one patient with CCHB one year after pace maker implanting.

Conclusions CCHB is the most serious manifestation of the NLE associated with significant morbidity and mortality. Early diagnosis can lead to early treatment avoiding in some cases the onset of CCHB.

P441 YIELD OF URINE FOR CMV SCREENING TEST FOR ASYMPTOMATIC MICRO-CEPHALIC INFANTS1

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Background Congenital CMV infection is the leading cause of nonhereditary SNHL and other long-term neurodevelopmental disabilities. Its prevalence is 0.6% in developed countries. Approximately 10% infants have symptoms at birth. Among apparently asymptomatic infants, approximately 10 to 15% experience SNHL.

Objective To determine the utility and cost-effectiveness of urine CMV PCR testing among infants with OFC <9th centile. To evaluate the frequency of alternative aetiologies of microcephaly in tested infants.

Methods A retrospective review was conducted on all infants with a diagnosis of microcephaly for whom urine for CMV or TORCH screen was sent during July 2017-July 2018 in Coombe Women and Infants University Hospital¹, Dublin, Ireland. Data was collected for various characteristics such as gestational age, ethnicity, parity, mother's serology, mother's lifestyle, reason of screening, anthropometric measurement/Centile and cranial ultra sound result.

Results Between July 2017-July 2018, out of 8200 infants born in CWIUH, 72 (0.87%) infants were screened. Of these, 56 infants had urine for CMV performed, and 16 infants had both TORCH titer and Urine for CMV testing performed. There were only 3 positive CMV cases (4.16%). Male infants were 32 (44.44%) and female infants were 40 (55.55%). 25 infants were first born baby in their family. Mothers of 33 infants were drinking, smoking or using drugs during pregnancy. 29 infants underwent cranial ultrasound, of which 9 had abnormal results.

Conclusions By plotting on actual GA rather than on term line for term babies, we could avoid screening of 12.5% babies. Ethnicity factor is irrelevant. Considering the low incidence of congenital CMV infection (0.8%), current local guidelines for congenital CMV infection screening is cost effective (yield 4.16%). This study serves as a reminder to periodically examine testing practices and patient population to maximize cost-effectiveness.

P442 ECHOCARDIOGRAPHY IN THE TERTIARY SURGICAL NEONATAL INTENSIVE CARE UNIT – A SERVICE EVALUATION PROJECT

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Introduction The use of echocardiography in neonatal care is currently the subject of significant and growing interest. It is

well-recognised that there is wide variation in the approach to neonatal circulatory management, and that many of the commonly-assessed clinical parameters are of limited value in assessing adequacy of circulation. Much of the recent research interest has focussed on the potential uses of echocardiography in haemodynamic assessment of the preterm infant. However, the diverse group of newborn infants with surgical problems are also prone to cardiovascular compromise, particularly in the perioperative period. Additionally they may have structural cardiac defects, commonly as part of a syndrome or association. The echocardiographic needs of this cohort may therefore be different from those of the typical preterm population.

Aim The purpose of this study was to evaluate the use of echocardiography in a tertiary surgical neonatal intensive care unit to better understand current practice and the needs of the population, and to inform future service planning.

Methods We retrospectively reviewed all echocardiograms performed on our 17-cot unit over a 12-month period from November 2018 to October 2018. Demographic and clinical data were collected for all patients.

Results Over the study period 182 echocardiograms were performed on 122 infants. Echocardiograms were performed primarily by technicians, with 82% being performed within one day of the request being submitted. 43% of studies were carried out in term infants, with 52% taking place within the first three days of life. The most common indications were evaluation of a murmur in a preterm infant (22%), known congenital or genetic anomalies (20%) and functional cardiac assessment (13%). A PDA was identified in 59% of initial scans. Structural anomalies identified included ASD (27%), VSD (17%), AVSD (0.8%), Tetralogy of Fallot (2.5%) and coarctation of the aorta (0.8%). Abnormal findings related to function or haemodynamics were reported in 19%.

Conclusions Echocardiography is a commonly-performed investigation in a tertiary surgical neonatal intensive care unit. Both structural and functional assessments are important in the care of infants with surgical problems. This study provides baseline data on current practice and suggests a need for surgical neonatal services to consider adequate provision for echocardiography in any future service planning.

P443 HEREDITARY THROMBOPHILIA IN NEWBORN

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Background Hereditary Thrombophilia refers to the propensity to develop thrombosis. A homozygous abnormality or combination of two heterozygous abnormal factors can lead to clinically apparent thrombotic disorders at an early age. The aim of our study was to analyse the epidemiology, clinical presentation, causes, and management of hereditary thrombophilia in newborn.

Methods It's a retrospective study of all cases of hereditary thrombophilia registered in the neonatal intensive care unit of Sfax between 2014 and 2017.

Results Seven full term newborns were included. They were 5 female and 2 male. Common clinical features were seizures, acute ischemic limb, *mesenteric* ischemia and *skin necrosis*