Results: 3 patients with initial resistance to steroids showed response to intravenous pulse cyclophosphamide after 4 injections. 4 patients with initial resistance to steroids developed CRF during the observation period. The other eighteen patients with late steroid resistance responded to intravenous pulse cyclophosphamide, but all were steroid dependent at the end of the observation period. Five could not be weaned from steroids during the intravenous pulse cyclophosphamide treatment period. The other thirteen patients achieved relatively prolonged remission (7 months to 36 months).

Conclusion: Not all patients with initial steroid resistance respond to intravenous pulse cyclophosphamide. The side effects of intravenous pulse cyclophosphamide were negligible. Beneficial therapy for initial steroid-resistant FSGS has been remaining important.

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PLASMAPHERESIS IN TREATMENT OF PEDIATRIC PATIENTS WITH NEUROLOGICAL DISEASES: 10 YEARS EXPERIENCE

S. Rödl¹, I. Marschitz², C.J. Mache³, U. Gruber-Sedlmayr⁴, B. Plecko⁴, G. Zobel¹

¹Department of Pediatrics, PICU, Medical University Graz, Graz, ²Dept. of Paediatrics, Neonatology, Paracelsus Medical University Salzburg, Salzburg, ³Department of Paediatrics, Nephrology Unit, ⁴Department of Paediatrics, Neurology Unit, Medical University Graz, Graz, Austria

Objective: The aim of our study was to determine the outcome of children with severe life threatening symptoms treated with plasmapheresis (PF).

The goal of PF is to either remove autoantibodies / toxins or substitution of a missing protein by fresh frozen plasma (FFP) replacement.

Methods: Setting: 12 bed interdisciplinary paediatric ICU;

Patients: 15 patients; 4 male, 11 female; mean age: 13 years, treatment sessions with PF: 1 - 11.

Indications for PF by diagnoses with severe organ failure: Systemic Lupus Erythematoses (SLE) 4 pts, Myasthenia Gravis(MG) 5 pts, chronic inflammatory demyelinating polyneuropathy 2 pts, Good Pasture

Syndrome (GPS) 1pt, Chorea minor 2 pt, acute demyelinating encephalomyelitis (ADEM) 1 pt;

Additional immunosuppression (10 of 11): steroids (PRED), Cyclosporine A (CsA), mycophenolate mofetil (MMF), cyclophosphamide (CYC) and rituximab (RTX).

Results: The 4 patients with SLE and the patient with GPS with neurological symptoms improved within the first 2 weeks of PF treatment and recovered completely. Additional immunosuppression was necessary by nephrological indication. Two patients with SLE were transplanted successfully.

Our 5 patients with severe MG had complete remission with additional immunosuppression for more than 3 years. The 2 patients with chorea minor improved during PF and recovered within 6 weeks. The patients with CIDP and ADEM had both residual symptoms.

Conclusion: In paediatric patients with severe organ failure resulting from a diagnosis indicating plasmapheresis, the combined treatment with plasmaphereses and immunosuppression may lead to persistent remission of organ failure.

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RESCUE TREATMENT WITH HEMODIAFILTRATION IN INFANTS WITH END-STAGE RENAL FAILURE AFTER COMPLICATIONS ON PERITONEAL DIALYSES

S. Rödl¹, I. Marschitz², C.J. Mache³, M. Koestenberger⁴, G. Madler¹, T. Rehak¹, G. Zobel¹

¹Department of Pediatrics, PICU, Medical University Graz, Graz, ²Dept. of Paediatrics, Neonatology, Paracelsus Medical University Salzburg, Salzburg, ³Department of Paediatrics, Nephrology Unit, ⁴Department of Pediatrics, Cardiology Unit, Medical University Graz, Graz, Austria

Objective: Mortality in infants with end-stage renal disease (ESRD) during early life is still high. The aim is the presentation of the efficacy of hemodiafiltration (HDF) in infants with ESRD and complications on peritoneal dialysis (PD).

Patients and Methods: We show the alternative treatment with HDF in 4 infants requiring renal replacement therapy for ESRD before 28 days of life at a tertiary University Hospital from 1999 to 2010. Diagnoses leading to ESRD were cortical