

Abstract 1605 Table 1 Tumor Characteristics

Patient	1	2	3	4	5
Size (cm)	1.5 × 1.4 × 1.1	1.0 × 1.0	0.7 × 0.6 × 0.6	1.3 × 1.3 × 0.5	2.5 × 2.0 × 1.3
Descriptive Characteristics	Solitary, Non-mobile mass, Irregular, firm, fixed	No mention in records	Solitary, Non-mobile mass, Firm, fleshy	Solitary, Non-mobile mass, Soft, well-circumscribed	Solitary, Non-mobile mass, Multi-lobulated
Deep Structures Involved?	Adherent to deltoid fascia and muscle	No mention in records	Portion of orbicularis oculi, corrugator	No mention in records	No
Margins	Well-defined	No mention in records	Well-defined	Well-defined	No mention in records

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Background and Aims Bone grafting to replace missing bone with synthetic porous Biomaterial (i.e. bone graft scaffolds) and associated new bone formation and remodelling, have been investigated for over 30 years [Hing K., 2005]. Limited availability of autografts and the risk of disease transfer of allografts, however, has produced an increase in requests for synthetic bone grafts. This study estimate the osteogenic effects of white marble (powder).

Methods A bone defect 2.5 mm in diameter and 2 mm deep was made in the diaphysial part of femoral bone of male Wistar rats. The defects were filled with white marble powder (WM) and autogenous blood clot (control). The animals were euthanized 7, 15, 30, 60 and 90 days after surgery, and specimens were collected for radiographic and microscopic analyses. The bone defects were processed for paraffin embedding and H&E staining.

Results X-ray after the operation did not reveal obvious evidence of angiogenesis in the femoral condyles, where the X-ray density underwent slight changes. The optical density decreased significantly after the implantation, and the quantity of the osteoid, woven and lamellar bone increased in the bone tissue with time. The osteogenesis area with H&E staining showed obvious bone formation, which was significantly different from the control group.

Conclusion Although osteo-conductive activity was not shown, the dolomite favored the repair process, compared to the control group. This study has shown that the white marble powder can be used as a graft to a small cortical bone defect.

1608 THE ROLE OF TRANSTHORACIC ULTRASOUNDS TO ASSESS PATIENTS WITH PECTUS EXCAVATUM

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Introduction Pectus excavatum is the most common congenital malformation of the anterior chest wall; the purpose of this study is to assess the role of thoracic ultrasounds in the preoperative workup of patients affected by pectus excavatum.

Materials and Methods An observational study was carried out ibetween january and september 2011. patients aged between 4 and 14 years of age were divided into 4 study groups. group a: healthy patients without pectus excavatum; group b: healthy patients with different grades of untreated pectus excavatum; group c: patients with pectus excavatum treated with nuss bar; group d: patients surgically treated with removed bar.

Results Patients with deeper anatomical depression showed a differential value between inspiration and expiration lower than healthy patients or patients with shallower depression ($p < 0.05$) in any age range considered; a depression deeper than 2.8 cm was associated with lower elasticity of the chest wall; chest dynamicity of patients treated with open techniques showed almost immobility of the parasternal region, with a differential value close to zero, and

a differential value inferior to 0.5 cm at the level of the anterior axillary line.

Conclusions Study results confirm that the use of ultrasounds should be introduced as a standard preliminary test. patients with pectus excavatum have altered chest dynamicity if compared to healthy patients.

The study also confirms that the most suitable area of the chest for bar insertion in terms of dynamicity is between the fourth and sixth intercostal space: not necessarily near the deepest point of depression.

1609 NEW AMAZING TWO LATERAL CISOR LINE TECHNIC WITH DUAL MESH REPAIR IN OMPHALOCELE

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Omphalocele is very disturbing problem in infants with more complication and trouble therapy that the lesion covered with nylon paper and late repair. This problem so exposed very difficult management and therapy TPN and the intestine are exposed long time out of abdomen and nylon covered can teared so patients stayed long time in hospital.so presentation of new technic with early repair and soft cover is nessessary .For this from 3yrs ago the 10 neonate are surgeried with dual mesh.with initial repair of omphalocele in supine position that one edge of foam like mesh is sutured to abdominal wall and other soft edge overlidied omphalocele contents with skin flap covered all them finally and two lateral cisor was done and in 1-3 yrs f/u the all 10 neonate that the oldest 3yrs old and youngest 6mo old nowadays are in health. This way is easy, safe with less TPN and hospital staying and more best results. The dual mesh was been same with abdominal wall without any complication. The study was done prospective and with dual mesh and CT scan 16 slice in control of them was done. The dual mesh was been same with abdominal wall.

1610 SYSTEMIC EFFECTS OF RETINOPATHY OF PREMATURITY SCREENING

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Background and Aims Examination for retinopathy of prematurity (ROP) is one of the most painful procedures performed in neonatal intensive care units (NICU). In order to avoid severe visual impairment all infants below 1500 g and 32th gestational age should be screened. The aim of this study is to identify the systemic effects and complications of mydriatic eye drops and the physical manipulation of the globe.

Methods The study sample included all preterm infants who were screened for ROP weighing up to 1500 g at birth and hospitalized in Adnan Menderes University NICU from January 2011 through

December 2011. Hospital records were reviewed. Vital signs, apnea and seizure events, need for respiratory support, infection rates, amount of feedings, gastric residuals were investigated. Descriptive statistics and one way Anova test were applied.

