

Results Short stature was identified in 54% of patients, while malnutrition was identified in 70% of patients. Anthropometric evaluation of the upper arm, skin fold thickness and weight for height are useful parameters to evaluate nutritional status in children with CLD.

Conclusions Growth retardation and malnutrition are common complications in children with CLD, particularly with progression of liver disease severity. Therefore, nutritional support is an important aspect of therapy.

Gastroenterology and Hepatology/Nutrition

PO-0147a EFFICIENCY OF THE COMBINED ANTIVIRAL THERAPY OF CHRONIC HEPATITIS C IN CHILDREN

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Aim The purpose of this work was to study efficiency of the combined antiviral therapy in children with chronic hepatitis C in Republic of Moldova.

Methods In compliance with the National Program (2007–2016) in paediatric hepatology department 35 children, aged 4–17 years, were treated with pegylated interferon alpha 2b (60 mcg/m²/week) plus ribavirin in a dose of 15 mg/kg/day; therapy length of 24 weeks for genotype 2 and 3 or 48 weeks for genotype 1b. The diagnosis was confirmed by clinical, biochemical, immunological modification, including degree of viremia (ARN VHC PCR Real Time ROTOR Gene6000 CORBETT RESEARCH) and transient elastometry (Fibroscan) for detecting liver fibrosis.

Results Chronic hepatitis C (genotype 1b – 31, genotype 2–1, genotype 3a in 3 children) was characterised by the minimal clinical signs, low biochemical activity in 60% of cases. Low virus loading (<600000 ui/ml) and a minimum degree of fibrosis of F0-F2 was identified in 29 of 35 children. 33 patients finished treatment. 2 children discontinued treatment because of the expressed headaches and in connexion with immigration. In the course of treatment by pegylated interferon and ribavirin most common of the side effects were pyrexia, headache, neutropenia, fatigue, anorexia, injection site erythema and vomiting. **Conclusions** Combined antiviral therapy of chronic hepatitis C in children was safe. This treatment program needs an individual approach and it was effective SRV in 73% cases, inclusive in genotype 1b – 69%, in genotypes 2 and 3a – in 100%.

PO-0147b EFFECT OF CONTROLLED CONSUMPTION OF AMARANTH FLOUR ON THE NUTRITIONAL RECOVERY IN MALNOURISHED CHILDREN WITH GRADE I

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Objective Analyse the effect of amaranth flour on the nutritional recovery in two groups of children from 2 to 4 years with malnutrition grade I, one with control over their consumption and the other with a regular consumption over a period of three months.

Material and methods Quantitative, quasi-experimental longitudinal prospective study. We followed up to 83 children aged

between two and four years of age with malnutrition grade I, three health centres in the Health District I San Luis Potosí.

Results 46 children joined the experimental group and 37 in the control group in the first 27 female and 19 male, average age of this group was 3 years and 4 months old. The control group was composed of 21 females and 14 males with a mean age was 3 years 1 month old. We followed up the groups over three months. The final comparison (sixth evaluation) by paired analysis between groups was observed in the experimental suffered significant increases compared to control variables such as weight, subscapular skinfold and Centripetal index.

In this study was demonstrated that parameters such as PT, PSE, PB, AM and AG can be used as evaluation measures sensitive to nutritional changes in short time.

PO-0148 WITHDRAWN

Hematology and Oncology

PO-0149 RED CELL TRANSFUSION VOLUME IN NEONATES

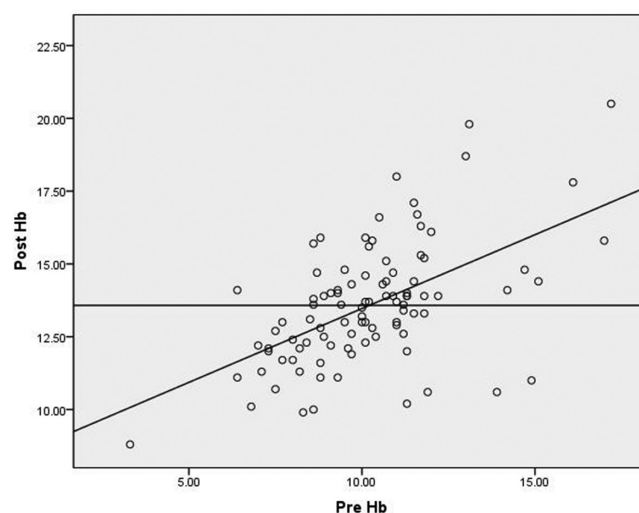
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Background Neonatal Red cell transfusion volume is traditionally calculated based on weight 10–20 ml/kg. The main objective was to explore whether desired Hb level was achieved post transfusion and if other variables such as weight, pre-transfusion Hb value, and RCC volume affect transfusion outcome.

Methods This retrospective quantitative descriptive study included all neonates admitted to NICU requiring their first blood transfusion in a single tertiary referral centre. Hb levels pre and post transfusion as well as volume transfused were evaluated.

Results Over one year, 108 neonates received a blood transfusion. Complete data set in terms of pre and post transfusion Hb values, weight, and volume transfused was only available for 78 neonate. The mean Hb pre-transfusion was 10.3 ± 2.5 g/dl with



Abstract PO-0149 Figure 1 Correlation between pre and post transfusion Hb