

vaginal birth, but caution should be taken in the first three minutes as oxygen saturation is higher.

**1742 A COMPARISON OF NEONATAL BILIRUBIN DETERMINED BY BLOOD GAS ANALYZER AND AUTO ANALYZER**

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As high levels of serum bilirubin well known to be toxic to the brain especially preterm neonates, many methods adapted for bilirubin measurement. We evaluated total bedside blood gas analyzer bilirubin (BsB) in preterm and term newborns compared to central laboratory auto analyzer bilirubin (TsB). An observational study on term and preterm newborns paired samples were checked for BsB and TsB looking for the significantly compared values, time needed, gestational age, weight, and anemia and blood volume extraction. A hundred forty one term and preterm newborns were included, birth weights range from 460 to 3450 g with a mean of 1450 and gestational ages from 23 to 40 weeks with a mean of 30.4 weeks. The correlation of TsB to BsB was linear and statistically significant, as well as hemoglobin and hematocrit, especially preterm neonate or term neonates already given phototherapy when the transcutaneous bilirubin measurement cannot be recommended the bedside blood gas analyzer bilirubin, hemoglobin and hematocrit were found to be statistically correlated and minimizing the time and extraction blood volume.

**1743 EVALUATION OF NEONATAL COMPLICATIONS IN CAESARIAN SECTION AND VAGINAL DELIVERY**

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**Background** The appropriateness of the rising rate of cesarean delivery worldwide has been debated widely. U.S. cesareans have risen 40% since 1996. IRAN cesareans section rate is 40\_40% nowadays. However, the high rate of cesareans in the United States has not resulted in improved outcomes for babies or mothers. So must make a decision to lowered rate of SC with out risen of neonatal complications. The aim of this study is to evaluate neonatal complications in caesarian section and vaginal delivery.

**Method** We conducted observational study of all women with a singleton gestation and a prior cesarean delivery at 2 academic medical centers in Masshad medical university. Perinatal outcomes were compared between 770 neonates who had born with a normal vaginal delivery and neonates who had born with an elective cesarean delivery without labor.

**Results** Vaginal delivery was attempted by 344 women, and 426 women underwent elective cesarean delivery without labor. Asphyxia occurred in 30 infants whose mothers underwent elective cesarean delivery and in 11 infants born at term whose mothers underwent a trial of labor ( $p < 0.001$ ). Planned cesarean delivery decreased rates of low up gar score from 11.2% to 17.8% ( $p < 0.001$ ). The risk for pulmonary disorders (transient tachypnea of the newborn infant and respiratory distress syndrome) rose from 9% to 4.6% ( $p = 0.001$ ) in elective cesarean delivery.

**Conclusion** Fetal complications like RDS were significantly higher in cesarean section versus vaginal delivery.

**1744 IS THERE A ROLE FOR A PART-TIME POISON CONTROL CENTER IN A HUMAN RESOURCE LIMITED SETTING?**

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**Background and Aims** The poison control centers have been shown to reduce the morbidity and mortality in childhood accidental poisoning. The United Arab Emirates poison and drug information center does not operate 24/7 due to the shortage of well-trained staff. We aimed at identifying the time range of presentations of the poisoning cases to the emergency centers in the region as an indirect efficiency measure of the center.

**Method** We reviewed the electronic medical records for the documented triage check-in time for all the cases of accidental poison ingestion under the age of 10 years who presented in the year 2010 in the two tertiary emergency centers (ERs) in the region. We divided the 24 hour digital time clock into two distinct segments ie.0700 to 1500 hours (the working hours of the poison center in the region) and 1501 to 0659 hours (off working hours). The answers were compared using frequency bar plotting to get the percentage of children in each segment.

**Results** 200 children were seen between January 1<sup>st</sup> and December 31<sup>st</sup> 2010 in the ERs. Record was not available in six cases. 153 cases (76.5%) were checked-in in the 1501–0659 hours segment compared to the 41 cases (20.5%) during the working hours of the poison center.

**Conclusion** More than three-quarter of accidental poison ingestion cases presented to the emergency when the poison center was closed. Shifting the day time staff to provide evening and night time coverage can significantly improve the efficiency of the poison center and minimize cost.

**1745 THE DIAGNOSTIC CHALLENGE DURING THE PERINATAL PERIOD: ASYMPTOMATIC OVARIAN AUTOAMPUTATION**

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**Background and Aims** Initially defined as a rare complication, ovarian autoamputation is increasingly reported in neonates and infants less than one year of age. Antenatal ultrasound may not always be relevant in determining long term outcome of complex ovarian cysts. A sonographically persistent ovarian cyst may be free floating in the peritoneal cavity with no connection to the pelvis, or may parasite omental or mesenteric circulation, simulating an omental or mesenteric cyst.

**Methods** Five patients with prenatally diagnosed cystic masses are reported. The masses were initially detected during 28, 33, 34 and 35 weeks of gestational age, with septations and dense echogenicity mimicking complex ovarian cysts. The cysts failed to resolve in all cases. Serum  $\alpha$ FP levels were normal on date of admission in three elder cases and returned to normal in two newborns.  $\beta$ -hCG was within normal limits. CT or MRI studies confirmed cystic lesion with additional calcification area in two patients.

**Results** Laparoscopic approach revealed ovarian autoamputation in all patients with vessel resembling attachments originating from the greater omentum in two, and ileal mesenteric attachment in another. Histopathology revealed a hemorrhagic cyst with areas of infarction in four cases and locus of mature teratoma in one. Four patients were discharged within 24 hours postop.

**Conclusions** Radiology failed to detect torsion and autoamputation in all patients with prenatally diagnosed hypoechogenic cystic masses which failed to resolve following conservative management. The possibility of an otherwise silent ovarian autoamputation in a neonate, may necessitate laparoscopic intervention for correct diagnosis.

**1746 TOP TIPS! - A NEW APPROACH TO MANAGING CHILDHOOD COUGH IN THE COMMUNITY**

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