

assumed in 10.5% (paediatricians: 6.5%; PF: 1.1%; GP: 33.8%, (1)  $p=0.005$ ; (2)  $p<0.001$ ) and the reported use of juices/cola was respectively: juices: paediatricians: 2.7%; PF: 0%; GP: 3.6%, (2)  $p=0.367$  and cola: paediatricians: 5.0%; PF: 0%; GP: 13.3%, (2)  $p=0.045$ . Drugs have been used in 26.8% (9.7% if we excluded racecadotril and probiotics). Personal preferences in the presentation of ORS included mostly pre-prepared solutions (paediatricians: 64.0%; PF: 66.0%; GP: 47.0%, (1)  $p=0.377$ ; (2)  $p=0.010$ ).

**Conclusions:** The practice in the AGE' management in children in Portugal is mostly based on ESPGHAN recommendations. The paediatricians/PF seemed to have a better knowledge/practice than GP, emphasizing the need to spread these recommendations to all professionals involved in paediatric care.

772

### FIVE YEARS EXPERIENCE IN LIVER TRANSPLANTATION IN BULGARIA

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First successful liver transplantation in Bulgaria was performed in 2004. The first transplanted child was a seven months old girl with biliary atresia. It was a living donor transplantation, donor was the father.

Since then 17 transplantations were performed. We discuss the early post transplantation period, complications, mortality and survival.

773

### PREDICTIVE FACTORS OF SURGERY IN NECROTIZING ENTEROCOLITIS

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**Background:** Previous studies have shown controversy in surgical or medical management of necrotizing enterocolitis (NEC).

**Objective:** To study perinatal predictive factors of surgery in monocentric NEC population.

**Material and methods:** A retrospective study

conducted in Neonatal Intensive Care unit from 1<sup>st</sup> January 2003 to the 31<sup>st</sup> December 2008. Fetal and neonatal clinical characteristics were assessed for 33 NEC cases, stages II or more of Bell classification (mean GA $\pm$ SD = 28.9 $\pm$ 2.4 wks; birth weight = 1156 $\pm$ 416 g). Data were compared between A subgroup of 11 infants with surgical management and B subgroup of 22 infants with medical management.

**Results:** There was no significant difference in mean GA and birth-weight between A and B subgroups, respectively (27.6 $\pm$ 2.3 vs 28.9 $\pm$ 2.5 wks;  $p=0.13$ ) and (1055 $\pm$ 355 g vs 1208 $\pm$ 439 g;  $p=0.29$ ). NEC had occurred at 29 $\pm$ 15.8 and 29.8 $\pm$ 13.5 days respectively in A and B groups, leading to death in 4/11 vs 7/22. Surgery was associated with high bell classification stages [6/11 (3a) and 4/11 (3b), groupe A vs 4/22 (3a) and 1/22 (3b), groupe B;  $p=0.02$ ]. Surgery was associated with significantly higher incidence of nosocomial infection (9/11 vs 12/22;  $p=0.05$ ), antenatal mother's urinary tract infection (4/11 vs 1/22;  $p=0.015$ ), dopamine use for hemodynamic disorders (8/11 vs 8/22;  $p=0.02$ ) and more vaginal delivery (9/11 vs 9/22;  $p=0.02$ ). Multivariate analysis showed vaginal delivery as an independent predictive factor of surgery in NEC odd ratio 25; IC 95% [1.2-520],  $p=0.04$ .

**Conclusion:** Our study shows that surgery management of NEC was associated with significantly higher incidence of vaginal birth.

774

### ANTIBIOTICS THERAPY IN MILD NONTYPHOID SALMONELLOSIS CHILDREN PROLONGED HOSPITALIZATION AND FECAL EXCRETION TIME-A PRELIMINARY REPORT

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**Objective:** Antibiotics for nontyphoid salmonellosis has long been a controversial matter. Most studies didn't classify the salmonellosis with severity of disease. The purposes of the study were to investigate the outcomes of the mild nontyphoid salmonellosis children with antibiotics therapy.

