growth measurement and growth chart plotting requires improvement.

**P469** OUTCOMES OF BABIES WITH BIRTH WEIGHT UNDER 500 GRAMS IN A NEONATAL INTENSIVE CARE UNIT


10.1136/archdischild-2019-epa.805

**Background** Determining the limits of viability for resuscitating a baby is important to avoid un-necessary interventions. Establishing these boundaries is an ethical dilemma that has been under constant debate. There is greater clarity and guidance on gestational age for limits of viability as compared to weight criteria.

**Aims** To evaluate the in-hospital mortality and morbidity in babies born under 500 grams.

**Methods** Retrospective data was collected from Badger database over a 9 year period from April 2009 to March 2018 looking at the mortality and morbidity in babies with birth weight under 500 grams in a neonatal intensive care unit.

**Results** There were 28 babies in the study cohort. The mean gestational age was 25 weeks (range 22+6–28+4) with 46% survival. There were 12 males and 16 females, with higher mortality in males (75% versus 38% in females). 3 babies had oesophageal perforation with naso-gastric tube which was managed conservatively. In the survivors 8 babies had necrotising enterocolitis and none required surgery. There were 2 surviving babies with grade 2 or above intraventricular haemorrhage and 2 babies required laser therapy for retinopathy of prematurity. 2 of the surviving babies (15%) were discharged home on oxygen. The average hospital stay for the surviving infants was 111 days. Of the babies who died, 4 had necrotising enterocolitis and 8 babies with grade 2 or above intraventricular haemorrhage.

**Conclusion** Despite advances in neonatal practice, our single center data shows that the outcome of babies born with a birth weight of under 500 grams remains very poor. The mortality was significantly higher in the male babies. The management of these babies is challenging with multiple co-morbidities requiring significant neonatal resources.
Hirschsprung’s disease is a congenital intestinal paralysis due to absence of ganglion cells in enteric plexuses. We aim to describe the specificities of the neonatal form.

Patients and methods It is a retrospective study of 17 cases of Hirschsprung’s disease hospitalized in our unit between 2006 and 2018. Diagnosis was based on radiological and/or pathological signs.

Results A male predominance was noted. Two newborns were premature. Two newborns had a congenital heart disease. One of them had Trisomy 21. Another newborn had hypothyroidism. An emission delay of méconium (average of 46 hours) was noted in all cases. The disease was revealed by a lower digestive occlusion in 7 cases, an acute enterocolitis in 2 cases and a bowel perforation in one case. The contrast enema practiced in 15 cases, was pathognomic in 13 cases. Rectal biopsy performed in 6 cases, confirmed histological diagnosis in all cases. Surgical treatment was performed in 9 cases with a median time between symptoms and surgery of 19 days. It was a colo-anal lowering in 7 cases, a resection of the right colon with double colostomy in one case and a right transverse colostomy in four cases. Outcome was favorable in 12 cases. Four newborns died consecutively to severe congenital heart disease in one case and sepsis in other cases.

Conclusion Hirschsprung’s disease is the most common cause of digestive occlusion in the newborn. The main complications in the neonatal form are acute enterocolitis and intestinal perforation.

IMPETIGO IN PEDIATRIC POPULATION: A RETROSPECTIVE 6-YEAR REVIEW

Impetigo is the most common skin infection in pediatric age and has the highest incidence increase relative to other skin infections observed in children. The reported incidences in the literature are between 1.65–2.8%, being evident a seasonal variation with peak of incidence during summer and autumn. The aim of this study is to characterize hospitalizations for this pathology in a pediatric population covered by a level II hospital.

Methods Observational cohort study on impetigo hospitalizations over a period of 6 years between 2012 and 2017.