

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

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

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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.

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

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

Patients and methods: Cohort of ex-preterm infants < 33 weeks g.a. born in 1999. Extraction from patients' records: case history, neurological findings, developmental scores at age 1-3 years, school achievements and QOL at age 8-9 years. Reference group for QOL: age-adapted reference group born at term.

Statistical methods: Chi square test and stepwise logistic regression

Results: Complete data sets available for 54 patients (93% of the survivors), neurological follow-up examination for further 3 patients. Risk factors for abnormal neurological findings at age 1-3 years: abnormal cerebral US scan (OR 33.4), low socioeconomic or migrant status (OR 20.9), SGA status (OR 17.0), male gender (OR 9.5). Risk factors for low school achievements: ELBW status (OR 514), low socioeconomic status (OR 266), abnormal neurological findings at age 1-3 years (OR 16). Neurological development at age 8-9 years was normal in 35%, moderately impaired in 46%, severely impaired in 11%. 83% of children attended mainstream school. Compared to reference group scores of QOL was 76.9 vs. 79.0 (global scores), 84.3 vs. 80.5 (subscale „physical well-being“), 76.0 vs. 70.8 (subscale “self-esteem”).

Discussion: Rate of impairment and developmental scores were in the range given in other studies, as were risk factors. In the view of their parents QOL of most ex-preterm infants is not reduced. It must be awaited if these positive results persist into adulthood and will be confirmed by the subjects themselves.

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CRITICALLY ILL CHILDREN WITH PANDEMIC INFLUENZA (H1N1) 2009 IN PEDIATRIC INTENSIVE CARE UNITS IN TURKEY

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Objective: To demonstrate the epidemiological features, clinical presentation, clinical courses and outcomes in critically ill children with pandemic influenza (H1N1) 2009 in pediatric intensive care units (PICU).

Design and setting: Prospective, observational, multi-center study and 13 tertiary PICUs.

Patients: 83 children with confirmed infection due to pandemic influenza (H1N1) 2009, detected by RT-PCR between November 1 and December 31, 2009 who required PICU.

Results: In two months period, 532 children were hospitalized with pandemic influenza (H1N1) 2009 and 83 (15.6%) of them needed critical care. For the 83 patients requiring critical care, the median age was 42 months. Twenty of these patients (24.1%) had no underlying illness. The PICU admission indications were respiratory distress/respiratory failure in 66 (79.5%), neurologic deterioration in 6 (7.2%) and gastrointestinal symptoms in 5 (6.0%) of the patients. Acute lung injury was diagnosed in 23 (27.7%), acute respiratory distress syndrome