susceptible strain. All positive cases were treated according to antibiogram.

Conclusions:

1. Salmonella group B was most frequent detected;
2. Salmonella group D had higher relapse rate (7 relapses from 15 samples);
3. Higher resistance rate was reported for AMP and SXT;
4. As compare to Shigella, Salmonella cases had frequent relapses (13 from 34 samples).

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OUTCOMES OF SURGICALLY TREATED BABIES WITH GASTROSCHISIS- A 10 YEAR EXPERIENCE

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Background: Gastroschisis is now a common anomaly and survival rates are high, but there is a spectrum of outcomes.

Aims: To define the outcomes to discharge of babies treated for gastroschisis over a ten-year period.

Methods: All babies born with gastroschisis and treated at the regional surgical unit between 01/01/1998 - 31/12/2007 were identified and data obtained from case notes.

Results: 128 babies had gastroschisis, 1/4 with inadequate data died. Complete data were available in 124(97%). Median (range) gestation was 37 weeks (31-40), birth weight was 2300g(1400-4000) and maternal age 20 years (16-35). Primary closure was performed in 70(57%) babies, 31(25%) had silo reduction with secondary closure and 23(18%) babies had a Bianchi procedure. Bowel atresia was seen in 6(5%) and one baby had a perforation. The median age to full feeds was 25 days (12-350) and 2 babies went home on PN. The babies required a median of 24 days (10-350) of PN. There were 37

episodes of line infection in 27 babies, 2 developed intestinal failure and liver disease, one requiring liver transplant. 6 cases developed obstruction/stricture post-surgery (3 following NEC), 15(12%) babies were diagnosed with NEC. The median age at discharge was 32 days (16-364). There were no significant differences in outcomes between those with and without atresias.

Conclusions: 1/128 babies died. The median stay was 32 days but 8(6%) babies stayed over 6 months, one had liver transplant and 2 had home PN. This information is important when counselling parents of babies with gastroschisis.

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PREDICTABILITY OF COMPLICATED PERIPHERAL VENOUS ACCESS IN CHILDREN

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Background and aims: Potential risk factors for difficult venous access (BMI and a young age) are well known from experience, but literature evaluating these risk factors is sparse.

Methods: In a prospective cohort study, venous punctures were measured in pediatric patients at four departments at a university children's hospital: at the operating room (OR; n = 1080), the daycare outpatient clinic (n = 178), the outpatient phlebotomy station of the laboratory (n = 267) and children who were referred to the pediatric anesthesiologist at the recovery room, because their treating physician was unsuccessful in gaining intravenous access (n = 81). Time to successful venous access, single puncture rate and potential risk factors (age, gender, skin color, BMI or weight-to-age z-score, anesthetized or not, grade of performer and type of surgery if applicable) were measured. A logistic regression analysis for single puncture rate was performed to determine predictive factors for difficult peripheral venous access.

Results: The analysis showed that age, profession of the performer and type of surgery at OR (P< .001), age and skin color at the phlebotomy station (P< .001) and age at the recovery room (P=.002) were predictive for single puncture rate (table 1).

No predictors were found for the daycare outpatient clinic. Contrary to general assumptions, BMI or weight-to-age were not related to difficult venous access.

Conclusions: The present study shows that difficulty of venous access is not very well predictable by easy accessible patient characteristics.

Table 1.

	OR	Outpatient clinic	Phlebotomy	Recovery room
Single puncture rate (%)	73.1%	80.7%	92.1%	59.2%
Time in s (95%CI)	88 (84-93)	133 (122 - 146)	-	147 (196 - 260)
Predictive value (R ²)	8.5 %	-	7.4 %	11.6 %

[Table 1.]

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INFLIXIMAB-INDUCED PSORIASIS IN SEVERE PEDIATRIC INFLAMMATORY BOWEL DISEASE

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Background: Inflammatory bowel disease (IBD) is the most significant chronic gastrointestinal disease affecting the pediatric population in western countries. Infliximab-a monoclonal anti-TNF-antibody is frequently used in management of severe IBD, and other immune mediated inflammatory disorders including psoriasis. The paradox of infliximab-induced psoriasis (IIP) has been reported in adults, but has not been documented in pediatric IBD patients.

Objective: Retrospective study to identify IIP in pediatric IBD patients.

Design/methods: We reviewed medical records of 73 pediatric IBD patients on infliximab.

Results: Five (7%) IIP cases with no past or family history of psoriasis were identified. Three (60%)

were female, and 4 (80%) had CD. The median age at IBD diagnosis was 13 years (range: 11-14). The mean and median age at which they were initiated on infliximab was 15 years (range: 13-16). At an average, our patients had received 13 doses (median: 14, range: 6-17) of infliximab and the average duration of exposure to infliximab prior to developing psoriatic skin manifestations was 28 months (median: 12, range: 9-66). The psoriatic lesions were seen in the facial area in 4 (80%) patients and in perineum in 1 (20%) patient. During onset of psoriatic manifestation, 3 (60%) patients were also on 6-mercaptopurine. All 5 patients were continued on infliximab to maintain clinical remission of IBD.

Conclusions: The paradoxical occurrence of IIP in children with severe IBD may not be rare. A systematic approach is necessary to better understand this paradox.

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CARESS: THE CANADIAN REGISTRY OF SYNAGIS (2006-2009)

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Objective: To determine current usage of palivizumab prophylaxis, compliance patterns, hospitalization rate (HR) and outcomes in children at high-risk of respiratory syncytial virus (RSV) infection through a Canadian Registry Database (CARESS).

Methods: A prospective, study of Canadian infants who received palivizumab in the 2006-2009 RSV seasons across 27 sites. Neonatal and demographic data were collected upon enrolment. Parents/caregivers were contacted monthly for data on palivizumab utilization, compliance and outcomes related to any respiratory tract events.

Results: 4926 infants aged 2 days - 47 months (mean=5.4 months) were enrolled. Participants were typically male (57.1%) and Caucasian (70.8%). Gestational age (GA) was 32.2 ± 4.6 completed weeks. 3480 (70.6%) premature infants received palivizumab (≤35 completed weeks GA), 403 (8.2%) required O₂, 471 (9.6%) had congenital heart disease and 572 (11.6%) were prophylaxed