	Perinatal Mortality %	Survival %		
		501-1500 grams	500-1000 grams	1001-1500 grams
2007	4,53	90,63	75	95,9
2008	3,39	88,60	77	95,5
2009	4,43	88,00	73	93,4

Table 1, Perinatal mortality (%) and neonatal survival (%) with BW $\leq$ 1500grams.

[Table 1]

Conclusions: The survival of VLBW neonates is considered to be equal to other European Union countries.

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PREECLAMPSIA PROTECTS VERY LOW BIRTH WEIGHT INFANTS FROM RETINOPATHY OF PREMATURITY

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Objective: To study the influence of maternal preeclampsia on the occurrence of ROP.

Design/methods: A prospective cohort study was conducted from 2002 to 2009 including all preterm neonates with birth weight (BW) $\leq$ 1,500 g and gestational age (GA) $\leq$ 32 weeks. Main outcomes were the occurrences of any stage and severe ROP. Maternal variables were: age, number of prenatal attendances, hours of membrane rupture, use of antenatal steroids, occurrence of preeclampsia and essential hypertension, mode of delivery and prior preterm birth. Postnatal variables were: BW, GA, gender, multiple gestation, 5 minute Apgar score, use of oxygen by nasal CPAP or mechanical ventilation, use of erythropoietin, indomethacin and surfactant, need of blood transfusions, occurrence of sepsis, meningitis, persistent ductus arteriosus,

any grade intraventricular hemorrhage, and being small for GA ($<$ 10th percentile).

Results: 324 neonates and 293 mothers were included. Mean birth weight was 1128 $\pm$ 240 grams, and mean gestational age 29.7 $\pm$ 1.9 weeks. 103 (29.9%) achieved any stage ROP, and 24 (7.4%) severe ROP. After adjustments by logistic regression, BW (OR 0.997; 95%CI: 0.996-0.998; $p <$ 0.001), occurrence of preeclampsia (OR 0.263; 95%CI: 0.133-0.519; $p <$ 0.001) and use of antenatal steroids (OR 0.573; 95%CI: 0.332-0.991; $p =$ 0.046) were independently risk factors for any stage ROP. Only maternal preeclampsia (OR 0.182; 95%CI: 0.040-0.882; $p =$ 0.027) and BW (OR 0.997; 95%CI: 0.995-0.999; $p =$ 0.001) showed significance for severe ROP.

Conclusions: We suggest that maternal preeclampsia is a protector factor for ROP.

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ASSESSMENT OF THE CONTRIBUTION OF CYTOKINE PLASMATIC LEVELS TO DETECT RETINOPATHY OF PREMATURITY

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Objective: To evaluate the association of plasmatic levels of IL-6, IL-8, IL-10, IL-1 β , and TNF- α with the presence of any stage of ROP or with ROP stages 3 or more in very low birth weight preterm infants with clinical early-onset sepsis.

Design/methods: From July 2005 to October 2007, inborn preterm infants with birth weight $\leq$ 1500 grams and gestational age $\leq$ 32 weeks with clinical early-onset sepsis were included in a prospective cohort study. We excluded patients that died before 6 weeks of life, had major malformations or congenital infections. Plasma was assayed for IL-6, IL-8, IL-10, IL-1 β , and TNF- α in the same sample collected for sepsis work up. ROP was diagnosed in screening assessments in NICU. The highest stage of ROP was considered.

Results: We enrolled 74 patients (mean gestational age: 29.5 $\pm$ 0.2 weeks; mean birth weight: 1110 $\pm$ 230 grams) that were followed from birth to hospital discharge; 49 (66.2%) had no ROP and 25 (33.8%) had any stage ROP (17 had stages 1 or 2, and 8 had stage 3 or more). All median cytokine plasmatic