Abstract 545 Figure 2

546 A GIANT ORBITAL PLEXIFORM NEUROFIBROMA WITH MASSIVE INTRACRANIAL EXTENSION IN A NEWBORN

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Orbital masses in newborns are rare. Herein a newborn with a giant orbital tumor is presented. A 10-day female baby was admitted to hospital with proptosis. She was the first child of a 29 year-old mother, was born from an uneventful pregnancy. Her birth weight was 3000 gr. No consanguinity between the parents and history of neurofibromatosis in family were present. In physical examination, the baby had bilateral prominent proptosis and rest of the physical examination was unremarkable. The initial diagnosis was metastatic neuroblastoma. MRI of the brain showed a huge mass involving bilateral cavernous sinus, perimedullary cistern, orbita and orbital apex. Neuroblastoma markers including urine VMA, NSE, bone-marrow aspiration examination, abdominal ultrasonography and a two-dimensional chest x-ray were normal. Although the initial radiological diagnosis was plexiform neurofibroma, an open biopsy was performed to rule out other possibilities specially orbital malignant tumors. Histopathological diagnosis was a typical plexiform neurofibroma. The child has been treated with palliative measures and for seizures. Although it was a benign histology, the clinical picture was drastic. Like an infant with a malignant tumor chemotherapy was planned. But the family refused chemotherapy and any other form of antineoplastic therapy. In conclusion, the plexiform neurofibroma must be taken in consideration in newborn infant with orbital tumors.

547 CLINICAL PARTICULARITIES IN 2 CASES WITH POLYRADICULONEUROPATHY

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Background and Aims Guillain-Barré syndrome (GBS) is an acute polyradiculoneuropathy with weakness and diminished reflexes. The authors present clinical peculiarities in 2 cases diagnosed with GBS.

Methods The authors present 2 cases: a 18 month-old male admitted because of unstable walking (1st case) and severe lower extremities pain for the 2nd case (5 year-old boy).

Cases history: upper respiratory tract illness 3 weeks before symptoms onset; no vaccinations, surgical procedures or trauma prior to disease.

Clinical exam:

- 1st case presented respiratory signs (dysphonia, slurred speech, short breath);
- 2nd case was admitted for severe legs pain.

In addition, both cases were characterized by symmetrical extremities weakness, legs sensory changes (paresthesias, numbness), intense nuchal rigidity, positive Brudzinski sign, abolished osteo-tendinous reflexes in both upper/lower limbs and no abdominal reflexes. There were performed electromyography (EMG), nerve conduction velocity tests (NCT), serologic and cerebrospinal fluid (CSF) analysis.

Results CSF analysis identified albumino-cytologic dissociation: elevation of CSF protein with normal white blood cells count. The serologic studies shown normal titers for cytomegalovirus, Epstein-Barr virus and *Mycoplasma*. The NCT and EMG have proved severe demyelinating neuropathy and distal conduction block. Differential diagnosis: authors excluded meningitis, myopathies, poliomyelitis, polymyositis and myasthenic syndromes. The patients were treated with intravenous immunoglobulins with good clinical evolution.

Conclusions The authors presented 2 cases with GBS secondary to respiratory infections. Cases peculiarities.

1. Even though small children have the lowest risk, 1st case presented very early onset;
2. Both cases presented intense nuchal rigidity.

548 LINEAR GROWTH AND BODY MASS INDEX IN INFANTS AND CHILDREN AFTER CAUSTIC INGESTION

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Caustic injuries continue to be a significant morbidity in the pediatric patient group. Management of caustic ingestion in children remains a difficult challenge, with the outcome ranging from an asymptomatic state to esophageal strictures and variable effects on linear growth and weight gain.

We recorded and analyzed the growth data of 10 children ranging in age from 1 to 4 years with caustic ingestion presented from 2005 to 2007 and treated at Hamad Medical Center. Initial management consisted of prompt endoscopy and early institution of steroids and antibiotics. The decision on esophagoscopy was made on the basis of drooling and dysphagia. Significant esophageal burns were confirmed in all of them and subsequently five of them were managed successfully by repeated dilation due to multiple strictures.

None of the patients had underweight and/or stunting for 2 years after treatment. However, the BMI decreased from 16.77 $\pm$ 3.5 kg/m² to 16.26 $\pm$ 2.9 kg/m² and the height standard deviation score (HtSDS) decreased significantly from (-) 0.09 $\pm$ 0.99 to (-) 0.58 $\pm$ 1. Children with multiple strictures that required