expectations of potential outcome.

719 THE EFFECT OF A FISH-OIL-BASED LIPID EMULSION ON THE PARENTERAL NUTRITION-ASSOCIATED LIVER DISEASE IN VERY LOW BIRTH WEIGHT INFANTS

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Background and Aims Prolonged parenteral nutrition (PN) can cause parenteral nutrition-associated liver disease (PNALD) in very low birth weight infants (VLBWIs). Evidence has suggested soybean-oil-based lipid emulsion (SOLE) is a contributing factor to the development of PNALD. In this study, we investigated the effect of fish-oil-based lipid emulsion (FOLE) on incidence and severity of PNALD in VLBWIs compared with SOLE.

Methods Retrospective review of 66 VLBWIs who received PN for more than 14 days in our NICU from January 2007 to December 2010 was performed. Patients were divided into two groups: SOLE Group (n=30, January 2007–March 2009), received Intralipid® (Choongwae Pharma Corporation, Seoul, Korea) and FOLE group (n=36, June 2009–December 2010), received SMOFlipid® (Fresenius Kabi AG, Bad Homburg, Germany). The Clinical and laboratory findings were evaluated.

Results There were no significant differences in the demographic features and major morbidities between two groups. The peak level of serum direct bilirubin were markedly lower in the FOLE group compared with the SOLE group (2.21 ± 2.16 vs. 3.16 ± 2.20 mg/dL,