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

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.

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 (ESPA); 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.

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 glyceemic 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-Nasr 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:
• 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.
• 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 excursion (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 excursion (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 (ESPA); while there was no difference as regard (M-A) and (T-A) (see table 2).

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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.
bronchiolitis among the 6/13 patients completed the full course (table 2). All 3 cases of RSV positive bronchiolitis occurred in patients who did not complete a full course of palivizumab (table 2). 2 RSV positive cases in the control arm (n=15); one had 2 week inpatient stay and another case of PDA ligation spent 25 inpatient days postoperatively. Overall estimated costs for the length of stay and Synagis were £37,515 in the palivizumab group and £29,744 in the control arm (table 1). Limited by lack of data from n=64 patients across the network district general hospitals, restricted sample size to n=13 immunized at East Midlands Congenital Heart Centre and limited the power of study.1

Abstract 837 Table 1

<table>
<thead>
<tr>
<th>Sample size/n</th>
<th>Palivizumab</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Median age ±SD/months</td>
<td>626</td>
<td>616</td>
</tr>
<tr>
<td>Bronchiolitis cases</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Confirmed RSV positive cases</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Length of stay in RSV cases/days</td>
<td>2</td>
<td>39</td>
</tr>
<tr>
<td>Costings/£</td>
<td>37,515</td>
<td>29,744</td>
</tr>
</tbody>
</table>

Abstract 837 Table 2

<table>
<thead>
<tr>
<th>Doses given vs RSV positive caseload</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doses given</td>
</tr>
<tr>
<td>-------------</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td>0 (control)</td>
</tr>
</tbody>
</table>

Conclusion This study suggested that RSV-prophylaxis was cost beneficial. RSV-prophylaxis reduced length of stay due to RSV bronchiolitis; 2 days (palivizumab arm) vs. 39 (control group) (table 1). Of the 6 patients who completed a full 5-dose course of palivizumab, 0 contracted RSV positive bronchiolitis (table 2). Cardiac patients who did not complete a full course of palivizumab were at higher risk of contracting RSV bronchiolitis. Numbers were far too limited to reach statistical reliability and a second audit cycle was not run as RSV bronchiolitis (table 2). All 3 cases of RSV positive bronchiolitis among the 6/13 patients completed the full course (table 2). In 19% the device was not useful, with symptoms either too short-lived or families unable to capture a trace; in 25% lack of clear documentation made further analysis impossible.

REFERENCES