RISK FACTORS FOR POSTOPERATIVE MORTALITY IN AN AUDIT TO IMPROVE NEONATAL READMISSION MANAGEMENT OF CONGENITAL PULMONARY MALFORMATIONS: A REPORT ON 9 CASES

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Background Congenital lung malformations (CLMs) comprise a group of anatomical abnormalities of the respiratory tree. The most common of which include congenital cystic adenomatoid malformation (CAM), bronchopulmonary sequestration (PS), bronchial atresia, congenital lobar emphysema (CLE) and bronchogenic cyst. These anomalies are detected with increasing frequency by pre-natal sonography. When symptomatic, there is little controversy that resection is indicated, which is usually curative. When a lesion is asymptomatic there is greater debate regarding the benefit of resection versus continued observation. The aim of this study is to analyse the management options available and the median-term outcomes associated with each treatment option.

Methods We enrolled neonates who were admitted to the neonatology department at Hedi Chaker hospital, Sfax (Tunisia) within the ten last years and suffered from CLMs.

Results Nine cases were reviewed. Among these 8 were boys (88%) and 3 neonates were preterm. The diagnosis was prenatal in 6 cases (66%) and foetal sonography was abnormal in 8 cases (88%). The adaptation to extrauterine life was good in 8 cases (88%). Six infants (66%) were symptomatic when admitted to neonatal unit. Radiological investigations led to the diagnosis in all cases: 5 CAM, 3 PS and CLE in 1 case. Surgery was indicated for three patients. Two were operated before the age of 7 days due to severe clinical symptoms. The other patient was operated at the age of 7 years for possible malignant transformation of a PS. The surgical treatment involved a lobectomy for 2 patients and a thoracoscopy with malformation’s in the other case. The histopathological examinations confirmed the diagnosis in all cases. Except for one patient with CAM, who died a few days after a lobectomy due to acute nosocomial pneumonia, the evolution was good for 8 children with a mean of follow-up of 24 months (10 months to 10 years).

Conclusion While the neonatal management of symptomatic CLMs is clear and includes prompt surgery, controversies remain for asymptomatic CPAM due to risk of infections and malignancies.

AN AUDIT TO IMPROVE NEONATAL READMISSION NUMBER AT WEXFORD GENERAL HOSPITAL

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Introduction A readmission within a few weeks after discharge of an ostensibly healthy new-born from a well-baby nursery and postnatal ward is an undesirable event for parents, physicians, and payers. Such a readmission may reflect an inadequate assessment of the new-born’s readiness for discharge, a lack of resources and/or an inability of a parent to provide early new-born care, or inappropriate and/or untimely availability of, or access to, outpatient care. Potentially preventable