Pulmonary nocardiosis is a rare respiratory infection which commonly affects immunocompromised patients but also immunocompetent hosts. The clinical manifestation is variable and endobronchial nocardiosis is indeed a very rare condition. We report a case of endobronchial nocardiosis presenting as nonresolving pneumonia and lung abscess in an immunocompetent child. No predisposing factor could be shown for Nocardia infection. To the our knowledge, this is the first case of endobronchial nocardiosis in the childhood period reported in the literature.

**Background and Aims**

Breastfeeding is considered the golden standard in neonatal nutrition. One of the complications encountered in breastfeeding is tongue-tie (ankyloglossia), which may eventually lead to aborting breastfeeding. Frenotomy is considered a very effective procedure in neonates with tongue-tie experiencing breastfeeding problems.

**Material and Methods**

A retrospective descriptive study all patients (<15 years) dying in the PICU of tertiary care hospital were classified in 2 groups: Do not resuscitate (DNR), Withdrawal or Limitation of Therapy (W/LT), failed cardiopulmonary resuscitation (Failed CPR), brain death (BD) and terminal organ failure (TOF). Among 1075 admission, 6.8% patients died. Afton admitted during evening (45%), 40.8% died in the first two days. Faced CPR was the most common mode of death (66.2%), BD was found in 14.9%, TOF in 12.2%, W/LT in 2.7% and DNR in 4.1%. We observed that failed CPR is the most common mod of death and active withdrawal is still not widely practiced in our PICU because pediatricians in developing countries have to consider socio cultural and religious factors when making such decisions.

**Results**

Minor complications were reported in 5 patients (4%). These consisted of need for a mild analgesic or minimal bleeding up to 1–2 minutes. No major side effects were reported.

**Conclusions**

Frenotomy without general anaesthesia is a safe and very effective procedure in neonates with tongue-tie experiencing breastfeeding problems.
risk of obesity and serious adult health problem such as cardio vascular disease, diabetes cancer, hypertension, psychological problem, arthritis, artherosclerosis and diminished physical abilities. **Conclusion** Due to dramatic increase in epidemiology of obesity and related health problem we have to prevent it from fetal period and so we should start it before pregnancy with controlling intervention causes of obesity in mother and provide appropriate educating and counseling. Furthermore follow up care during pregnancy infancy and child hood is needed to reduce risk of diseases that has relation to obesity.

**NEWBORN AUTOPSIES: EXPERIENCE OF A REFERRAL LEVEL III NEONATAL INTENSIVE CARE UNIT IN TURKEY**

N Pazi, A Scoppa, L Orfeo. Neonatal and Pediatric Intensive Care Unit, ’G. Rummo’ Hospital, Benevento, Italy

**Background and Aims** Central venous catheterization (CVC) plays a central role in patient management in intensive care settings. Compared with the use of traditional anatomical landmarks, ultrasound (US)-guidance is associated with higher success rate and fewer mechanical complications. In order to implement the use of US-guided CVC in our Neonatal and Paediatric Intensive Care Unit, we organized a hands-on training program based on the use of agar-handmade models. **Methods** Two different models were constructed to simulate vessels, as described by S. Di Domenico et al in Journal of Ultrasound (2008). In model A the vessels were visualized under a flat surface in both transverse and longitudinal scans, whereas in model B the vessels were punctured under a curved surface and the Doppler function was demonstrated. The training session began with a 40-minute lecture followed by the hands on session. We trained 10 paediatric intensivists. Each test was considered completed when participants were able to position the needle correctly on the “first attempt”. **Results** 60% of trainees correctly positioned the needle at the first test on model A, whereas only 20% on model B because of the more complicated technique. The percentage of participants who achieved correct needle position increased steadily with repeated punctures showing a quick acquisition of the basic skills of US-guided puncture. **Conclusions** Agar-based models are useful tools for teaching the basic hand-eye coordination skills of ultrasound-guided CVC thus reducing hazardous attempts on real patients and facilitating the introduction of this technique in clinical practice.

**INEXPENSIVE HOMEMADE AGAR-BASED MODELS FOR ULTRASOUND-GUIDED CENTRAL VENOUS CATHETERIZATION TRAINING PROGRAMS**

doi:10.1136/archdischild-2012-302724.1724

**SUCCESSFUL MEASURES TO DECREASE HOSPITAL LENGTH OF STAY IN GENERAL PEDIATRIC WARD**

N Pozzi, A Scoppa, L Orfeo. Neonatal and Pediatric Intensive Care Unit, ‘G. Rummo’ Hospital, Benevento, Italy
1722 Metabolic Syndrom: Birth Weight and Childhood Obesity

Z Yazdanpanah, M Hajifogha and A Nematollahi

Arch Dis Child 2012 97: A486-A487
doi: 10.1136/archdischild-2012-302724.1722

Updated information and services can be found at:
http://adc.bmj.com/content/97/Suppl_2/A486.4

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/