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.

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

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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 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 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

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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 in 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

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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 hoo 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 hoo rise the