have significantly decreased 25OHD levels which may be related to the Irish climactic conditions.

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EARLY CHILDHOOD CARIES AND SOCIO-ECONOMIC ASPECTS IN CHILDREN UNDER 6 YEARS OLD IN THE NORTHEASTERN REGION OF BRAZIL

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Aim: Verify association between socio-economic factors and early childhood caries in the Northeast region of Brazil.

Methodology:

It was carried out a cross-sectional study with 358 children from 6 to 71 months, from February 2008 to January 2009. The dependent variable was dmft index increased active white spot lesions; socioeconomic characteristics and care with the children were the independent variable. It had been used techniques of descriptive statistics and adjusted analysis through the Poisson's regression model for association with the socio-economic factors.

Results: The prevalence of the caries found was 46.9%, being the age group from 37 to 71 months the ones more affect. Approximately 44.0% of the children belong to families with an income lower than a minimum wage. Limitations on the access to the health service (18.4%), low coverage (4.5%) and insufficient offer of preventive procedures (23.7%) accentuate the prevalence of caries. It was observed the association among the children's age (RP 1.61), caries as reason for dental visit (RP 1.83) and the no use of fluorinated dental cream (RP 18.3) with manifested caries and activity of caries.

Conclusion: Socio-economic factors and disorganization of the public dental practice had influenced the sprouting and the non-homogeneous distribution of the caries, what must make this group a target of social policy and health.

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EPIDEMIOLOGY OF THE HYPOPLASTIC LEFT HEART SYNDROME: IMPORTANCE OF AN ACCURATE DIAGNOSIS DURING PREGNANCY

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Aim: Infants with Hypoplastic Left Heart Syndrome (HLHS) may suffer inhibited growth. Some papers have shown it in congenital heart disease. **Aim:** to check if that is true in HLHS. We will also study other perinatal parameters that can be influenced by this pathology.

Methods: We have studied a total number of 173 HLHS of which 75 (43,45 %) died in our neonatal unit. We have compared data of maternal, pregnancy and delivery risks, weight, height and cephalic perimeter with normal babies born in the same period in our hospital,. We also compared the evolution between babies born at our hospital and those who were referred to us.

Results: No difference was obtained between normal and HLHS groups on: maternal age, number of previous gestations, abortion and live babies. There was significant difference in maternal pathology especially due to endocrine alterations (thyroid and diabetic). Also epilepsy was present. Both weight (3216,05 v 2990,39 p< 0,001) and cephalic perimeter (34,26 v 33,41 p< 0,001) was significantly different. Height had a p< 0,1. At birth pH, Apgar 1 minute were significantly diminished in the HLSH group.

HLSH born at our hospital had less morbidity and mortality.

Conclusions: We think it is important to diagnose pregnancy growth retardation and try to control it. As other authors have shown aortic arch morphometry during pregnancy should be controlled. Endocrine pathology or epilepsy in the mother may be a risk for HLSH. It is advisable that these babies should be born in reference hospitals.