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.

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 CM or TORCH screen was sent during July 2017-July 2018 in Coombe Women and Infants University Hospital. 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 ultrasound result.

Results Between July 2017-July 2018, out of 8200 infants born in CWIUN, 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 (55.56%). 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.

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.