11 APLASIA CUTIS CONGENITA OF THE SCALP: THE SUCCESS OF CONSERVATIVE APPROACH IN TREATMENT OF A LARGE DEFECT

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Aplasia cutis congenita (ACC) is a rare, heterogeneous group of congenital disorders characterized by the focal or widespread absence of the skin. ACC can occur anywhere on the body; however, the vast majority of cases occur on the scalp midline. At birth, the lesions may have already healed with scarring or may remain superficially eroded to deeply ulcerated while in approximately 15%–30% of cases, the scalp defect is associated with a defect in the underlying bone and dura mater, with exposure of the brain and sagittal sinus. There is no consensus for early management and treatment modalities for large ACC cases. We present a case of a female infant at the age of 2 days (birth 40 + 3 weeks, vaginal, birth weight 3530 g, birth length 52 cm, and Apgar score 10/10) which has been moved from a maternity hospital to our institution due to aplasia cutis congenita of the scalp. She was born of the first regular pregnancy of a 29-year-old mother. At birth, in the parietal skin area above the wide-open fontanel, a 6 cm × 8 cm defect was observed without associated malformations on the rest of the body. Ultrasound of the brain and heart was neat. On the craniogram, partially parietal bone mutually was undeveloped.

Neurological status of the newborn was neat. Magnetic resonance brain made using standard techniques and T1 HIRIS, and Blackbone technique was neat with sustained continuity of dura without signs of cerebral herniation.

Initially, *Staphylococcus aureus* was isolated, and Garamycin therapy with vaseline gas was initiated twice a day. Daily tracking of local findings was improving. One month after receipt, the eschar was gradually demarcated while the smaller nonepithelialized granulation zone treated merbromin with the baths. A protective helmet was created for the child to temporarily protect the brain and the soft tissue. Successive treatments from week to week have seen the reduction of the eschar with the closure of the bony segments. After 6 months, on the skin, a well-developed subcutaneous with the presence of capillary bleeding was observed. Within 1 month, Suprasorb A + Ag® and Suprasorb H® (Lohmann and Rauscher) wound dressings were introduced in the therapy. The iodine cream and the Mepitel® (Mölnlycke Health Care) were introduced into the therapy by removing the Suprasorb® wound dressing. Ten months since the onset of conservative treatment, the aplastic area was almost completely cured.

12 SUCCESSFUL TREATMENT OF AVULSION SCALP INJURY WITH V.A.C.® SYSTEM AND INTEGRA® DERMAL REGENERATION TEMPLATE

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Of all emergency pediatric conditions, dog bites account for 0.3–1.5%. Particularly at-risk group is children under 10 years of age.

Lately, dog bites have been increasingly recognized as a medical and public health issue, as they leave functional, aesthetic and psychosocial consequences. We show the case of a one-year-old boy who was referred from a general hospital to our Clinic for extensive scalp injury by a neighbor's dog. In the general hospital, the wound was flushed and the child was administered ceftriaxone. In addition to the one-year-old boy, in saline, a piece of skin of the scalp was sent. Upon arrival, the child was vaccinated (tetanus-diphtheria toxoids/tetanus immune globulin). The craniogram showed no signs of fracture. At the operating table, we verified a 22 cm long forehead and scalp injury that extended from the left eyebrow to the middle of the scalp. A swab was taken. Immediately, thinking about the final aesthetic appearance, we decided to primarily close the forehead region first.

On the part of the scalp that we were unable to primarily close, we reimplanted a piece of boy's scalp measuring 9 cm × 5 cm. The edges of the wound were sutured with Monosyn® 4/0 sutures. 2 drains were placed. Despite regular dressings and monitoring with appropriate antibiotic therapy (the following pathogens were isolated in the swab; *Enterobacter aerogenes*, *Pasteurella multocida*, *Citrobacter freundii* – all resistant to penicillin, ampicillin, amoxicillin-clavulanic acid) the reimplanted part of the scalp was not accepted. On the eighth day, a necrectomy of the devitalized tissue was performed. The wound edges were refreshed, treated with Microdacyn®, and a V.A.C.® system (-125mmHg) was set up. He worked continuously for 2 days before Integra® was set up. Integra® was fenestrated before placement. After setting Integra® 2 times we changed the V.A.C.® system.

With the acceptance of Integra®, on the 14th day a silicone layer was removed and split-thickness skin graft (STSG) was transplanted from the left upper leg. On the STSG Bactrigas® was placed with the V.A.C.® system. By monitoring and replacing the V.A.C.® system, STSG was accepted. One month after the injury, the boy was released from the hospital. After 3 months the local status is satisfactory. We plan to hair transplantation in the future.

