Conclusion Intracardiac lipomas can present from being asymptomatic to aggressive cardiac failure or sudden cardiac arrest. The importance of a 12-lead ECG and an echo should be emphasized in children presenting with cardiac symptoms. Cardiac MRI is diagnostic and management depends on a decision by a joint specialist team along with radiologists and cardiac surgeons.

REFERENCES

TISSUE DOPPLER ECHOCARDIOGRAPHIC EVALUATION OF CARDIAC FUNCTIONS IN INFANTS OF DIABETIC MOTHERS

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Aims To assess the echocardiographic parameters in full-term IDM compared to healthy full-term neonates using both conventional echocardiography and tissue Doppler imaging. To evaluate the effect of glycemic control on cardiac function in IDM infants’ using both conventional echocardiography and tissue Doppler imaging.

Methods A Prospective case-control study from September 2015 to April 2016 was conducted at Neonatal Intensive Care Unit at El-Nasar Hospital, Egypt. We recruited 50 consecutive full-term infants of diabetic mothers and 30 healthy full-term infants of non-diabetic mothers with age and sex matching.

A) Inclusion criteria:
- a. Neonates with known diagnosis of maternal type 1 or type 2 diabetes or gestational diabetes (GD), treated with diet alone, oral hypoglycaemic drugs or associated with insulin therapy.
- b. Age and sex matching healthy full-term neonates.

B) Exclusion criteria:
- Maternal history of: hypertension, preeclampsia, rheumatic heart disease or drugs other than insulin.
- Infants with confirmed or suggested:
  1. Major malformations (Central nervous system, cardiovascular system or respiratory system).
  2. Asphyxia or Hypoxic-ischemic encephalopathy.
  3. Chromosomal abnormalities.
  4. Intrauterine growth retardation or infections.
  5. Neonatal sepsis or RDS.
  6. Preterm neonates (less than 37 weeks).
  7. Need for mechanical ventilation.

Results Table 1 showed that Right ventricle (RV), Pulmonary artery (PA), Interventricular septum (IVS), left Ventricular posterior wall (LVPW), IVS/LVPW, Left Atrium (LA), LA/Aorta (AO) and low Mitral Annular Peak Systolic excision (MAPSE) were significantly higher among cases than controls; while there was no difference as regard Left ventricle end-diastolic dimension (LVEDD),Left ventricle end-systolic dimension (LVESD), Fractional Shortening (FS%), AO and Tricuspid Annular Peak Systolic excision (TAPSE).

This results revealed that Pulsed Wave (PW) Doppler parameters, there was statistically significant difference between 3 groups as regard Mitral E wave velocity (M-E), Mitral E wave velocity/A wave (M-E/A), Tricuspid (T-E), (T-E/A), PA (2-D) and Estimated systolic pulmonary artery pressure (ESPAP); while there was no difference as regard (M-A) and (T-A) (see table 2).

Table 3 showed that PA, IVS and LVPW were statistically significant higher among macrosomic than normal weight infants; while there was no difference as regards other M-mode parameters.

Our data showed that there was no difference between macrosomic and normal infants regarding Patent ductus arteriosus (PDA) frequency. As regards size, both Patent foramen ovale (PFO) and PDA sizes were nearly comparable without significant difference as shown in table 4.

Conclusion • Emphasis on proper control of maternal diabetes before and during pregnancy to improve the outcome.
- Echocardiographic screening of IDMs should be considered whenever feasible to detect evidence of LV diastolic dysfunction. This is particularly important in IDMs with poor control of maternal diabetes and/or macrosomia.
- IDMs who are LGA on routine antenatal care AND/OR with poor control of maternal diabetes should be delivered in specialised hospitals with facilities for doing echocardiography and possible need for respiratory support if needed.
- TDI should be part of the echocardiographic evaluation of IDM (especially those at-risk sub-groups) as TDI is more sensitive than PW Doppler in the detection of LV diastolic dysfunction.

LEARNING FROM A CASE CONTROL AUDIT ON LOCAL COST EFFICACY OF PALIVIZUMAB AT EAST MIDLANDS CONGENITAL HEART CENTRE

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Aims 1. Evaluate the cost-effectiveness of palivizumab by comparing outcomes in cardiac patients who received palivizumab compared to those who did not
2. Improve the identification of cardiac patients eligible for palivizumab
3. Reduce postoperative length of stay in cardiac PICU due to complications from RSV infection
4. Prevent the postponement of cardiac surgery due to acute RSV infection
5. Improve the delivery of palivizumab immunisations to all eligible cardiac patients across the EMCH network

Methods Eligible cardiac patients under 2 years old were identified from RSV clinic lists and pharmacy records. Data collected on palivizumab doses, bronchiolitis diagnosed and RSV swab status, length of stay on PICU. Data was collected from medical notes, pharmacy dispensing records, prescription charts, electronic prescribing software, iLab and ICE result reporting systeThe time period analyzed spanned from October 2019 to August 2020.

Results 77 eligible patients were identified. 13 Leicester patients received palivizumab, 44 doses of palivizumab administered to n=13 costing £34,524. Average cost of a full course of palivizumab was £4,569. None had RSV positive

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