Abdominal masses in neonates reflect a wide spectrum of diseases, from lesions that can cause significant morbidity and mortality, to conditions readily corrected surgically, to entities which may be safely observed.

Objective To evaluate epidemiology, clinical features, management and outcome of abdominal masses in the newborn.

Methods It’s a retrospective study of all cases of abdominal masses registered in the neonatology department of Sfax between 2004 and 2019.

Results Thirteen patients were included in the study. A female predominance was noted (sex ratio = 0.18). Antenatal diagnosis was made in 10 cases. Seven patients were born via cesarian section. The mean gestational age was 37.7 weeks. Mean birth weight was 3160 g. Three patients had fetal acute suffering and respiratory distress. The most frequent physical finding was palpable abdominal mass (n=9). Ultrasonography (n=13), abdominal scan (n=3) and MRI (n=4) were used for diagnosis. Tumor sizes ranged from 4.6 to 10 cm. We had identified renal cystic lymphangioma (n=1), Infantile myofibromatosis (n=1), ileal duplication (n=3), hydrocolpos (n=4) and ovarian cysts (n=4). Total resection was the treatment for ileal duplication, ovarian cysts and lymphangioma cysts cases. The newborn with infantile myofibromatosis received medical treatment (vincristine) after incomplete resection. The treatment of hydrocolpos was based on simple hymenotomy in two cases and laparotomy in the other two complicated cases. Mean follow-up time was 24 months. Only one patient who had giant hydrocolpos died of refractory shock and acute kidney failure 3 days after surgery.

Conclusions Most neonatal abdominal masses are due to benign lesions. Some of them may provide diagnostic difficulties. Most of masses require surgical treatment, which can be safely performed in small infants by trained personnel. However genuine controversy exists in the management of some lesions including infantile myofibromatosis.
ROLE OF SERUM PROCALCITONIN AS MARKER OF NEONATAL SEPSIS

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ROLE OF SERUM PROCALCITONIN AS MARKER OF NEONATAL SEPSIS

Background Despite the advances in perinatal and neonatal care and use of newer potent antibiotics, the incidence of neonatal sepsis remains high and the outcome is still severe. Early diagnosis of neonatal sepsis followed by appropriate treatment decreases mortality and morbidity in infants.

Objective To study the ROLE OF SERUM PROCALCITONIN AS A MARKER OF NEONATAL SEPSIS and To compare procalcitonin with CRP as a diagnostic marker for neonatal sepsis

Methodology Hospital Based prospective observational study.

50 neonates (preterm &term) with clinically suspected sepsis were studied during 1 year from Jan 2016 to Dec 2016 in Chaitanya Hospital Chandigarh. Conventional sepsis workup was done in all cases and the diagnosis of neonatal sepsis was proved based on the results of blood culture. The serum Procalcitonin was measured by quantitative Enzyme linked immunofluorescence assay and the results were compared to CRP levels between the neonates with or without proven sepsis.

Results

Of the total 220 babies admitted in NICU during that period 50 were eligible for study and analyzed. 24% babies had Definite Sepsis, 60% had Probable Sepsis and 16% babies had No Sepsis. Of the neonates with suspected sepsis 24% had culture positive and 76% were culture negative. Mean PCT level was 13.27+ 33.2 ng/ml. The mean PCT levels were higher in Meningitis group (Mean PCT-26.45) than no meningitis group (p value-0.216). The mean PCT levels was highest in neonates whose CRP >0.5 mg/dl (positive) than that of neonates with CRP≤0.5 mg/dl (negative). Mean PCT levels were 0.433, 52.22 and 27.95 in no infection, probable infection and definite infection group respectively. (p value-0.001) Evaluating CRP as a diagnostic marker for definite neonatal sepsis with cut off value as 0.5 mg/dl, had sensitivity of 41.67%, Specificity of 89.47%, Positive Predictive Value of 55.56% and Negative Predictive value of 82.93%. Evaluating PCT as a diagnostic marker for definite neonatal sepsis. The Sensitivity, Specificity, Positive Predictive Value, Negative Predictive Value were 83.3%, 26.32%, 26.32% and 83.3% respectively taking cut-off level of procalcitoin to be >0.5 ng/ml.

Conclusion The importance of procalcitonin in diagnosing neonatal sepsicaemia becomes more useful when it is used along with other investigations. Especially in identifying the group of neonates who may not be infected and may not require antibiotics.

P448 9 YEAR EXPERIENCE AND OUTCOMES OF TRUNCUS ARTERIOSUS IN A TERTIARY NEONATAL INTENSIVE CARE UNIT

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Background Congenital heart defect affects around 10 in a 1000 live born babies. Truncus arteriosus is a rare conotruncal defect in which a common arterial trunk supplies systemic, pulmonary and coronary circulation. The incidence of truncus arteriosus is quoted as 1% of all congenital heart malformations.

Aim To evaluate the initial neonatal management and long-term outcomes of newborns with truncus arteriosus.

Method We conducted a retrospective review of all newborns with truncus arteriosus admitted to our neonatal unit and referred to a surgical centre between 2010 and 2018. Data were collected from Badger and Cardiology databases to evaluate the initial neonatal management and long-term outcomes of this cohort of patients.

Results Fifteen newborns with truncus arteriosus were admitted to our neonatal unit. Their mean gestational age was 36 weeks with a mean birth weight of 2407 grams. Cardiac defects were detected prenatally in 12 patients (80%). Three babies were diagnosed postnatally. One following failed pulse oximetry screening requiring non-invasive respiratory support and 2 diagnosed following on-going respiratory support on echocardiography. Respiratory support was initiated within the