Results 204 combinations were analysed. Mean (SD) duration of SI, maximum inspiratory pressure (maximum IP) and average inspiratory pressure (average IP) are shown in the table.

Abstract 1714 Table 1

<table>
<thead>
<tr>
<th>Device</th>
<th>duration of SI seconds</th>
<th>maximum IP cmH2O</th>
<th>average IP cmH2O</th>
</tr>
</thead>
<tbody>
<tr>
<td>SIB 1</td>
<td>6.2 (1.6)</td>
<td>30.0 (5.8)</td>
<td>17.2 (3.3)</td>
</tr>
<tr>
<td>SIB 2</td>
<td>13.9 (7.9)</td>
<td>24.7 (4.7)</td>
<td>17.5 (3.5)</td>
</tr>
<tr>
<td>SIB 3</td>
<td>4.6 (1.2)</td>
<td>23.6 (7.7)</td>
<td>12.5 (4.7)</td>
</tr>
<tr>
<td>SIB 4</td>
<td>33.3 (2.3)</td>
<td>26.4 (4.6)</td>
<td>20.9 (2.5)</td>
</tr>
<tr>
<td>T-piece</td>
<td>32.6 (0.9)</td>
<td>20.0 (0.0)</td>
<td>19.6 (0.5)</td>
</tr>
</tbody>
</table>

Conclusions SIB perform differently depending on the brand and some are able to deliver sustained SI even in the absence of gas flow. If medically indicated, this may be useful in a resource-limited setting with no gas supply.

Conclusions Systemic effects of fluticasone propionate and budesonide formoterol in small and medium doses were noted in the association with long-acting bronchodilators and were more extensive accordingly to the duration of treatment.

Abstracts

1715  TUBERCULOSIS IN CHILDREN - STILL DIAGNOSIS CHALLENGE

doi:10.1136/archdischild-2012-302724.1715

M. Diliborovska, N. Uzunovska, D. Dacevski. Institute for Respiratory Diseases in Children-Kozle, Skopje, FYR Macedonia

Aim Retrospective analyze of evaluation for tuberculosis (TB) diagnosis in children.

Materials and Method At the TB Department, for a period of 2007–2011 yr., data of treated patients were evaluated. Analysis was made on the base of diagnostic parameters: anamnesis data (positive TB control, beginning and symptoms of the disease); BCG vaccine and Mantoux test; and results of following investigations: hematology, microbiology, radiology, fiberbronchoscopy, toracocen-

1717  BRONCHOOBSTRUCTIVE SYNDROME IN TUBERCULOSIS IN CHILDHOOD

doi:10.1136/archdischild-2012-302724.1717

D. Dacevski. Institute for Respiratory Diseases in Children-Kozle, Skopje, FYR Macedonia

Bronchoobstructive syndrome in pediatric population, because of its symptomatology, is frequently cause/introduction for detection of etiological moment, and also verification of tuberculosis infection.

Aim To access how often bronchoobstructive crisis are related with respiratory form of tuberculosis (TB) and what forms are the most frequent.

Material and Methods In the period of 12 years (1999–2010) we inspected hospital histories of patients treated because of TB infection.

We noted: anamnesis data for acute respiratory disorder (cough, wheezing, dyspnea…), their long-lasting and expression, clinical finding, laboratory, microbiological and radiological findings, Mantoux test with PPD-5, data about contact with TB ill person, BCG

1716  EFFECTS ON GROWTH OF INHALED CORTICOSTEROIDS IN ASTHMATIC CHILDREN

doi:10.1136/archdischild-2012-302724.1716


Background Corticosteroids may inhibit growth hormone (GH) axis, reducing GH release, decreasing tissue expression of growth factors, inhibiting IGF-1 bioactivity, osteoblast activity, promoting bone resorption.

Objectives Evaluating adverse effects of inhaled corticosteroids used in asthmatic children on the following biological parameters: GH (two measurements), IGF-1(insulin growth factor-1), FAS (alkaline phosphatase), correlated with the presence or absence of atopy (immunoglobulin E levels).