13 TWELVE-YEAR-OLD GIRL WITH A GUNSHOT WOUND TO THE HEAD

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A 12-year-old girl presented to the emergency department after being shot with a .177 (4.5 mm) air gun stuffed diabolo pellet. The pellet shot the girl's left infraorbital. The entry wound in a size of 3 mm was barely noticeable, located 0.9 cm below the lower eyelid and 3.6 cm laterally to the nasal sidewall. Before the accident, her ocular history included diplopia (anamnestically, the girl's mother said that the girl had diplopia before but she was never referred to an ophthalmologist). At the first examination, the mydriasis and ptosis on the left eye were noticed. The left pupil did not react to the light. The right eye status was normal. After an emergency craniogram was performed, a foreign body was verified in the projection of the left orbit. Upon the arrival of an ophthalmologist, the eye status was as follows: visus oculi dextri (VOD) sine correctione (sc) 1.0, visus oculi sinistri (VOS) sine correctione (sc) 0.5, left bulbous in exodeviation of 10 PD with convergence insufficiency, double vision in the direction

of looking straight, occasionally in elevation and depression, with no double vision in the terminal abduction right and left. The girl did not notice the pain. The pupil was in the mydriasis with a very slow motion in the light. Other status of the anterior eye segment as well as of the eye fundus was normal. A computed tomography scan showed a metallic foreign body in the left orbital conus, without fractures or intracranial intrusion. Immediate tetanus prophylaxis, antimicrobial therapy (amoxicillin/clavulanic acid, metronidazole), neuroprotective therapy (methylprednisolone) and local therapy (tobramycinum) were introduced. Given the high risk of surgical treatment, the girl was conservatively treated and monitored. The girl was relieved of physical activity at school due to the possibility of moving the foreign body. Three years after the injury, the girl has only a pupil in semi mydriasis and a slower reaction to direct light. The visual acuity is as follows: VOD sc 1.0, VOS sc 0.9. Other eye status is normal.

14 SKIN BRIDGING AS A RESULT OF UNTREATED ONYCHOCRYPTOSIS IN A TEN-YEAR-OLD BOY

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A 10-year-old boy was examined for a problem with his right big toe that had been present for two years. In the family history there was no onychocryptosis. The child had not presented any worthy of note diseases in the past history. For two years he had presented a painful swelling of the lateral folds of the right big toe with repeated episodes of suppurative inflammation. The latter had always been treated with topical antiinflammatory and antibiotic therapy. He had never undergone surgery for fear of the scalpel. Physical examination showed a distally dystrophic nail with blood crusts at the level of the lateral grooves. The periungual skin presented chronic inflammation and above all formed cutaneous bridge that passed over the nail. The child underwent radical removal of the nail and its matrix under local anaesthesia.

The ingrown toenail of the big toe is a non-exceptional condition in children. When not treated properly it can become chronic. As in our case, the fear of the needle and the scalpel, which is frequent in children, can contribute to the chronicity. When chronic onychocryptosis is not treated adequately, it can be responsible for fibrous lesions, skin bridges and keloids. Although few cases of supraungual skin bridges have been described so far, it is known that hypertrophic granulation tissue can give rise to fibrous tissue covered by epidermis and then to skin bridges that join the two lateral folds. Two pathogenetic mechanisms have been hypothesized for this condition as follows: fusion of the highly inflamed lateral folds and penetration of the nail plate into the distal nail groove.

15 QUALITATIVE ANALYSIS OF HOSPITAL MIDWIVES' CHALLENGES IN PROVIDING BREASTFEEDING-SUPPORT: IMPLICATIONS FOR IMPROVING POLICIES-IMPLEMENTATION PROCESS

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Organization and policy declarations and documents support breastfeeding within Croatian healthcare from early pregnancy until long after birth.

However, results regarding the implementation efficiency and existing policy gaps are still missing. We aimed to identify hospital midwives' challenges in providing breastfeeding support and to recognize implementation policy gaps in hospitals in Croatia, in the field of breastfeeding.

Qualitative study designed in line with COREQ criteria, using semi-structured interviews in 12 healthcare professionals working in delivery room and maternity ward in 1 clinical hospital. Content was analyzed inductively by 3 researchers.

The analyses identified 5 themes: 1. self-awareness of hospital-midwives regarding their importance and success in breastfeeding-establishment, 2. focusing on mother's motivation instead of on problem solving; 3. lack of continuity of care within the healthcare system, 4. lack of standard operating procedures and other organizational issues, 5. satisfaction of hospital staff with their level of knowledge despite lacking of breastfeeding education.

The hospital's midwives invest lots of resources and individual efforts in breastfeeding management, however, the interventions are not efficient, and the staff has no firm guidance on which topics to focus their efforts on.

Possible areas for intervention are day-to-day work organization, structuring in-house education, new employees' utilization, influencing midwifery-schools' curricula, and establishing standard operating procedures to help the staff to deal with the most common breastfeeding problems. National breastfeeding policy does not seem to be fully and efficiently implemented in Croatia. In order to tackle breastfeeding challenges, revision of existing policies, good implementation management and clear definition of responsibilities regarding breastfeeding protection and promotion in hospitals are needed.

16 COMPARISON OF CHILDREN WITH KAWASAKI DISEASE AND MIS-C

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The goal of this research was to compare clinical signs, symptoms and laboratory findings in children diagnosed with Kawasaki disease and those with multisystem inflammatory syndrome in children (MIS-C) associated with coronavirus disease 2019 (COVID-19).

We reviewed medical records of children diagnosed with Kawasaki disease or MIS-C hospitalised in the University Hospital for Infectious Diseases "Dr. Fran Mihaljević" in the period from February 25th 2020 to February 24th 2021. We defined MIS-C using World Health Organisation criteria.

There were 13 children diagnosed with Kawasaki disease and 23 children diagnosed with MIS-C hospitalised in this period. The average duration of hospitalisation was similar in both groups, approximately 8 days. Boys were overall more affected (66%) than girls. Children with MIS-C were older and more often gastrointestinal symptoms were present. When comparing laboratory results, children in the MIS-C group had higher C-reactive protein levels and lower platelet count. Also, they required intensive care treatment more frequently. The first therapy of choice for all children with Kawasaki