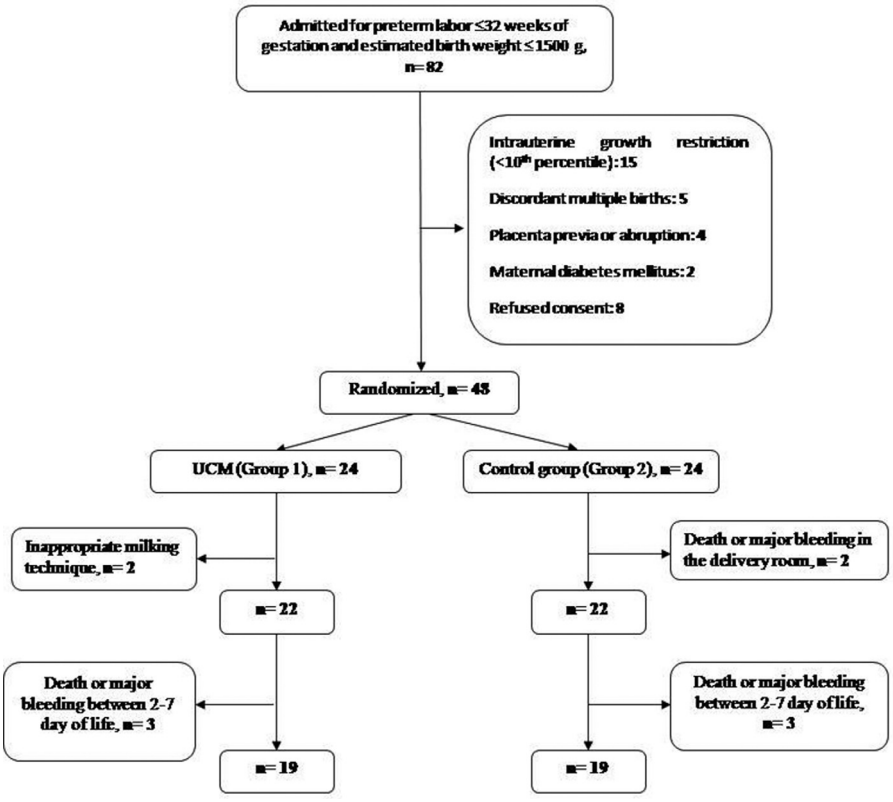

Abstract PO-0611 Figure 1

PO-0611

EFFECTS OF UMBILICAL CORD MILKING ON THE NEED FOR PACKED RED BLOOD CELL TRANSFUSIONS AND EARLY NEONATAL HAEMODYNAMIC ADAPTATION IN PRETERM INFANTS BORN =1500 G

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Objective The aim of this study was to evaluate the effects of umbilical cord milking (UCM) on the need for packed red blood cell (PRBC) transfusion and hematologic and haemodynamic parameters in very-low–birth-weight infants.

Methods The infants were randomised into 2 groups: group 1 (UCM) and group 2 (control). The primary outcome was the number of PRBC transfusions during the first 35 days of life. The secondary outcome measures were the haemodynamic variables during the first 24 h of life.

Results A total of 44 infants were included with 22 infants in each group. Two of 21 infants in group 1 and 4 of 21 infants in

Abstract PO-0611 Table 1

	Group 1	Group 2	P
Number of infants undergoing PRBC transfusion in the first 3 days of life (n = 42)	9.5% (2/21)	19% (4/21)	0.384
No PRBC transfusion during study period (n = 38)	21.1% (4/19)	10.5% (2/19)	0.345
Number of infants undergoing at least one PRBC transfusion during study period (n = 38)	78.9% (15/19)	89.5% (17/19)	0.380
	Group 1 (n = 19)	**Group 2** (n = 19)	P
In first 14 days of life			
Number of PRBC transfusion	1 (0–3)	1 (0–4)	0.828
Volume of PRBC transfusion (ml/kg)	10 (0–40)	10 (0–45)	0.773
Volume of phlebotomy loss (ml/kg)	25 (11–70)	23.3 (9.3–59)	0.405
Late onset neonatal sepsis	52.6% (10)	57.9% (11)	0.748
In first 35 days of life			
Number of PRBC transfusion	2 (0–6)	2 (0–7)	0.840
Volume of PRBC transfusion (ml/kg)	25 (0–78)	25 (0–75)	0.885
Volume of phlebotomy loss (ml/kg)	38 (11–108)	38 (15–92)	0.795
Late onset neonatal sepsis	63.2% (12)	68.4% (13)	0.736
Total NICU stay			
Number of PRBC transfusion	3 (0–7)	3 (0–8)	0.813
Volume of PRBC transfusion (ml)	45 (0–103)	42 (0–116)	0.872
Volume of phlebotomy loss (ml)	54 (16–145)	57 (23–111)	0.930
Volume of phlebotomy loss (ml/kg/day)	1.16 (0.87–2.59)	1.13 (0.59–1.7)	0.452

