Background and Aims Bronchopulmonary dysplasia (BPD) is a chronic lung disease associated with premature birth and early lung injury. The pathogenesis is multifactorial, including fluid and electrolyte balance that is dependent to renal development during the first weeks of life.

We previously found a correlation between renal development during the first weeks of life and urinary neutrophil gelatinase-associated lipocalin (UNGAL) at birth in very low birth weight infants (VLBW).

The aim of this study was to examine the relationship between urinary (UNGAL) and serum NGAL (SNGAL) at birth and BPD.

Methods UNGAL and SNGAL were determined at birth in VLBW. BPD was defined as oxygen need at 36 gestational age (GA). Statistical analysis was performed with chi square.

Results 44 VLBW admitted at birth in our NICU were included in the study; 2 of them died during stay in NICU. 20/42 infants developed BPD: all were born at ≤ 29 week (GA) and 14 of them needed diuretics. High values of UNGAL (> 100 ng/ml) were observed more frequently among BPD treated with diuretics than in the other subjects (57% vs 28%, p=0.04).

High levels of SNGAL (>150 ng/ml) were not significantly more frequent in VLBW with BPD.

Conclusions These preliminary data show that high UNGAL at birth is a marker of impaired renal development and fluid balance in preterm newborns, that determine increased lung water and consequently contribute to BPD development.

Background Postnatal corticosteroids (PCS) improve short term lung function but may increase the risk of disability in later life. The Dexamethasone: A Randomised Trial (DART) study was designed to address this risk using a 10 day tapering regimen with a total dose of 890 micrograms/kg. The Royal Women’s Hospital, Melbourne selects patients at high risk of bronchopulmonary dysplasia (BPD) to receive steroids as per the DART protocol. The primary aim of this study was to audit the prescribing practices of the DART protocol with a secondary aims of reporting patient outcomes.

Methods Patients were identified from an electronic database between January 2006 and December 2009 and medical records reviewed. Infants prescribed PCS other than as per the DART protocol were excluded.

Results Forty six infants with mean (SD) gestational age of 25.0 (1.3) weeks and birth weight of 685 (192) g were prescribed dexamethasone. Median (range) duration of therapy was 20 (3–86) days with a median total dexamethasone dose of 1437 (375–9100) micrograms/kg. There were significant changes on day 3 of treatment in mean airway pressure (MAP) or positive end expiratory pressure (PEEP), p<0.001 and percentage inspired oxygen (FiO2), p<0.001. There were seven deaths, with the combined outcome of either death or BPD occurring in 41 (89%) infants.

Conclusions In our audit prescribing practices deviating outside of hospital protocol, resulting in doses exceeding those recommended. Clinical practice review of PCS therapy in preterm infants is encouraged.

604 UROINARY NGAL (UNGAL) AT BIRTH IS RELATED TO BRONCHOPULMONARY DYSPLASIA IN PRETERM INFANTS

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Background and Aims Urinary neutrophil gelatinase-associated lipocalin (UNGAL) and serum NGAL (SNGAL) are acute phase proteins, which are associated with impaired renal development in preterm infants.

Methods The aim of this study was to examine the relationship between urinary (UNGAL) and serum NGAL (SNGAL) at birth and BPD.

Results High levels of SNGAL (>150 ng/ml) were not significantly more frequent in VLBW with BPD.

Conclusions These preliminary data show that high UNGAL at birth is a marker of impaired renal development and fluid balance in preterm newborns, that determine increased lung water and consequently contribute to BPD development.

605 "LOW DOSE" POSTNATAL CORTICOSTEROIDS FOR INFANTS AT RISK OF SEVERE BRONCHOPULMONARY DYSPLASIA

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Background Postnatal corticosteroids (PCS) improve short term lung function but may increase the risk of disability in later life. The Dexamethasone: A Randomised Trial (DART) study was designed to address this risk using a 10 day tapering regimen with a total dose of 890 micrograms/kg.

Methods Patients were identified from an electronic database between January 2006 and December 2009 and medical records reviewed. Infants prescribed PCS other than as per the DART protocol were excluded.

Results Forty six infants with mean (SD) gestational age of 25.0 (1.3) weeks and birth weight of 685 (192) g were prescribed dexamethasone. Median (range) duration of therapy was 20 (3–86) days with a median total dexamethasone dose of 1437 (375–9100) micrograms/kg. There were significant changes on day 3 of treatment in mean airway pressure (MAP) or positive end expiratory pressure (PEEP), p<0.001 and percentage inspired oxygen (FiO2), p<0.001. There were seven deaths, with the combined outcome of either death or BPD occurring in 41 (89%) infants.

Conclusions In our audit prescribing practices deviating outside of hospital protocol, resulting in doses exceeding those recommended. Clinical practice review of PCS therapy in preterm infants is encouraged.

606 DIURETIC USE IN NEONATAL CHRONIC LUNG DISEASE IN ENGLAND

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