0031-3998/93/3306-0659$03.00/0
PEDIATRIC RESEARCH

Vol. 33, No. 6, 1993
Printed in U.S.A.

LATIN-AMERICAN SOCIETY FOR PEDIATRIC RESEARCH

Abstracts for the 30th Annual Meeting
October 18–22, 1992—Las Leñas, Argentina

1

COGNITIVE AND NEUROLOGICAL EVALUATION IN THE FOLLOW-UP OF CHILDREN WITH HYPOGLYCEMIA OF DIFFERENT ETIOLOGIES.

Luisa B.Bay,Gisel Ranzoni,María Contreras,Marcela García Alvarez, María Neme. Hosp. "J.P. Garrahan". Nutricion. Bs. As. Argentina.

Recurrent hypoglycemia (H) may lead to cortical brain injury by altering both neurological development and intelectual funtion. Sixtyseven children aged 0-14 year-range suffering H from different etiologies (except transient H of newborn) were evaluated. Six patients died after diagnosis; 18 did not come for follow-up. Out of 43 patients studied, 13 had ketotic H,9 had hiperinsulinism, 16 had H due to enzymatic defects, 3 to hypopituitarism and 2 of unknown cause. Neurological examination and EEg were performed at 3-94 months after diagnosis. Cognitive level of children under 2 years (n:8) was determined with the Bayley Scale of Child Development (IDM), values above 68 were considered normal. Terman-Merrill test was used to measure IQ in children over 2 years; values below 69 were considered as mental retardation; the range 69-80 was taken as borderline. Neurological sequelae were: secondary epilepsy (4), cerebral palsy (1), and microcephaly (2).
Mean IQ of the sample was 87.5 (S.D.18). Mental retardation was present in 8 (18%). IQ 80 was significantly more prevalent in both hyperinsulinism and glycogenosis III than in the ketotic group. The mean delay in achiving the diagnosis was 16 (S.D.19) months; being the longer the delay the lower the IQ (r:-0.54). IQ below 80 was also more prevalent in those who had had seizures. Etiology, delay of diagnosis and treatment, presence of seizures and asintomatic H, like in glycogenosis III are important factors determining the outcome.

2

ANOREXIA NERVOSA. LONG TERM FOLLOW-UP.

Cecile R. Herscovici. Luisa B. Bay. Hosp.Italiano. Bs.As. Argentina.

Long term studies seem necessary, in order to evaluate general outcome and to compare different therapeutic modalities. The current condition of 46 patients, 41 girls and 5 boys who met diagnostic criteria of DSM-III-R was evaluated after 4-8 years of treatment carried out by a pediatrician and a family systems therapist. Mean age at diagnosis was 14.7 years (range 11-22), mean weight 38.5 kg., mean weight loss 26% (range 14%-45%). Twentynine girls had secondary amenorrhea, the remaining 12 patients were prebuberal. Twenty patients (43%) were admitted for hospitalization during 29.2 days (range 10-125). General assessment methods were utilized: Garfinkel, Moldofsky and Garner Assessment Scale (S1) and the Morgan-Russel Scale (S2) applied in a structured interview. At follow-up, out of 46 patients, 13 (28%) dropped out and 3 did not respond to the summons. Out of those traced, none had died. Regarding S1,27 children (90%) scored 0-3(excellent), 3 (10%) scored 4-7 (much improved). Global S2 score for 30 patients was 10.9 (SD 1.2).Relative weights at the end of follow-up were 90-110% in 21 patients (70%),110-120% in 4 (13%) and 80-90% in 5 (16%). Menses were normal in 20 girls, irregular in 5 and absent in 2. Fifty seven % maintained a restricted food on take. One patient was bulimic and 8 had suffered transient bulimic episodes. Fifty-seven % of the patiens were not worried about their body shape.No patient presented severe mental disturbance. A 50% relate satisfactorily to peers, family and opposite sex. They all study and or work appropiately. These results validate systems family therapy treatment in a multidisciplinary team with a peditrician skilled in nutrition.