**Material and methods:** This is a prospective observational study. Between 2005 and 2008, all pediatric patients with nontyphoid salmonellosis admitted to Kaohsiung Veterans General Hospital,

Taiwan, were classified with severity score. The severity score is composed of three parameters:

1. C-reactive protein  $\leq 3$  mg/dL;  $> 3, \leq 6$ ;  $> 6$ : 0; 1; 2
2. Band cells in blood  $\leq 5\%$ ;  $> 5, \leq 10$ ;  $> 10$ : 0; 1; 2
3. Days of fever before admission  $< 3$  days;  $\geq 3$ : 0; 1

Score greater than 3, 2 or 3 and  $\leq 1$  was considered severely, moderately and mildly ill respectively. Mildly ill salmonellosis patients treated with or without antibiotics were collected. All patients were followed until two consecutive rectal swabs were negative for *Salmonella*. The demographic data, clinical manifestations, laboratory data, response to treatment and duration of fecal excretion of *Salmonella* were recorded.

**Results:** Fifteen patients were enrolled into the study and six patients were in antibiotics treatment group. The demographic data, clinical manifestations and laboratory data were comparable between two groups. Significantly longer days of fever after admission, longer hospitalization days and longer days of fecal excretion in the antibiotics treatment group.

**Conclusions:** Antibiotics are not mandatory for the subset of nontyphoid salmonellosis children with low severity score.

775

### NECROTISING ENTEROCOLITIS: HAEMATOLOGICAL MARKERS OF MORTALITY

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**Introduction:** Necrotizing enterocolitis (NEC) is a devastating disease that affects premature neonates. Associated mortality has not changed appreciably over the past several decades. The underlying aetiology of NEC remains elusive, although bacterial colonization of the gut, formula feeding, and perinatal stress have been implicated as risk factors. We aimed to characterize the role of haematological indicators in predicting mortality from NEC.

**Methods:** A prospective database of infants with Necrotising enterocolitis Bell's staging  $\geq 1$  was used to identify eligible infants. Laboratory records were used to establish which infants had a full blood count (FBC) and C-reactive protein (CRP) before, at and after the diagnosis of NEC.

**Results:** 67 infants were eligible for inclusion with NEC and FBC results available pre and post diagnosis. The mean birth weight was  $1.2 \pm 0.7$  kg and gestation  $29.3 \pm 5.8$  weeks with an age at onset of NEC of  $18 \pm 14$  days. IT ratio decreased significantly from maximum levels at diagnosis of NEC in surviving infants but continued to increase in those who died. WBC, Platelets (Plts) and immature neutrophils were also significantly altered between survivors and non-survivors. Prophylactic indomethacin use and intestinal perforation were increased in non-surviving infants. Gestational age, birthweight, antenatal steroid use, mode of delivery did not differentiate survivors and non-survivors.

**Conclusions:** Prediction of infants with NEC who will develop intestinal perforation and have an increased mortality risk would be useful in clinical practice to allow early surgical referral. Persistent alterations in inflammatory markers may signify infants who may have increased risk of mortality.

776

### IRON DEFICIENCY ANEMIA ASSOCIATED WITH HELICOBACTER PYLORI GASTRIC INFECTION IN CHILDREN

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**Background:** An association between Helicobacter pylori (H.pylori) infection and iron deficiency anemia has been reported recently in children.

**Aim:** To investigate a causal association between H. pylori infection and iron deficiency anemia.

**Methods:** Four patients, boys aged between 6 and 14 years, were admitted for severe pale without gastrointestinal symptoms. An extensive initial work-up was ordered that included the hematologic profile, multiple stool examinations for parasites and H.pylori antibody. Endoscopy was performed and antral biopsy specimens were taken for rapid urease test and histology. Eradication therapy was administered for 2 weeks. Oral iron therapy was