Demographic data, clinical manifestations, laboratory evaluation, antibiotic therapy, duration of hospitalization and clinical evolution were analyzed.

Results During the total of this period, there were 4163 hospitalizations in the Department of Pediatrics, of which 34 (0.8%) for cases of impetigo. Of these cases, 19 (56%) corresponded to bullous impetigo and 15 (44%) to non-bullous. The proportion of impetigo cases at admission ranged from 0% in 2012 to 2013, up to 1.5% of hospital admissions in 2016. Most (94%) were term newborns, 50% male, with a mean age at diagnosis of 12.7 days. Neonatal onphalitis was the most commonly associated pathology in 41%. In only 26% of cases, culture of the pus or bullous fluid was performed. The most frequent agent was *Staphylococcus aureus*, identified in 63% of positive cultures. The most used antibiotic therapy (50%) was the association of flucloxacillin with gentamicin. The evolution was favorable, with complete resolution of the clinical manifestations during hospitalization, in all cases.

Conclusions Our study shows a demographic, clinical and laboratory characterization coincident with that described in the current literature. The increase in the proportion of hospitalizations due to impetigo over the years raises the possibility that the incidence of the pathology is increasing or that there is an increase in the severity of the cases. These data should be an alert on the possible influence that the adequacy of the care provided to the newborn, both inside or outside the hospital, may have in terms of public health.

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EXTRA-HEPATIC BILE DUCT HAMARTOMA – AN UNUSUAL CAUSE FOR ANTERIOR ABDOMINAL WALL DEFECT

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We report a case of a baby girl born at 35 weeks gestation with an unusual para-umbilical lesion associated with an anterior abdominal wall defect. Shortly after birth, she was noted to have a small polypoid lesion to the right of her umbilicus. The lesion measured around 1 cm in length and had a small area of ulceration at the tip. Her systemic examination was otherwise normal.

Abdominal ultrasound examination was suggestive of a defect in the anterior abdominal wall. An artery and vein could be seen passing through the defect into the lesion. A rounded echogenic structure was noted to be passing through the abdominal wall defect consistent with a loop of bowel. At laparotomy, a hamartomatous lesion was seen with an artery and vein extending back to the liver. The bowel was intact and there was no bowel within the lesion. The lesion was excised, with ligation of the blood vessels, and closure of the abdominal wall defect. Screening for other midline anomalies

revealed a left-sided grade 1 intraventricular haemorrhage and a small fenestrated atrial septal defect. Genetic analysis showed a normal microarray and no evidence of Beckwith-Wiedemann syndrome.

Histopathological examination of the tissue showed extensively ulcerated skin. The outline was polypoid with granulation tissue as a base. Deep to this were bile ducts, venules, and arterioles. These features were hamartomatous suggesting an extra-hepatic bile duct hamartoma. The lesion was malformative and not neoplastic.

Discussion While it is unusual to find biliary tree hamartomas presenting in the neonatal period, as most of them are asymptomatic and insidious, the extra-hepatic location of this hamartoma is extremely rare. Redston *et al.* reported on autopsy findings of 2843 patients and calculated the prevalence of biliary hamartomas as 5.6% in adults and 0.9% in children. They also found a high incidence of biliary hamartomas with autosomal dominant polycystic kidney disease. They can be solitary or multiple. Multiple bile duct hamartomas are also known as Von Meyenburg complexes. They are a benign ductal plate malformation of smaller interlobular ducts. Although these lesions are often described as benign anecdotally there are reports mentioning malignant transformation.

Conclusion We report a very rare case of extra-hepatic bile duct hamartoma presenting as an anterior abdominal wall defect in the neonatal period.

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REVIEW OF THE MANAGEMENT OF BILIOUS VOMITING IN TERM NEONATES AND IDENTIFY DIFFERENCES IN MANAGEMENT OUTSIDE WORKING HOURS IN CUMH

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Bilious vomiting is a common reason for admission to the neonatal unit. In the majority, the episode is benign. In a small minority, there is serious underlying pathology which is time critical. Identification and differentiation between these entities is crucial but challenging. Management is variable amongst centres and often case specific and certainly always time critical. When a pathological cause is suspected, occasionally it is warranted to transfer the sick neonate to a surgical unit without the delay of local investigations.

Methods This was a retrospective review in CUMH over seven years.

Inclusion criteria were all infants admitted directly to the unit with bilious vomiting.

Exclusion criteria included infants who were admitted for a different primary concern including premature infants.

Admission Logbook of unit identified infants, online reporting systems were used to review discharge summaries. Online laboratory and radiology database were accessed.

Results 213 infants were included. Management varied throughout the years. Earlier, most infants had a PFA, Septic Work Up (SWU) and contrast study in contrast to the latter years where most had a PFA and a SWU. We postulate in the latter years there was a lower threshold for admission on the background of a neonatal death and subsequently more infants were conservatively managed and observed in the unit.

22% had contrast studies out of hours, 18% were subsequently transferred to a surgical unit in light of a positive