

**5** REST INCONTINENCE IN PEDIATRIC PATIENTS. URODYNAMIC FINDINGS IN THE INTRINSIC COMPONENT OF CONTINENCE. Bottini E. Nefrologia. Htal. de Niños. Buenos Aires. Argentina.

In the present study we discuss the clinical presentation and the urodynamic studies in a particular type of urinary incontinence. The clinical observation was loss of urine between micturition that could begin any moment after the last voiding without any type of sensation. It was never expressed by a flow of urine but by dribbling, and did not empty the bladder. Differential diagnosis was made with overflow incontinence and ectopic ureter. The urodynamic finding was absence of endourethral pressure in the Urethral Pressure Profile at the bladder neck and posterior urethra. This was a common finding for the six patients studied. The etiologic factors found were:

- 1) No neurologic nor urologic alterations found in three patients.
- 2) Neurologic sequelae expressed for minimal medular alteration.
- 3) Neurologic sequelae due to surgical section of periferal nerves during anal descent.
- 4) Surgical sequelae of Y-V plasty of the bladder neck.

**6** EFFECTIVENESS OF PREVENTION OF CNS LEUKEMIA WITH INTRATHECAL (IT) METHOTREXATE (MTX) AND DEXAMETHASONE (DMT) IN ACUTE LYMPHOBLASTIC LEUKEMIA (ALL). J.L. Braier, S.Pavlosky, F.Sackmann Muriel, E.Svarch, G.Caray and D. Coladar. Grupo Arg.de Tratamiento Leucemia Aguda (GATLA). Argentina A protocol was started in 1976 for the treatment of ALL. It included 3 injections of IT MTX-DMT during the induction, another 3 early in remission followed by one injection every 3 months as prevention of CNS disease. Thus far 24 (8,9%) CNS relapses were observed in 270 patients who achieved complete remission (median 18 months, range: 1 to 33). Data from earlier protocols of our group, which included radiotherapy (RT) to cranium plus 5 doses of IT MTX showed 49 patients (11,6%) of a total of 443 who experienced CNS relapse. The comparison of the incidence of CNS leukemia of both preventive methods according to life table analysis is the following:

Months in CR	WBC 50.000			WBC 50.000		
	None	RT-MTX	MTX-DMT	None	RT-MTX	MTX-DMT
6	13%	1%	4%	22%	12%	6%
12	26%	7%	6%	42%	21%	16%
18	39%	8%	9%	57%	25%	23%
24	50%	11%	18%	57%	25%	23%
30	64%	16%	21%	57%	25%	23%
36	64%	17%				

Relapse/Total 31/89 36/361 23/265 10/34 13/82 7/53  
We conclude that in comparison with earlier protocols which included RT the present regimen compares favourably in standard and high risk patients.

**7** ENZYMIC DEFECTS IN TESTICULAR TESTOSTERONE BIOSYNTHESIS IN A BOY WITH A TUMOR OF THE SPECIFIC GONADAL STROMA. Barmach de Niepomniszcze Alicia, Chemes H., Rivarola M.A. and Bergada C. CEDIE. Htal. Niños. Bs. As. Argentina.

Steroid biosynthesis was studied in the testis of a 11-y-old child with a tumor of the specific gonadal stroma with differentiated Sertoli and Leydig cells. The histology of the tissue studied showed normal testicular parenchyma and focal intratubular proliferation of Sertoli cells. Patient was clinically infantile and serum testosterone (T) was 180ng/dl. The activity of 4 enzymes involved in T biosynthesis was evaluated by incubation of testicular tissue with tritiated precursors. Tissue from 2 adult males with carcinoma of the prostate and 2 prepuberal pseudohermaphrodites was used as control. The percentage of conversion in the 4 controls and in the patient were: "17-hydroxylase": 73.7; 49; 46; 60 and 75.7; "17,20-desmolase": 29; 22; 31; 17.9 and 1.4; "17B-hydroxidehydrogenase": 43; 36; 18.6; 24 and 27.5; "3B-hydroxydehydrogenase": 42.4; 37, 14.4; 22 and 4.6. The patient showed a defect in "17,20-desmolase" and "3B-hydroxydehydrogenase enzyme activities. The enzymatic defects herein observed might be another expression of abnormal function in testicular cells which showed a tendency to develop multifocal tumors.