3

CARDIOVASCULAR RISK AND LIPID PROFILE IN CHILDHOOD OBESITY.

Maria P. Nolasco, Mauro Fisberg.Esc.Paulista Medicina, S.P.,Brazil.

We studied 81 pre-pubertal overweight children concerning their lipid profile and cardiovascular risk. Obesity was defined by NCHS weight/height ratio (W/H) ≥ 120% and divided by Sex (M,F) and obesity degree:Moderate Obesity (MO):W/H ≤ 135% (n=22),Great Obesity(GO): W/H ≥ 140% (n=59).Data derived from the lipid research clinics and lipid levels above 95th and below 5th percentile were defined as abnormal.The classification for hyperlipoproteinemia types was the Fredrickson's et al (1967). No sexual difference was found.GO had higher levels of triglicerides (TG) and lower levels of total cholesterol (CT) and high density lipoproteine (HDL) than the MO group. (TG x = 131.7,111.9mg/ dl; CTx=159.4,169.4; HDL x=30.9,36.8mg/dl respectively for GO and MO).GO presented 51.8 % (n = 30) of TG,above the 95th percentile and MO 40.9%. Hypercholesteremia (CT ≥ 180mg/dl): GO 13.5% (8) MO 33.3%;HDL ≤ 5 percentile:GO 83,6% (n = 46) MO 63,6% (n = 14);LDL the majority of the two groups had normal levels. Dislipoproteinemias:GO type IV = 36% (n=18) IIa = 18% (n=9) IIb 12% (n=6) 24% of them had only HDL ≤ 5th percentile and 32% had cardiovascular familial antecedents.At GO only 10%(n=5) of children presented normal lipid levels. The MO group had lower level of dislipoproteinemias (type IV=13.6%) (n=3);IIa=13.6%(n=3); IIb=9% (n=2) and only 4.5% of them had cardiovascular familial antecedents.This group had 27 more children with normal lipids than GO. LDL/HDL and cholesterol/HDL ratios were higher at GO (MO 2.8 and 4.6 GO 3.4 and 5.2). The results indicate that great obesity presents higher indicense of dislipoproteinemias and higher personal and familial cardio vascular risk.

4

BRONCO ALVEOLAR LAVAGE (BAL): USE IN PEDIATRICS

Pablo Minces, A.de la Canal,E.Schnitzler,C.Garcia Roig,J.Marco del Pont,J.Precerutti,G.Svetliza,C.Dubra,J.Rodriguez Gimenez.
Hospital Italiano, Buenos Aires, Argentina.

The presence of pulmonary infiltrates in PICU patients constitues a diagnostic dilemma. The efficacy of fibrobronchoscopy (FBC) and BAL was evaluated in 24 patients who's age ranged from 2 to 16 years. Nine Patients were inmunodefficient: 6 suffered hematologic disease (1 had AIDS) and 3 had undergone liver or cardiac transplantation. The rest had neurological (8), cardiac (4) or other diseases (3). Fifty three percent had bilateral pulmonary infiltrates. Thirty two FBC with BAL were performed. Twenty patients were on mechanical ventilatory support and 9 were intubated under general anesthesia. No complications due to the procedure were registered. Bacteriology of the BAL was negative in 14 cases (44%); 3 alveolar hemorrage (macrophages and hemosiderin) 4 adult respiratory distress syndrome, 3 cardiogenic pulmonary edema, 2 sequelar lesions,1 neumothorax and 1 was under antibiotic treatment.Positive bacteriological results (>10 Colony Forming Units) in 56% were obtained. Single bacteria in 5:Ps Ag in 3, KES in 1 and Acinethobacter in 1. Combined bacteria in 4, CMVirus in 8 and Pnemocystis Carinii in 2. Our results show the usefulness of BAL in the ethiological diagnosis of the pulmonary infiltrates in pediatric critically ill patients.