

CATCH-UP GROWTH IN CHILDREN WITH CELIAC DISEASE AFTER A GLUTEN FREE DIET. Coianis, L.('); Lejarraga, H.('); Rodríguez, A.('); DeRosa, S.('); Pini, A.('); Carretero, L.('). (') Sección de Crecimiento y Desarrollo. División de Promoción y Protección de la Salud. (") Sección Gastroenterología. Departamento de Medicina. Hospital de Niños "R. Gutiérrez". Buenos Aires. Argentina.

Growth studies in children with congenital gluten intolerance after a correct dietotherapy provides a suitable experimental model for the study of nutritional rehabilitation in children with malnutrition. Fourteen boys and nineteen girls with celiac disease were measured for 2.25 years after the diagnosis and the onset of treatment with a gluten free diet. At diagnosis the mean weight express in SD \pm SE was: -1.71 ± 0.16 ; mean combined triceps and scapular skinfolds: -1.93 ± 0.21 S.D.; stature: -1.75 ± 0.19 S.D.; head circumference: -0.74 ± 0.28 S.D.

Complete catch-up growth was observed in the weight, skinfolds and head circumference measurements after 0.5 years of treatment. Complete catch-up growth wasn't observed in height, although the curve showed an evident tendency to approach to 50^o centile during the second year of gluten free diet.

RADIOMETRIC LUNG GROWTH IN CHILDREN WITH CYSTIC FIBROSIS. Shardonofsky F.R.('), Lejarraga H.('), Macri C.('), Alvarez A.R.(').

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A retrospective study of lung and somatic growth was carried out on: a) 27 children with Cystic Fibrosis (CF); b) 12 children with Chronic Renal Failure (CRF), and c) 23 healthy children. Lung size was assessed by x ray measurements.

Weight, height and lung size were affected in a similar degree in CF and CRF; there being no specific deficit in lung size in children with CF. These findings were also present even in children with absence of hyperinsufflation in chest x rays. Lung and somatic growth was more affected in CRF than in CF. There was a direct correlation between lung and somatic size, and severity of CF (measured by Shwachman score).

There was also a direct correlation between the severity of CF and lung and somatic growth deficits after a follow up period of 4 years.

MAGNESIUM METABOLISM IN CHRONIC PRIMARY HYPOMAGNESEMIA (CPHMg). Carrazza F.R.; Oselka G.W. & Sperotto G. Instituto da Criança, Hospital das Clinicas, Faculty of Medicine of Sao Paulo University.

Metabolic studies were performed during a two year follow-up of a male child, born from consanguineous parents, with CPHMg and secondary hypocalcemia, but with normal growth and development. When 12 and 24 mo. old the Mg supplement was withdrawn. At 12mo. the urinary excretion of Mg was 0.9 mEq during 6 days and of these, 0.8mEq were excreted in the first day. Plasma Mg fell from 1.56 to 0.7 mEq/l in the first day and retention was only 0.01 mEq/Kg/day.

At 24 mo. more than 50% of the total urinary excretion for 5 days occurred during the first day. Plasma Mg fell from 1.4 to 1.1 mEq/l (first day) and to 0.8 (2nd day). A negative balance of 0.11 mEq/Kg/day was observed.

With Mg supplementation (p.o), intestinal absorption was 22% and without supplementation varied from 6 to 15 %.

We conclude that in CPHMg, besides a specific intestinal malabsorption of Mg there is also a disturbance of Mg homeostasis that does not permit its maintenance of extracellular levels. This is probably due to lack of proper mobilization of body stores.

LYMPH NODE STRUCTURE IN PRIMARY PROGRESSIVE LYMPHEDEMA OF THE LOWER LIMBS. Papendieck C., Diez Blanca and Becú L.. Htal. de Niños. Bs.As.Argentina.

Primary lymphedema of the lower limbs is a progressive and severely invalidating condition. In an attempt to study the basis for, and improve a method of surgical drainage of the lymphatic pathways, in 20 patients the regional lymph nodes were examined. In 5 of them important histopathologic changes were found. These were sponge-like malformation of the lymphatic channels and/or marked hyperplasia of the smooth muscle around the vessels. As part of the clinical investigation several techniques were used to contrast the lymphatic pathways, the best of which was found to be scintigraphy with Au. 198. The surgical procedure was some form of lympho-venous anastomosis. Five patients are considered to be cured, 9 have improved markedly, in 3 the disease has not progressed so far, and another 3 were lost to follow up.

The clinico-pathologic knowledge obtained offers a new and promising approach to a complex area of pediatric pathology.

IMMUNOCOMPETENT INFILTRATES ("CHRONIC GASTRITIS") IN GASTRIC MUCOSA OF INFANTS AND CHILDREN. Jones M.C., Drut R., Lamo Maria del R. and Drut R.M. Servicio de Anatomía Patológica. Hospital de Niños. La Plata. Argentina.

Type, grade and extension of immunocompetent infiltrates(ii) in gastric mucosa were analyzed in 76 pediatric autopsies. Seven similiary located specimens were obtained for each case. Results are shown in the Table.

	I	II	III	IV
Number of cases	22	15	22	16
CG, superficial 1-2+	1	8	5	4
CG, superficial 3-4+	0	0	0	1
CG, deep 1-2+	1	1	5	3
CG, deep 3-4+	0	0	1	1
CG, follicular	0	0	5	2
No ii	20	6	7	5
No ii %	90,9	40	30,4	31,2

CG; chronic "gastritis". I 1-29 days-old. II 1-3 months-old. III 1-6 years-old. IV 7-14 years old.

ii increased with age. Main cellular component was composed by plasmocytes and related cells, including lymph follicles with germinative center. Its presence probably indicates a response to chronic local antigen stimulation. Since histologic images conform a gamut it is not clear when ii should be called chronic gastritis as a lesion.

ON THE PATHOGENY OF THE SUB-ACUTE NECROTIZING LEUCO-ENCEPHALOPATHY. Rosenberg S. Dept. Pathology. Faculty of Medicine, University of S. Paulo. Brazil.

Two children with acute limphoblastic leukaemia exhibited sub-acute and rapidly mortal encephalopathy. This neurological disease began in each case 6 and 18 months after prophylactic CNS irradiation and during the treatment with vincristine, prednisone and methotrexate. The neuropathological findings were of a disseminated necrotizing leukoencephalopathy. The pattern of the anatomical lesions suggests a iatrogenic disease probably due to craneospinal irradiation instead of the chemotherapy, particularly the methotrexate, as usually reported by most of the authors.