

measured 2 hours after the initiation of intravenous PGE1 were slightly increased compared to levels before initiation of intravenous PGE1 ($p < 0.05$).

Discussion Although intravenous PGE1 is more effective than oral PGE1 in short term usage, oral PGE1 is also sufficiently effective in keeping the ductus open. For this reason until the intravenous PGE1 is supplied oral PGE1 may be used as an alternative treatment choice. We think that in long term use oral PGE1, which is cheaper and easy to use, could be used instead of intravenous PGE1 without need of admission to hospital and opening intravenous line.

1129 SURGICAL TREATMENT OF PATENT DUCTUS ARTERIOSUS IN PRETERM INFANTS. TEN-YEAR EXPERIENCE WITH LIGATION IN THE NEWBORN INTENSIVE CARE UNIT

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Background and Aim of study Frequently in low-birth-weight infants, ductus arteriosus fails to close spontaneously. This study evaluates the results of surgical ligation of symptomatic PDA in low birth weights preterms.

Methods We reviewed the medical records of all infants undergoing surgical closure of PDA from 2000 to 2010. Demographic data, weight at operation, respiratory assistance pre-operative, surgical technique to close PDA and outcome were analyzed.

Results Thirty infants underwent surgical closure of PDA in which either indomethacin or ibuprofen treatment had failed or was contraindicated. The mean GA was 27 and the mean birth weight was 752 g. The average weight at operation was 790.5 g. PDA was surgically closed by left thoracotomy using hemoclips.

Postoperative complication occurred in 4 patients, which included intraoperative bleeding (1), pneumothorax (1), lymphatic leak (2). No vocal cord paralysis nor diaphragmatic paralysis were observed. We also registered outcomes related to PDA: bronchodysplasia (22), IVH(8), NEC(8), ROP(13). There was no mortality related to surgery.

Conclusion We conclude that surgical closure of hemodynamically significant PDA is safe and effective in preterm low birth weights infants when pharmacological treatment is ineffective or contraindicated. The associated morbidity is minimal and no surgery-related mortality was observed.

1130 EVALUATION OF THE NEONATES WITH CYANOTIC CONGENITAL HEART DEFECTS HOSPITALIZED IN A NICU AT SIX YEARS PERIOD

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Severe congenital heart defects might be symptom free in first days of life. Therefore only half of the congenital heart defects were diagnosed in neonatal period.

In six years period, 86 neonates with the diagnosis of cyanotic congenital heart defects out of 3672 neonates hospitalized in our unit were evaluated. Neonates with the diagnosis of Down syndrome, trisomies and major congenital defects other than heart were excluded from the evaluation. Mean gestational weeks and birth weights of the neonates were 39, 3 (35–40) week and 3128 (1770–4470) gr respectively. The most common pathology of the heart defects was transposition of great arteries (TGA) in 31 neonates (%36) and the second common pathology was pulmonary atresia in 17 neonates (%19, 8). Four of the 31 neonates with TGA had arterial switch operation and four of them had septostomy procedure, while 23 did not need any invasive procedure. Fourteen of 17

neonates with pulmonary atresia had central or peripheral shunt operations. 51, 2% of the neonates were discharged while 12.8% of them were discharged due to request of the family. Three of the neonates who had arterial switch operation and 11 neonates who had shunt operation were discharged.

Early recognition of infants with congenital heart disease that has high mortality and morbidity in neonatal period and implementation of early intervention in patients with ductus-dependent heart defects was considered to have a positive effect on prognosis.

1131 CARDIOVASCULAR AND HORMONAL RESPONSES TO HYPOXIC STRESS IN THE PRETERM PIGLET

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Background and Aims Immature control of the cardiovascular system may be a contributing factor to poor cardiovascular function and associated increases in mortality and morbidity in preterm infants. This study aimed to assess cardiovascular and hormonal responses to a mild hypoxic stress in newborn piglets.

Methods Piglets were delivered by C-section at 97 and 113 days of gestation (term≈115d). An additional preterm group was exposed to maternal glucocorticoid treatment. Changes in mean arterial blood pressure (MAP), skin blood flow and plasma concentrations of adrenalin, noradrenalin, angiotensin II and cortisol were measured in response to acute hypoxia (4% O₂ for 20min).

Results Preterm piglets were less likely to exhibit a mature cardiovascular compensatory response to hypoxia (increased MAP and reduced skin blood flow) than term piglets. Plasma adrenalin and noradrenalin concentrations at the end of hypoxia were increased in all groups and were 2–3 fold higher in preterm pigs than in term pigs ($P < 0.05$). Plasma cortisol levels were increased at the end of hypoxia in term piglets ($P < 0.05$) but not in preterm or glucocorticoid exposed preterm piglets. Angiotensin II levels were reduced in glucocorticoid exposed preterm piglets compared to untreated preterm piglets ($P < 0.05$).

Conclusions The reduced cardiovascular compensatory response to hypoxia in preterm pigs is not the result of reduced plasma levels of catecholamines during hypoxia. Low levels of angiotensin II in glucocorticoid exposed preterm piglets may contribute to poor control of skin blood flow during hypoxia.

1132 THE EFFECT OF PLATELET COUNT ON SUCCESSFUL MEDICAL CLOSURE OF PATENT DUCTUS ARTERIOSUS

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Background and Aim Patent Ductus Arteriosus (PDA) is a shunt vessel connecting the pulmonary artery and the aorta. It usually closes after birth, but persistence of PDA in preterm neonates is a major cause of morbidity and mortality. A recent study suggested that platelet counts are likely to contribute to PDA closure in humans.

We aim to investigate relationship between platelet counts and closure of PDA after medical treatment with Indomethacin or Ibuprofen.

Methods All preterm infants born ≤ 32 weeks and birth weight ≤ 1500 grams born between 01 January 2008 and 31 December 2010 were included. Retrospective data was collected from the case records, SEND neonatal database and laboratory result systems.