Results Seventy ROP examinations in 34 infants were included. Mean birth weight was 1157 ± 256 (700–1945) g, mean gestational age was 28 ± 1.6 (25–32) weeks. Median duration of mechanical support was 15.1 ± 12 (0–50) days. Mean heart rate, respiratory rate and oxygen saturation were similar 24 hours before and after examination. There were no significant differences in apnea event and seizures. Gastric distention was seen in three babies, suspected necrotising enterocolitis in one infant.

Conclusions There were no demonstrable systemic effects associated with ROP examination although infants seemed to be somewhat tired. Low incidence of severe systemic side effects may be associated with fingertip pressure on lacrimal duct and reducing the amount of feedings just before and after the examination.

1611 THE COMORBIDITY OF CHRONIC PAIN AND INSOMNIA IN A COMMUNITY ADOLESCENT SAMPLE: PREVALENCE AND ASSOCIATION WITH SOCIODEMOGRAPHIC AND PSYCHOSOCIAL FACTORS

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Background and Aims The comorbidity of chronic pain and insomnia has received increasing research attention in Western clinical pediatric populations; yet, little is known about its sociodemographic and psychological correlates in non-Western community pediatric populations. This study aimed to examine the prevalence of comorbid chronic pain and insomnia and its associated factors in a community sample of Chinese adolescents.

Methods A total of 1,518 adolescents aged from 11–19 years participated in this school-based study. Apart from sociodemographic background, participants were assessed on chronic pain, insomnia, depression, perceived stress, and social support. Prevalence of co-occurrence of chronic pain and insomnia was determined. Subjects with single symptom were compared with those with symptom co-occurrence on pain characteristics and sleep patterns. Multiple regression model evaluated factors associated with symptom comorbidity.

Results The prevalence of comorbid chronic pain and insomnia was 19.1% (95% CI: 16.9, 21.4). Fully adjusted stepwise regression analyses identified being female, more depressive symptoms, and higher perceived stress to be significantly associated with comorbid symptoms. Adolescents with both symptoms reported significantly more pain sites, higher worst pain, and higher pain-associated interference than those reported chronic pain only. Subjects with comorbid symptoms also had poorer subjective sleep quality, greater sleep disturbances, and more daytime dysfunction than those reported insomnia only.

Conclusions Our data offered preliminary evidence that comorbid chronic pain and insomnia occurred among about one-fifth in the present sample of Chinese community adolescents.

1612 PREMEDICATION FOR NEONATAL INTUBATION: CURRENT PRACTICE IN SAUDI ARABIA

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Objective Despite strong evidence of the benefits of rapid sequence intubation in neonates, it is still infrequently utilized in neonatal intensive care units (NICU), contributing to avoidable pain and secondary procedure-related physiological disturbances.

Aim of the study was to assess the practice of premedication, regimens commonly used before elective endotracheal intubation and neonatologists attitudes regarding this intervention in institutions across Saudi Arabia and to develop evidence based recommendations.

Methods A web based, structured questionnaire was constructed to assess the use of premedication for elective endotracheal intubation and determine barriers to the procedure. The questionnaire was distributed via e-mail to neonatal specialists and consultants of 10 NICUs.

Results 68 (85%) of the clinicians responded to the survey. Most respondents were NICU consultants. Although 48 of the 68 responding physicians (70%) believed it was essential to routinely use premedication for all elective intubations, only 28 (41%) implemented this strategy. Fear of potential side effects was the most frequently cited reason for avoiding premedication. Treatment regimens varied widely among respondents.

Conclusion Rates of premedication prior to non-emergent intubation in neonates are suboptimal. Flawed information and lack of unified unit policy hampered effective implementation. Development of evidence based guideline may support country-wide adoption of this practice.

1613 MANAGEMENT OF VASO-OCCLUSIVE CRISIS WITH PATIENT CONTROLLED ANALGESIA

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Pain resulting from sickle-cell vaso-occlusive crisis (VOC) is often severe, prolonged and difficult to alleviate. Guidelines based on scientific evidence are lacking. In order to evaluate the effectiveness of our treatment protocol, we performed a population-based retrospective observational study on HbSS sickle-cell patients (n=22) admitted for severe VOC (n=48) during a 30-months period and managed with patient controlled analgesia (PCA).

Median (10th-90th percentiles) visual analogical pain scale (VAS) at admission was 9.5(7–10). Patient received 0.3mg/kg (0.1–0.4) intravenous morphine at admission, then PCA was started with the following settings: continuous rate: 20 µg/kg/h (10–25), bolus: 25µg/kg (21–32), and 1.8 bolus allowed/hour (1.7–2.8). Six hours after admission, VAS was less than 7 in only 41% of cases. The median VAS declined steadily during hospitalization. Pain intensity was not correlated with morphine dosage. Success 6 hours after admission (VAS < 7) and during hospitalization (VAS ≤ 4) was associated with significantly lower VAS score at admission and lower number of VOC during the study period. Patients who experienced >2 CVO/year have the following characteristics: higher VAS at admission, higher morphine dosages, lower success rate and lower CRP, bilirubin, LDH and reticulocyte count.

The difficulties encountered in the management of patients who experienced >2 VOC/year may be related to their genotypic particularities. For such patients, an increase of morphine dosage is required. We have developed a computer routine in order to reduce time and increase accuracy of PCA prescription, and to build a prospective database that enables continuous assessment of our treatment protocol.