serum bilirubin. Most prognoses were poor or very poor. The commonest prescriptions were antibiotics and fluids; common route of drug administration was intravenous and mortality ranged from 20-30%. Malaria parasite examination was very low.

Conclusion: Accurate diagnosis of neonatal infectious diseases poses a dilemma to clinicians in ICU. Modern instrumentation for quick diagnosis and life-support system will support improved neonatal health care delivery system and reduce high mortality rate in this period of life.

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THORACOABDOMINAL TRAUMA EPIDEMIOLOGY ON THE PEDIATRIC POPULATION OF THE HOSPITAL UNIVERSITARIO DE PUEBLA DURING THE PERIOD AUGUST 2008 - 2009

Y. Martinez Tovilla[1], B. Salazar Perea[2], A. Marquez Toledo[3]

[1]Coordinación de CeGeDHaM, Facultad de Medicina BUAP, [2]Pediatrics Third Year Resident, [3]Intensive Care Pediatrician; Chief of the Pediatrics Division, Hospital Universitario de Puebla, Puebla, Mexico

Background: In Mexico, trauma is the leading cause of death in children older than 5 years.

Justification: Thoracoabdominal trauma is an underdiagnosed phenomenon, since it is commonly associated with politrauma and head injury, diagnoses with which the patients are coded.

Objective: To describe the epidemiologic characteristics of thoracoabdominal trauma in the pediatric population.

Methods: A prospective, descriptive, observational, and longitudinal study.

Results: A total of 276 patients were hospitalized, 163 (59%) of them were for trauma. Thoracoabdominal trauma occurred in n=19(6.88%) of all patients and in n=19(11.66%) of all trauma patients. Distribution by gender was male n=15(78.9%). Age range was 1 to 18 years, with a mean of 9.5 years. Isolated thoracic trauma was found in n=9(63%), isolated abdominal trauma in n=6(22%), and both traumas in n=4(15%). Automobile accidents were the most frequent cause of lesion n=7(35.84%). The most frequently injured structures were the lungs n=10(52.63%). Surgery was performed in n=7(36.84%). The most frequent surgery was pleural drainage n=3(42.86%). The mean duration of hospital stays was 5.37 days with an interval of 1 to 23 days. Mortality was n=3(15.79%)

Conclusions: In our environment traumatisms occupy more than half of inpatients. Most patients did not required surgery and the most frequent surgery performed was pleural drainage. Most of the cases fall in the field of clinicians, therefore the effort to train healthcare providers in the understanding of the anatomic, physiologic and psychosocial differences proper of the pediatric age is justified. In our unit we are a multidisciplinary team.

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CARDIAC OR NOT CARDIAC - THAT IS THE QUESTION?

K. Armstrong

Emergency Department, Childrens University Hospital, Dublin, Ireland

Aims: To determine the diagnosis and current management of chest pain in the Emergency Department (ED.)

Methods: A retrospective analysis of children presenting to the Emergency Department with chest pain over a one year period.

Using the Symphony System those presenting with “chest pain” or “pain in chest” from October 2008-October 2009 were identified. Variables recorded were referral pattern, age, sex, vital signs, investigations, final diagnosis and follow up.

Results: There were 239 presentations, which was 0.5% of total presentations. Sex distribution was equal. Mean age was 10.7 yrs (range 2 -16yrs)

232 (97%) had a normal cardiac examination; the remaining had a cardiac murmur related to underlying cardiac disease.

97 (41%) of children had an ECG performed, only one of which was abnormal. 73 (31%) had a CXR, of those which were abnormal all had a respiratory illness.

Seven children had a pre existing cardiac condition and 4 were re referred to cardiology services. Thirteen children with no pre existing cardiac condition were referred for cardiology review with no new diagnosis to date.