**8** SIDEROSIS IN THE LIVER OF CHILDREN. Drut R., Lamo L. L. ría del R., Jones M. and Drut R.M. Servicio de Anatomía Patológica. Htal. Niños. La Plata. Argentina.

The degree (0 to 4) of hepatic siderosis was investigated in 76 autopsies of children. 51 cases (67,1%) showed hepatocellular compromise. Percentage of positive cases decreases with age: 78,4% for 37 cases of 1 to 3 month-old; 68,2% for 22 cases, 4 to 6 months-old and 41,2% for 17 cases 7 to 10 months-old. No relationship was found between the degree of siderosis and main diseases or the degree of undernourishment (present in 37 cases). Periportal hepatocytes were the first and more heavily loaded with the iron pigment. A tendency to an inverse relationship seemed to exist between siderosis and hepatic hematopoiesis. This siderosis may be secondary to perinatal hematologic changes. An inverse age-related relationship suggests that iron may be removable. 22 cases (28,9%) showed iron pigment in Kupffer cells, 16 associated with hepatocellular siderosis.

**9** PHENOBARBITAL CONTROL IN POSTPHOTOTHERAPY REBOUND. Oliveros Donohue M., Velázquez F. and Lozano U. Hospital Central N°2. Seguro Social. Lima. Peru.

Two groups of term newborns with jaundice due to ABO incompatibility were studied to evaluate the action of phenobarbital in diminishing the postphototherapy rebound. Twenty newborns received only phototherapy (group A) and 20 phototherapy plus phenobarbital (group B). Group B received double treatment for 3 days. At that time phototherapy was discontinued maintaining the phenobarbital. The sample to evaluate bilirubinemia in both groups was taken 12-24 hours after discontinuation of phototherapy.

#### RESULTS

	Bilirubin's levels mg%		
	Initial Bil	Photot.d/c Bil	Bil rebound
GROUP A	13.52 ± 3.87	17.03 ± 3.12	15.47 ± 3.85
GROUP B	10.51 ± 3.42	10.65 ± 3.41	8.57 ± 3.34

We conclude that phenobarbital was effective to avoid the postphototherapy rebound.

**10** PROTEIN UTILIZATION AND WEIGHT GAIN IN UNDERNOURISHED CHILDREN ACCORDING TO LEVELS OF ENERGY INTAKE. Morasso M.C., Río M.E. Instituto de Ciencias de la Nutrición del NOA-Dto. de Bromatología y Nutrición Experimental, Univ. Buenos Aires. Argentina.

In an attempt to improve nutritional recovery in marasmatic children, milk formulas were designed with increasing levels of fat kcal, ranging from 25 to 64%. Keeping the protein calories percentage around 8-12. 24 nitrogen balances were carried out in children aged from 4 to 18 months with a weight/height index from -35 to -15%. Results were grouped according energy intake (Kcal/Kg/day) as follows: I: <100; II: 100-120; III: 120-140; IV: 140-160; V: over 160. A positive correlation was found between energy intake and protein utilization which goes from 22.5 in group I to 60.2% in group IV. Group V with an intake of 220 kcal/Kg shows a decrease in utilization (50%). There is a linear relationship between weight gain in g/Kg/day and caloric intake. Group I lost 2.5g/Kg, and group V gained 17.5g/Kg. The protein concentration in the gained tissue is near to the normal body composition in groups II, III and IV and drops to 10.5% in group V. This suggests that the major weight gain in group V is due to a higher fat content compared to the normal body composition.