29 INFANTILE GASTROENTERITIS IN INFANCY DUE TO ROTAVIRUS. Muchnik G.(1), Grinstein S.(1), Plaza A.(2), Valli R.(3). Laboratory of Virology(1), Unit 8(2), Children's Htal."R.Gutierrez" and Pediatric Department (3) Vélez Sarsfield Htal. Buenos Aires. Argentina.

Since August 1978 till July 1979 the faeces of 130 children with diarrhea of less than 5 days of evolution and ages ranging between 0 and 5 years were studied. A control group of 100 normal children was studied in the period January-July 1979. In all cases the diagnostic technique used was Discontinuous Counter-Immunoelectrophoresis (DCIE), the efficiency of which was compared with Electron Microscopy (EM). Blood samples were extracted from each child with diarrhea, in the acute and convalescence period, complement fixing antibodies being measured with antigen of Nebraska Calf Diarrhea Virus (NCDV).

The data obtained by DCIE and EM show great similarity. The results were positive in 30% of the patients. In the control group only 2% were positive. The infection by Rotavirus showed a marked seasonal variation with a peak in the cold months (71% in May) and a drop in the warm months (0% in December). The average age of children with Rotavirus was 4,5 months. In two cases a repetition of the diarrhea with virus isolation was observed. The patients did not show clinical differences that permit differentiation with those diarrheas produced by other germs.

30 REINFECTION RATE BY INTESTINAL PARASITES AFTER THERAPY IN A CONTAMINATED ENVIRONMENT. Dra.L.Schelesinger, Srta.M.E. Mellado. INTA, U. de Chile.

Ninety five children from a marginal area of Santiago, 1 to 6 years of age were studied for the existence of intestinal parasites. Fifty five came from homes which had been supplied with running water and sewage, while 40 had not. Fifteen months after this environmental sanitary intervention the prevalence of intestinal parasitic infection was determined in a single stool specimen

	All Parasites (%)	G.Lamblia (%)	Other Protozoa (%)	Helminths (%)
with intervention	65.5	45.4	38.2	5.4
without intervention	70.0	45.0	42.5	5.0

There was no significant difference between the 2 groups. One month later anti Giardia therapy with Nimorazole 30mg per Kg/day x 5 days was administered to all children. The rate of reinfection was then determined in those who became free of parasites as determined by a post treatment specimen 10 days later. Stool specimens were collected monthly thereafter for 3 months. Reinfection speed was similar for both groups. In the sewage supplied group, 21.8% of children had Giardia in the stools 3 months after treatment vs 30% in the non intervention group. This study suggests that this particular environmental intervention is not capable in and by itself of reducing parasitic contamination.

31 EPIDEMIOLOGY OF PURULENT MENINGITIS. Manterola A.C., Flores María Angélica. Pediatría Social, Hospital de Niños. Buenos Aires. Argentina.

An epidemiological study of children with purulent meningitis admitted from 1975 to 1978 to Hospital de Niños, Buenos Aires, is presented. There were 1314 patients in all, with the maximum in 1976: 512 cases. The most frequent germs were Meningococcus, 521 cases (39.6%), Haemophilus influenzae, 118 (9.0%), and Neumococcus, 64 (4.8%). Other germs were isolated in 44 patients (3.3%) and the etiology wasn't found in 567. The proportion of meningococcal meningitis was greater in 1976 (48.8%) than in other years; in 1978, the figures of H. influenzae (27.7%) and Neumococcus (15%) increased. All the cases and specially the meningococcal meningitis were predominant in winter and early spring. There were 151 deaths (11.6% cases). Lethality was greater in the infected with Neumococcus (27.0%) and Meningococcus (14.7%). The proportion of fatalities was greater in children below 1 year, and greater in boys than girls. Age was not related with death in children infected with Neumococcus and Meningococcus. Lethality was greater in children living further away from the hospital.

32 TOTAL BILIRUBIN AND PYRUVIC GLUTAMIC TRANSAMINASE (GTP) LEVELS IN INFANTS WITH THIRD DEGREE MALNUTRITION: SURVIVORS VS. FATALITIES. Davila N.E. Quito, Ecuador.

Total bilirubin and TGP were measured in 46 infants with third degree malnutrition admitted to the Children Hospital, Quito, Ecuador. Tests were performed immediately after admission and 7 and 14 days later. All received the same clinical management; 16 died (group a) and 30 were discharged alive once the associated pathology was over (group b).

Mean total bilirubin and TGP in group a) were significantly different from group b) at admission and 14 days later; there was no difference at day 7 (student's T test).

Serum TGP levels over 80 u and/or total bilirubin levels equal or greater to 1.2 mg in an infant with third degree malnutrition may be signs of a fatal outcome.

33 EVOLUTIVE NEUROLOGICAL EXAMINATION BETWEEN 1 AND 3 YEARS OF AGE. Diamant A.J., Abramovich I. Rodríguez F.W., Pedalini L.M., Souza V.H.S., Elkis L.C., Gherpelli J.L., Santos R.M.S., Pitelli S.L.G., Mansur L.M.L. & Okada M. Serviço de Neurologia Infantil do Depto. de Neuropsiquiatria e Serviço de Foneatria do Depto. de Otorrinolaringologia e Oftalmologia do HC da FMUS.Paulo.

Proceeding with the standardization of the semiology of the normal child started by Lefevre and his co-workers, the present work aims at the standardization of the following age groups: 15,18,21,24,27,30 and 33 months. The partial results obtained for the age groups from 27 till 33 months are presented, considering only those tests which are in evolution in these children: a) language: to recognize parts of the body; neck, arms, knees; time notion: past and future; b) Static balance: no test; c) Dynamic balance: to walk backwards, to run fully well, to walk up-stairs with and without support; d) Appendicular coordination and praxies: to throw a ball up and down, to open a door, to help to dress and undress, to take off shoes and socks, to unscrew a cover, to pour water from one glass into another to unwrap candy and to build a tower with toy cubes.

34 THYROID HORMONES IN MALNOURISHED CHILDREN. Setian N., & Pupo A.A. Children's Institute, University of Sao Paulo. Brazil.

In a study of hormonal adaptations, we determined serum levels of thyroid-stimulating hormone (TSH) (4.14 ± 2.01 uU/ml), thyroxine (T-4) (6.43 ± 0.93 ug/100 ml) and triiodothyronine (T-3) (160.61 ± 28.28 ng/100 ml) in 27 normal children. Five marasmic and five kwashiorkor children on the 1st, 7th, 14th and 21st days of adequate feeding were also studied.

Low serum levels of T-4 (2.23 ± 1.79 ug/100 ml), and T-3 (56.0 ± 17.9 ng/100 ml) were observed in malnourished children with decreased levels of albumin. After seven days of adequate food intake these values returned to the normal range.

These low levels revealed a relationship between thyroid hormone and poor protein and calorie ingestions. These probably reflects and adaptation in protein caloric malnutrition.