4.0±3.8 years, 57,4% were male and a past history of allergy or immunodeficiency was reported in 26.7%. The most frequent clinical manifestations were mucocutaneous (51.6%), followed by cardiovascular (14.4%) and gastrointestinal (12.2%). The drugs most often implicated were antibiotics (40.3%), especially vancomycin (19.7%) and amoxicillin-clavulanate (18.4%), followed by chemotherapeutic agents (8.0%), vaccines (6.9%) and steroids (5.9%). Intravenous administration was associated with 54,3% of ADR and the time from first drug administration to ADR was > 48 hours in 51.6%. The reactions were mild in 83.5%, but 3 cases required admission to ICU, with one fatality. Only 14 children (7.4%) were referred to a consultation for follow-up.

Conclusions: Our data showed a low incidence of ADR compared to recent prospective studies, but the type of reactions and drugs involved were similar. It is necessary to alert health professionals to occurrence of ADR in order to implement their coding and reporting to the authorities.

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THE ROLE OF PSIDII GUAVA LEAF EXTRACT TO INCREASE PLATELET LEVEL IN DENGUE VIRUS INFECTION

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Background: The pathogenesis of DHF is still unknown; ADE & virulency of dengue virus caused plasma leakage thrombocytopenia and haemorrhagic clinical manifestation of DHF cases; resuscitation fluid and increasing thrombocyte to prevent severity of Dengue Haemorrhagic cases.

The aim of study: To find the role of Psiidii guava leaf extract liquid in DHF cases.

Material & method: The study had been done at Dr. Soetomo hospital Surabaya, Hasan Sadikin hospital Bandung, and Dr. Cipto Mangunkusumo hospital Jakarta, on January 31, 2007 to February 01, 2008; 93 cases DHF were recruiting for study; 54 DHF cases grade 1 & 2 as study group. And 39 DHF cases grade 1 & 2 as control; study group got resuscitation fluid and Psiidii guava leaf extract liquid. Control group got resuscitation fluid and placebo. All cases were followed everyday until discharge by paediatrician in charge.

Based on increasing thrombocyte number, 54 cases of study showed 86,47 ± 86,23 and 93 cases of control group showed 32.807 ± 67,56 and based on grade of thrombocyte number 40 cases of study group showed increasing number of thrombocyte, and 7 decrease. 23 control groups were increase and 15 control group were decrease. The result showed significant differences p< 0,010.

Conclusion: Psiidii guava leaf extract could significantly increase thrombocyte in DHF cases.

Keyword: Dengue virus, ADE, thrombocyt, DHF & Psiidii guava leaf extract liquid

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MATERNAL BETAMETHASON ADMINISTRATION IS AN INDICATOR BUT NOT AN INDEPENDENT RISK FACTOR FOR RAISED 17-HYDROXYPROGESTERONE AT NEONATAL SCREENING

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Introduction: Prenatal maternal betamethason administration to induce lung maturation might subsequently interfere with neonatal screening of congenital adrenal hyperplasia (CAH). We therefore evaluated the impact of prenatal betamethason and other risk factors on 17-hydroxyprogesterone (17-OHP) in filter-paper blood.

Methods: Retrospective collection of clinical characteristics (birth weight, gestational age, small for gestational age, prenatal betamethason, day of sampling, duration respiratory support) in neonates admitted in a single NICU and with an increased 17-OHP (>30umol/L) at initial screening that turned out to be false positive. Data reported by median and range or incidence. Clinical characteristics were compared with individual 17-OHP (correlation, Mann Withney U, multiple regression).

Results: In 91 (median 73, range 31-463 umol/L) cases, BW, GA, SGA, prenatal betamethason, day

of sampling were 1500 (370-3660) g, 30 (25-40) wks, 6/91, 54/91 and 3 (2-23) days respectively. Significant correlations between 17-OHP and BW ($r = -0.69$, $p < 0.001$) and GA ($r = -0.67$, $p < 0.001$) were observed. Median 17-OHP was higher in cases treated with betamethason (85.5 vs 57 umol/L, $p < 0.0001$). In a multiple regression model, GA remained the only independent variable. To further elaborate the association between betamethason and 17OHP, a case-control (GA) study was performed. No significant difference (paired) in incidence of betamethasone administration was observed (54/91 vs 37/91, $p=0.2$).

Conclusions: Maternal betamethasone administration is associated with raised 17-OHP at screening, but can be explained by the lower gestational age. Gestational age is the only independent variable associated with further raised 17OHP in a cohort of false positive screening samples.

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KETANSERIN: USE FOR THE TREATMENT OF HYPERTENSIVE DISORDERS DURING PREGNANCY AND THE EFFECT ON THE CIRCULATION OF THE INFANT

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Background: Ketanserin, a selective serononinn$_2$-receptor antagonist, is used for the treatment of severe hypertensive disorders during pregnancy. High concentrations are found in umbilical cord after maternal treatment. However, the effect on the circulation of the infant has not been investigated.

Methods: From May 2007 through December 2009, we prospectively studied 58 infants who in utero were exposed to ketanserin, by monitoring heart rate and blood pressure during the first 24 hours of life. We analyzed the effect of infant-related, medication-related (cumulative dosage, therapy duration and last dosage rate) and maternal factors. The primary outcome was hypotension.

Results: Eight infants (13.8%) became hypotensive during the first eight hours of life with need for treatment. Last dosage rate (p=.005) as well as mean dosage rate of ketanserin (cumulative dosage divided by therapy duration , p=.002) were significantly higher in the group with hypotension. Every hypotensive infant was exposed to a last dosage rate of at least 8mg/hour. Maternal HELLP-syndrome was diagnosed more often in hypotensive compared to normotensive infants (p=.048).

Discussion: This study provides evidence that maternal ketanserin use has a blood pressure lowering effect in the infant. The risk of hypotension is determined by the last dosage rate of ketanserin and the co-existence of maternal HELLP-syndrome.

Monitoring of blood pressure after delivery only seems necessary when an infant is exposed to a dosage rate of at least 8mg/hour. Observation of the infant during the first 12 hours of life seems to be sufficient to detect problems in blood pressure regulation.

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IS DESMOPRESSIN EFFECTIVE IN THE LONG-TERM AS A TREATMENT FOR NOCTURNAL ENURESIS IN CHILDREN WHO ARE DRY DURING THE DAY?

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Background and aims: Nocturnal enuresis is psychosocially detrimental to children affected by it. First-line treatment involves offering emotional support and promoting appropriate voiding patterns. If this fails, alarm or pharmacological therapy may be used. Desmopressin is the preferred pharmacological agent. We aimed to assess the long-term outcomes of desmopressin therapy for nocturnal enuresis by analysing current experimental literature. Assessed outcomes included frequency of bed-wetting during treatment, percentage of responding children, relapse rates, and comparison with alarm therapy and other medications.

Methods: Cochrane library - searched with terms '*desmopressin'* and '*enuresis'*, PubMed - searched with MeSH terms '*desmopressin'* and '*enuresis, drug therapy'*.