sex and baseline anthropometrics. Energy intake was significantly correlated with weight gain ($r=0.31$, $p<0.001$), length gain ($r=0.20$, $p<0.001$) and head circumference growth ($r=0.26$, $p<0.001$). In addition, protein intake was independently positively associated with weight gain, and the effect of macronutrient intakes on growth varied with postnatal age.

**Conclusions** Extremely preterm infants in Sweden received lower macronutrient intakes than recommended and showed postnatal growth failure. We found significant positive correlations between intakes of energy and macronutrients and growth. This suggests that optimized energy and macronutrient intake is important to prevent growth failure in these vulnerable infants.

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**350 EFFECTS OF DIFFERENT FATTY ACIDS ON RED BLOOD CELL MORPHOLOGY**

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**Background and Aims** Recently echinocytosis and subsequent haemolytic anaemia was described in a premature infant receiving omega-3 fatty acids (Omegaven) in parenteral nutrition. It was presumed that omega-3 fatty acids caused echinocytosis. No study has been done to compare the effect of different fatty acids used in parenteral nutrition on human red blood cell (RBC) morphology. We therefore studied the effect of omega-3 fatty acids (Omegaven) and omega-6 fatty acids (Intralipid) at different concentrations on RBC in vitro.

**Methods** Blood samples were obtained from 12 healthy adult volunteers. Aliquots with 0.5 ml of washed RBC resuspended in autologous plasma to a hematocrit of 48% and containing 0%, 5%, 10%, 20%, 30% and 40% of Omegaven or Intralipid were prepared and incubated for 30 min at 37°C. The cells were then fixed with 1% glutaraldehyde and inspected under an inverted brightfield microscope. The extent of echinocytosis was quantified by means of the morphological index (MI), calculated according to the standard protocol.

**Results** It was found that at concentrations equal to and higher than 20%, Omegaven produced significantly higher RBC morphological index (MI) than Intralipid: mean MI at 20% for Intralipid was 0.61±0.24 and for Omegaven 1.12±0.43 ($p<0.01$), whereas at 40% MI was 1.47±0.37 and 2.48±0.66 for Intralipid and Omegaven, respectively ($p<0.01$).

**Conclusions** At concentrations over 20% Omegaven is more likely to cause echinocytosis than Intralipid. The higher concentrations may occur in vivo if Omegaven is given separately from other parenteral nutrition fluids (two-in-one).

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**351 DIFFERENTIAL REGULATION OF CORD BLOOD NESFATIN-1 IN LARGE-FOR-GESTATIONAL AGE PREGNANCIES**

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**Background and Aims** Large-for-gestational-age (LGA) infants are at increased risk for developing alterations in metabolic programming, which may lead to impaired glucose homeostasis during infancy, childhood and adulthood. Adipokines play an important role in short- and long-term energy balance, insulin resistance and fetal growth. The objective of the present study was to investigate circulating concentrations of nesfatin-1 (novel adipocytokine, also expressed by the gastric mucosa and pancreatic β-cells) in fetal samples from LGA and appropriate-for-gestational-age (AGA) pregnancies and study their association with gender, parity, and delivery mode.

**Methods** Cord blood nesfatin-1 concentrations were prospectively measured by enzyme-linked immunosorbent assay in 40 LGA (9 born from diabetic mothers and 31 born from non-diabetic mothers) and 20 AGA singleton full-term infants.

**Results** Cord blood nesfatin-1 concentrations were lower in LGA compared to AGA neonates, after controlling for confounding factors ($b=-0.206$, $p=0.005$, $SE=0.07$). However, cord blood nesfatin-1 concentrations were elevated in infants born from mothers presenting with gestational diabetes mellitus (GDM), compared to those born from non-diabetic mothers, after controlling for group ($b=0.190$, $p=0.050$, $SE=0.10$). Finally, cord blood nesfatin-1 concentrations were lower in cases of vaginal delivery ($b=0.11$, $p=0.042$, $SE=0.05$).

**Conclusions** Down-regulation of nesfatin-1 in LGA fetuses probably represents a negative feedback exerted by adipose tissue on nesfatin-1 production. On the other hand, fetal nesfatin-1 concentrations are higher in cases of GDM, probably indicating the possible involvement of nesfatin-1 in the regulation of insulin secretion from pancreatic β-cells. Finally, vaginal delivery-associated inflammation could probably account for lower cord blood nesfatin-1 concentrations.