Methods The prospective study included 74 asthmatic children, treated with inhaled corticosteroids aged between 5 and 18 years of age, divided into subgroups. Each type of inhaled glucocorticoid fluticasone, budesonide, mometasone furoate (single or in combination with long-acting bronchodilators) has been analysed for each patient. T-test, Mann-Whitney, Chi-square, binomial tests were used to ascertain the relations between average dose, the duration of treatment and the biological parameters mentioned.

Results There were found statistically significant differences (p<0.05) in:

1. patients treated with Seretide 25/50 between the number of patients with GH values < 1ng/ml and number of patients with GH > 1ng/ml (second measurement of GH).
2. patients treated with Symbicort 4.5/50, between the number of patients with GH values < 1ng/ml and number of patients with GH > 1ng/ml (first measurement of GH).
3. patients treated with Seretide 50/100 for the following parameters: GH (both determinations), IGE and FAS.

Conclusions Systemic effects of fluticasone propionate and budesonide formoterol in small and medium doses were noted in the association with long-acting bronchodilators and were more extensive accordingly to the duration of treatment.

Endobronchial Nocardiosis in a 11-year-old Child

doi:10.1136/archdischild-2012-302724.1718

Abstracts

Endobronchial Nocardiosis in a 11-year-old Child

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Abstracts

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Tabriz, Iran

A486

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Pulmonary nocardiosis is a rare respiratory infection which commonly affects immunocompromised patients but also immunocompetent hosts. The clinical manifestation is variable and endobronchial nocardiosis is indeed a very rare condition. We report a case of endobronchial nocardiosis presenting as nonresolving pneumonia and lung abscess in an immunocompetent child. No predisposing factor could be shown for Nocardia infection. To our knowledge, this is the first case of endobronchial nocardiosis in the childhood period reported in the literature.

1719 PREDICTION OF MORTALITY CIRCUMSTANCES IN THE PEDIATRIC INTENSIVE CARE UNIT

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1N Hazhir, 2R Ghergherehchi. 1Medical Faculty, 2Tabriz University of Medical Sciences, Tabriz, Iran

In pediatric ICU(PICU), retrospective studies done during the past decade, indicate that 40–60% of all deaths follow limitation or withdrawal of life sustaining treatment. We aimed to describe mode of death and the circumstances surrounding dying a pediatric intensive care unit. A retrospective descriptive study all patients (<15 years) dying in the PICU of tertiary care hospital (n = 74). Information regarding sex, age, Length of Stay (LOS), primary and admission diagnosis and the way of death was determined. Deaths were classified in 5 groups: Do not resuscitate (DRN), Withdrawal or Limitation of Therapy (W/LT), failed cardiopulmonary resuscitation (Failed CPR), brain death (BD) and terminal organ failure (TOF). Among 1075 admission, 6.8% patients died. Afton admitted during evening (45%), 40.8% died in the first two days. Failed CPR was the most common mode of death (66.2%), BD was found in 14.9%, TOF in 12.2%, W/LT in 2.7% and DNR in 4.1%. We observed that failed CPR is the most common mod of death and active withdrawal is not still widely practiced in our PICU because pediatricians in developing countries have to consider socio cultural and religious factors when making such decisions.

1720 “SNIPPING OF A TONGUE TIE” IN NEONATES WITH ANKYLOGLOSSIA AND BREASTFEEDING PROBLEMS: OUTCOMES AND COMPLICATIONS

doi:10.1136/archdischild-2012-302724.1720

1E Çakır, 2E Torun, 3N Büyükşirin, 2A Gedik, 3S Ziyağal, 4HNS Duru, 1M Bilgin, 2U Topuz. 1Department of Pediatric Pulmonology; 2Department of Pediatrics; 3Department of Pathology; 4Department of Chest Surgery, Bismilvem Valik University; 5Department of Pediatrics, Haseki Educational and Research Hospital; 6Department of Radiology; 7Department of Anesthesiology, Bismilvem Valik University, Istanbul, Turkey

Background and Aims Breastfeeding is considered the golden standard in neonatal nutrition. One of the complications encountered in breastfeeding is tongue-tie (ankyloglossia), which may eventually lead to aborting breastfeeding. Frenotomy is considered a harmless and effective procedure in neonates suffering from tongue-tie (ankyloglossia). However, different researchers question the positive effects and emphasize the possible complications, especially when the procedure is performed without general anesthesia. Aim of our study was to describe the outcomes of frenotomy in neonates.

