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'*.