categorized by auditory, ophthalmology and neurological disabilities. Clinical evaluations carried out every month in ambulatory pediatric department. Auditory keenness was evaluated by otoacoustic emissions and visual keenness by direct ophthalmologic exam. Auditory capacity categorized patients in three groups, and in same number groups, diopters established visual capacity. Non parametric statistics was used for data analysis.

Results: Fifty four newborn children's were included, we divide in two groups: 32 that needed mechanical ventilation and 22 without them. Average age was 29.60 weeks, with weight average of 1175 +/- 250 gr. Respiratory distress was more important morbidity (60%). From two groups formed, 14 (43.80%) of mechanical ventilation patients presented neurological damage. In this group, 19 (59.4%) appeared with audiologic alterations and 11 (44.40%) present visual disabilities, not statistics difference ($p>0.05$) in these items presented between groups. Neurological disabilities frequency presented more in mechanical ventilation group (14 / 43.80%) with statistical difference ($p=0.005$) compared it with other patients group.

Conclusions: Neurological, auditory and ophthalmological disabilities need opportune attention to send these children's for rehabilitation and educational therapy. Improve the quality of life in very low newborn children's with neurological disabilities it's a health care priority.

Key words: prematurity, neurological development, audition, visual alterations, disabilities

1236

CLINICAL PICTURE OF PATIENTS HOSPITALIZED IN A CONCENTRATION MEDICAL UNIT FOR INFLUENZA A N1H1 DURING EPIDEMIC OUTBREAK IN MEXICO

E.C. Urbina¹, E.A.G. Ibarra², J.C.S. Herrera³

¹Neonatology Care Unit, ²Pediatrics Unit, ³Pediatric Oncology Unit, Mexican Social Security Institute, Cd. Obregón, Mexico

Background and Aim: A new stock of influenza virus in 2009 provoked pandemic state with initiating point in Mexico City. The aim is characterize clinical picture in a group of patients received attention in a Mexican hospital.

Methods: By a serial cases we check files of patients joined for medical attention in a concentration health care unit in México (April-December 2009). All patients had signs and symptoms A N1H1 influenza virus disease complications, divided in general, respiratory high / low, and digestive symptoms, leukocyte count trend, antiviral therapy, and management in critical care pediatric unit in agree with presence or not. Statistical was non parametric.

Results: We included 9 boys and 7 girls, 6.5 years average age. Not contact site detected in 58% and precedent influenza seasonally vaccine in 81.25%. Clinical picture predominance were, fever (100%), cough (100%), pulmonary abnormal sounds (93.70%), headache (87.50%), respiratory distress (81%), coriza and muscular pain (75%), abdominal pain (43.75%). Suddenly beginning in 100% and 87% had been treated before come hospital. In hospital 100% were treated with Oseltamivir and 37.50% need intensive care unit attention. We looked leucopenia trend in 37.50% of cases. Not exist difference ($p>0.05$) between boys and girls in any of variables. Two (12.50%) patients died.

Conclusions. Clinical picture showed complications intensive care meritorious treatment for avoid lethal course. The absence of vaccination in this group reflects the disadvantage conditions that health care systems have in latinamerican countries like México.

Key words. Influenza, epidemic, children, intensive care, viral diseases.

1237

LONG-TERM FOLLOW-UP OF EX-PRETERM INFANTS - RELATIONSHIP BETWEEN NEUROLOGICAL FINDINGS AND QUALITY OF LIFE (QOL) AT SCHOOL AGE

R. Hentschel¹, S. Dossal¹, R. Korinthenberg², P. Franck¹, E. Rieger-Fackeldey¹, J. Schulte-Moenting³, U. Tacke²

¹Neonatology/Intensive Care, ²Neuropediatrics and Developmental Medicine, Center for Pediatrics and Adolescent Medicine University of Freiburg, ³Institute of Medical Statistics, University of Freiburg, Freiburg im Breisgau, Germany

Purpose: To correlate long-term follow-up data and QOL of ex-preterm infants with neurological findings and other risk factors for impairment.