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group 2 received transfusion in the first 3 days of life (p = 0.384). The number and volume of PRBC transfusions were similar in both groups (Table 1). Comparison of laboratory outcomes resulted in statistically significance only in median Hb values at first (16.8 g/dL [range, 14.1 to 18.8 g/dL] and 15.4 g/dL [range, 12.3 to 18.5 g/dL]; p = 0.019) and 24th hour after birth (16.1 g/dL [range, 13.4 to 21 g/dL] and 14.9 g/dL [range,10.2 to 18 g/dL]; p = 0.021) between UCM and control groups, respectively. Phlebotomy volume was found as a statistically significant risk factor for the need for PRBC transfusion (p = 0.005).

Conclusions UCM in delivery room results in a higher Hb level in the first day of life. In these groups of infants, phlebotomy losses may impact the transfusion need.

PO-0612 AN UNEXPECTED DIGIT DILEMMA – A CASE OF MIRROR IMAGE DUPLICATION OF BOTH HANDS AND FEET

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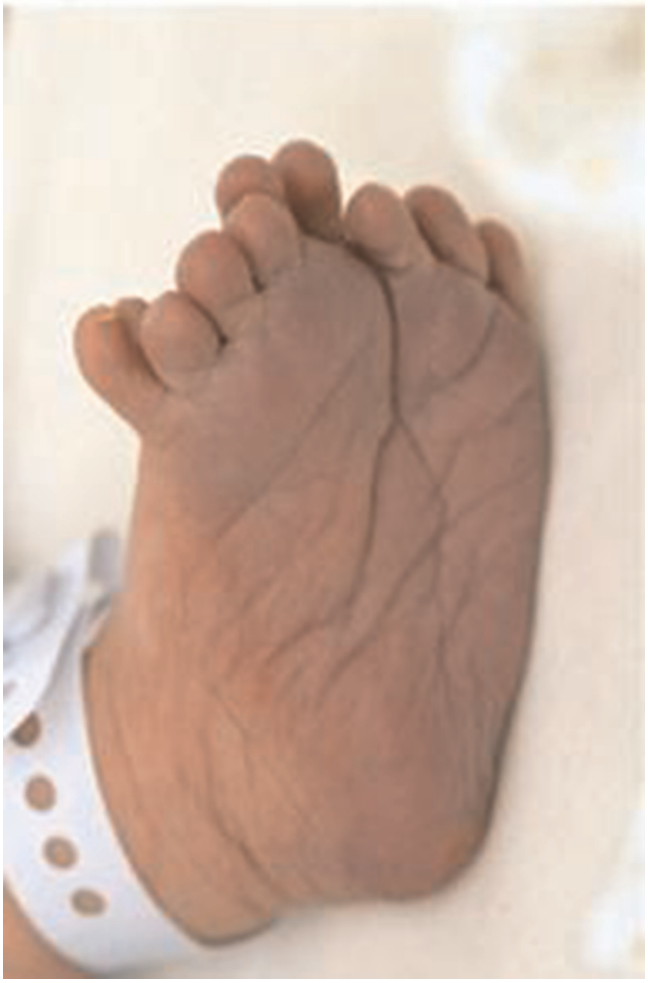
Abstract PO-0612 Figure 1



Abstract PO-0612 Figure 2

Background We present a case characteristic of Laurin-Sandrow syndrome in a term male infant. The infant is the third son of Caucasian parents born following uncomplicated pregnancy. There is no family history of limb abnormalities or genetic conditions.

The infant was noted to have a wide nasal bridge, bilateral erythematous linear prominences on his columella with polydactyly and syndactyly of both hands and feet. There was wrist flexion and cupped hands, each with 7 normal length digits but no opposable thumbs. The feet were of 'mirrored' appearance with a further 17 digits.

Methods MRI imaging of the brain revealed overall structural brain asymmetry, with agenesis of the corpus callosum and ventricular dilatation. Metacarpals and metatarsals were present for each digit, with an additional extra-axial digit noted on the left foot. Initial suggestion of autosomal dominant Grieg Cephalopolysyndactly (GCP) was revised by the Clinical Geneticist to Laurin-Sandrow Syndrome, with genetic PCR negative for GCP.

Results Laurin-Sandrow Syndrome represents an extremely rare genetic condition of polysyndactyly associated with 14 q13 gene translocation, with fewer than 30 cases described in the literature.

Conclusion In cases of extreme duplication of digits with nasal anomalies, cranial imaging and early review by a geneticist may be key in revealing the underlying diagnosis.

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