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 usage 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
doi:10.1136/archdischild-2012-302724.1129
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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-operatory, 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: bronchopulmonary dysplasia (22), IVH(8), NEC(8), ROP(13). There was no mortality observed. We also registered outcomes related to PDA: bronchopulmonary dysplasia (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 weight 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
doi:10.1136/archdischild-2012-302724.1130
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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 5672 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 g 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 arteriel 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 HYPOXIA STRESS IN THE PRETERM PIGLET
doi:10.1136/archdischild-2012-302724.1131
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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 adrenaline, noradrenaline, 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 adrenaline and noradrenalin concentrations at the end of hypoxia were increased in all groups and were 2–5 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
doi:10.1136/archdischild-2012-302724.1132
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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 Ibufrofen.

**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.

Arch Dis Child 2012;97(Suppl 2):A1–A539
Results A total of 58 babies were identified with 64 episodes of medical treatment for PDA with Indomethacin or ibuprofen. Mean gestational age was 25.5 weeks and birth weight of 737.1 grams. Mean age at treatment was 26.7 weeks with pre-treatment PDA size of 1.5–6 mm and platelet count of 34–602 μ/mL. Overall 75% (47/64) were treated with high dose and 11% (7/64) with low dose Indomethacin. 30% (19/64) PDA closed post-treatment, 62% (40/64) remained open.

Out of 19 successful closures 7 had initial platelet counts of >150 (Odds Ratio 0.31, 95% Confidence Interval) and out of 40 unsuccessful closures 26 had initial platelet counts of >150 (Odds Ratio 3.18, 95% Confidence Interval).

Conclusions Success of PDA closure after medical treatment was not related to the platelet counts in our study group.

**ANTENATAL VS POSTNATAL DETECTION OF MAJOR CONGENITAL HEART DISEASE IN A LARGE DISTRICT-GENERAL HOSPITAL IN UK; A SIX-YEAR REVIEW**

doi:10.1136/archdischild-2012-302724.1133

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**Background and Aims** Major congenital heart disease (CHD) is defined as CHD that needs operative or catheter based intervention in the first year of life. National institute of clinical excellence (NICE) in March 2008 recommended screening of outflow-tracts in addition to four-chamber view as part of the anomaly scan to improve CHD detection rates. We aimed to examine the clinical spectrum of antenatally and postnatally diagnosed major CHD in our institute pre- and post-introduction of NICE guideline.

**Methods** This is a retrospective review over six years from Jan 2006 to Dec 2011. Data was obtained from antenatal records, patient's clinical and electronic records.

**Results** A total of 74 babies had major CHD diagnosed out of which 37 (50%) were diagnosed antenatally. Antenatal diagnosis pre- and post- NICE guidelines were 12/29 (41%) and 25/45 (55%) respectively as also termination of pregnancies with critical CHD was based upon the preoperatively echo findings, so these 2 pts with TOF/n-10/and Second Group had Pentalogia Fallot (n-3 pts). Anatomical correction was performed in all pts in Sarajevo by foregin an local team. Preoperativey 2/15.4%/pts with T oF had anmalous origin of anterior interventricular branch of RCA crossing RVOT which was as well confirmed intraoperatively. The surgical appro-ach was based upon the preoperatively echo findings, so these 2 pts had RVOT-PA graft construction. All pts from the Second Group had normal anatomy of coronary arteries pre- and intraoperatively.

**Conclusion** Invasive transoracic echocardiography (TTE) is very useful tool in deliniation of coronary artery anatomy as a part of surgical approach plan in patients with TOF which definetly could decrease the risk of surgery.
1132 The Effect of Platelet Count on Successful Medical Closure of Patent Ductus Arteriosus

P Nath, M Avondo and R Roy

Arch Dis Child 2012 97: A324-A325
doi: 10.1136/archdischild-2012-302724.1132

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