

<sup>1</sup>E Çakır, <sup>2</sup>E Torun, <sup>3</sup>N Büyükpınar, <sup>4</sup>AH Gedik, <sup>5</sup>S Ziyade, <sup>6</sup>HNS Duru, <sup>7</sup>M Bilgin, <sup>8</sup>U Topuz. <sup>1</sup>Department of Pediatric Pulmonology; <sup>2</sup>Department of Pediatrics; <sup>3</sup>Department of Pathology; <sup>4</sup>Department of Chest Surgery, Bezmialem Vakif University; <sup>5</sup>Department of Pediatrics, Haseki Educational and Research Hospital; <sup>6</sup>Department of Radiology; <sup>7</sup>Department of Anesthesiology, Bezmialem Vakif University, Istanbul, Turkey

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 the 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

doi:10.1136/archdischild-2012-302724.1719

<sup>1</sup>N Hazhir, <sup>2</sup>R Ghergherehchi. <sup>1</sup>Medical Faculty; <sup>2</sup>Tabriz 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 (DNR), 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 (43%). 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 still not 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

<sup>1</sup>E Post, <sup>2</sup>J Daamen, <sup>3</sup>W Balemans. <sup>1</sup>Pediatrics, Sint Antonius Ziekenhuis, Nieuwegein; <sup>2</sup>Medicine, University Medical Center Groningen, Groningen, The Netherlands

**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 for ankyloglossia. However, different researchers question the positive effects and emphasize the possible complications, especially when the procedure is performed without general anaesthesia. Aim of our study is 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 paediatrician in the outpatient clinic without general anaesthesia. 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** 34 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 3 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 anaesthesia 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

<sup>1</sup>S Aydinöz, <sup>1</sup>FA Genc, <sup>1</sup>G Aydemir, <sup>1</sup>F Celikel, <sup>2</sup>RG Sezer, <sup>1</sup>S Suleymanoglu. <sup>1</sup>Pediatrics, GATA Haydarpaşa Teaching Hospital; <sup>2</sup>Pediatrics, 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

Z Yazdanpanahi, M Hajifoghaha, A Nematollahi. Nursing, Shiraz University of Medical Sciences, Shiraz, Iran

**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 syndrom.

**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