

compared with 81.3% hours (IQR 38.5 to 181.3) in the control group (Figure 1), a reduction of 58% (95% CI 35% to 73%) ($p = <0.0001$). We found no other statistically significant differences between the two groups to term corrected age.

Conclusions Cerebral oxygenation was stabilised using a treatment guideline in combination with cerebral NIRS monitoring in extremely preterm infants.

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EVALUATION OF THE INFLUENCE OF BIFIDOBACTERIUM LACTIS 2011 AND HINDIBA INULIN ON FEEDING INTOLERANCE AND NECROTISING ENTEROCOLITIS IN PREMATURE BABIES

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Aim To evaluate the influence of bifidobacterium lactis 2011 and hindiba inulin on feeding intolerance and necrotising enterocolitis in premature babies

Material and method 89 premature babies with the diagnosis of feeding intolerance were enrolled in the study. Premature babies were divided into two groups; Study group (group 1) had Bifidobacterium Lactis (5×10^9 CFU) + Hindiba Inulin (900 mg) (Maflor^R) liquefied with 10 ml sterile water with the dosage of 3×1 ml peroral while control group (group 2) did not have any medication for feeding intolerance.

Results Gender and gestational weeks of the groups were not significantly different. B. Lactis vs Hindiba Inulin was started at mean 9.9 days and continued for mean 11.1 days. Time of starting oral feeding and time of full enteral feeding were longer in study group and this was statistically significant. ($p < 0,05$). Although NEC was not significantly different between groups ($p > 0,05$), babies in the study group diagnosed as in Grade 1 and did not progress, one third of the diagnosed babies in the control group progressed to Grade 2. When the groups were compared according to weight gain, study group gained more weights and it was statistically significant. ($p < 0,05$).

Conclusion Probiotics and prebiotics may have positive effect due to higher weight gain and not advancing in NEC in study group having B. Lactis and Hindiba Inulin.

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THE VICI-TRIAL: AN INTERNATIONAL MULTICENTER RANDOMISED CLINICAL TRIAL COMPARING HFO AND CMV AS INITIAL VENTILATION STRATEGY IN CONGENITAL DIAPHRAGMATIC HERNIA

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Background Congenital diaphragmatic hernia (CDH) is a life-threatening anomaly with significant mortality and morbidity. The

Abstract O-223 Table 1

Variables: corrected for centre			
(results are presented as n (%) or median (IQR))	HFO (n = 80)	CMV (n = 91)	p-value
Length of ventilation (days)	13 (8–23)	10 (6–18)	0.03
Severity CLD			
No CLD	37 (46.3%)	50 (54.9%)	
Mild CLD	7 (8.8%)	13 (14.3%)	
Moderate CLD	2 (2.5%)	1 (1.1%)	
Severe CLD	9 (11.3%)	6 (6.6%)	
Died	25 (31.3%)	21 (23.1%)	0.13
ECMO (in ECMO centres only)	24 (51.1%)	16 (26.2%)	0.007
Inhaled nitric oxide	45 (56.3%)	39 (42.9%)	0.045
Sildenafil	25 (31.3%)	11 (12.1%)	0.004
Inotropics	73 (91.3%)	73 (80.2%)	0.08
Duration inotropics (days)			
(in survivors only)	8 (4.25- 19)	6 (3.25- 11.75)	0.02

lungs have a high susceptibility for oxygen and ventilation damage resulting in a high incidence of chronic lung disease (CLD).

Aim To establish the optimal initial ventilation strategy in CDH.

Methods In a prospective, randomised international multicenter trial initiated by the CDH Euroconsortium (VICI-trial, NTR 1310), prenatally diagnosed CDH neonates born between November 2008 and December 2013, were randomised for either conventional mechanical ventilation (CMV) or high-frequency oscillation ventilation (HFO) as initial ventilation mode. Primary outcome measure was death or CLD (Jobe and Bancalari, 2001) at day 28 analysed by multiple logistic regression analysis corrected for centre, lung-to-head ratio, liver position and side of defect. Secondary outcome was corrected for centre.

Results Of the 171 included patients, 91 (53.2%) initially received CMV (median gestational age 38.1 weeks) and 80 (46.8%) HFO (median gestational age 38.0 weeks). In total, 21 (23.1%) patients ventilated by CMV died and 25 (31.3%) in HFO. Of the survivors, 21 (23.1%) had CLD in CMV and 18 (22.5%) in HFO. Primary outcome measure showed that in CMV 41 (45.1%) died or had CLD at day 28 and in HFO 43 (53.8%), OR 0.6, 95% CI [0.12–2.54]. Results of secondary outcome are shown in Table 1.

Conclusions Although the primary outcome was statistically not significant, CDH patients initially ventilated by CMV were ventilated less days, received inotropics less days, and received less often nitric oxide, sildenafil and ECMO compared to HFO.

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TOLL-LIKE RECEPTORS GENOTYPE POLYMORPHISM IN EGYPTIAN CHILDREN WITH CHRONIC VIRAL HEPATITIS C

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Background Toll-like receptors (TLRs) are important molecules for both innate and adaptive immune responses. The prevalence of TLRs polymorphism varies in different populations and controversial results were reported in HCV patients. We aimed to assess the frequency of TLR2 Arg753Gln, TLR4 Asp294Gly and TLR4 Thr399Ile polymorphisms among Egyptian children with chronic HCV and to study their relation to clinical data.

Methods An observational case control study was conducted in Mansoura University Children's Hospital, Egypt and included