Methods The data of a series of 166 breastfed neonates (110 male, 56 female) with ankyloglossia and breastfeeding problems under 3 months of age were collected. In these neonates frenotomy was performed between January 2008 en 2012 by an experienced pediatrician in the outpatient clinic without general anesthesia. Parent(s) attended the procedure and (breast)feeding was given within minutes after frenotomy. One week after frenotomy, data on complications and effects on breastfeeding were collected by a telephone interview with one of the parents.

Results 84 Neonates (20%) were lost to follow-up after frenotomy. Of the remaining 132 neonates, 117 (89%) reported improvement in breastfeeding (better latch, less nipple pain or fully breastfed), 12 (9%) Reported no improvement. Improvement was controversial in 5 neonates (2%) because of additional problems affecting breastfeeding. Minor complications were reported in 5 patients (4%). These consisted of need for a mild analgesic or minimal bleeding up to 1–2 minutes. No major side effects were reported.

Conclusions Frenotomy without general anesthesia is a safe and very effective procedure in neonates with tongue-tie experiencing breastfeeding problems.

1721 ANALGESIC EFFECT OF A VIBRATION DEVICE ON VENIPUNCTURE IN CHILDREN

doi:10.1136/archdischild-2012-302724.1721

1S Aydinoz, 2FA Genc, 3G Aydemir, 4F Celikel, 5RG Sezer, 7S Saleymanoglu. 1Pediatrics, GATA Haydarpaşa Teaching Hospital; 2Pediatrics, Zeynep Kamil Maternity and Childrens’ Diseases Training and Research State Hospital, Istanbul, Turkey

Background and Aims Venipuncture is a frequent source of painful procedures for children and it has been well documented that children react to pain with a combination of physiologic and behavioral responses. It has been known that children are unable to describe pain and at particularly high risk for inadequate pain management. FLACC scale is a widely used pain assessment tool for measurement of pain infants and young children. FLACC assess 5 behavioral parameters including facial expression, leg position, activity, crying and consolability. Vibration Anesthesia Device™ (VAD) is a device specifically designed for management of pain. The objective of this study was to investigate the efficacy of VAD on pain scores assessed with FLACC during and after venipuncture procedure.

Methods Study participants were 60 healthy children undergoing venipuncture procedure for routine laboratory tests. Children were divided into two groups as follows: Group 1 (n=30) were placed vibration anesthesia device 5 to 10 cm proximally through the site of venipuncture and group 2 (n=30) underwent venipuncture only. A single observer rated pain responses using FLACC before, during and after the procedure.

Results Groups did not differ by age and sex. There were no differences between pain scores of groups assessed by FLACC scale before, during and after venipuncture procedure.

Conclusions We assessed the efficacy of a vibration anesthesia device and our results suggested that this device did not reduced pain scores in children during and after venipuncture procedure.

1722 METABOLIC SYNDROM: BIRTH WEIGHT AND CHILDHOOD OBESITY

doi:10.1136/archdischild-2012-302724.1722

1S Aydinoz, 2FA Genc, 3G Aydemir, 4F Celikel, 5RG Sezer, 7S Saleymanoglu. 1Pediatrics, GATA Haydarpaşa Teaching Hospital; 2Pediatrics, Zeynep Kamil Maternity and Childrens’ Diseases Training and Research State Hospital, Istanbul, Turkey

Background Obesity is a worldwide health problem at all ages of life span. A large number of research have shown a positive association between Birth Weight(BW), child hood obesity and Metabolic Syndrome in later life, and thus the prevention is critical.

Material and Methods This article presents the results of a systematic review of the association between Birth weight, childhood obesity and Metabolic syndrome.

Result Several studies pointed out that BW and child hood obesity have contributed to an increase in the prevalence of MS in obese pediatric populations born large gestational age (LGA) and macrosomia. Persistent fetal obesity during infancy and child hood rise the