Conclusions: The use of advanced techniques of ventilation assistance, associated with pre-surgical clinical stabilization and surgery performed in the NICU, during HFOV, have improved the outcome and the CDH neonatal survival.

1339

RISK FACTORS FOR MECONIUM ASPIRATIONEM

N. Raspopovic, T. Veljkovic

Neonatology, University of Belgrade, Belgrade, Serbia

The objective of this study was to identify link between fetal distress and respiratory distress (RD) in association with meconium stained liquor. In our hospital -a tertiary referral maternity hospital was born 6783 live newborns for one year during our prospective study. All infants born after meconim stained liquor who developed RD has:

1. fetal distress, proven with CTG, first pH after admission, Apgar score, asphyxia related complications (also were analysed mode of the delivery, sex, gestational age and birth body weight)
2. maternal risk factors: fetal infection
3. meconium aspirationem syndrome (MAS), PPHN and infection. 12% of newborns born alive for one year had meconium stained liquor, 74 term infants and 27 preterm developed RD. There were 58 term infants who had evidence of fetal distress and 67% had chorioamnionitis, 29% MAS, 54% develop PPHN. In preterm infants 87% had suspected infection. We conclude that asphyxia and infection are common in newborns who develop RD after meconim stained liquor.

1340

THE RESPIRATORY DISTRESS AS A CAUSE FOR ADMISSION TO THE PICU

D. Tzira, K. Papazoglou, G. Sideri, A. Patsoura, A. Prezerakou, F. Petropoulou, J. Papadatos

PICU, Children's Hospital, Athens, Greece

Objective: The respiratory distress as a cause for admission in PICU

Material and methods: Studies have been retrospectively reviewed to children that had been hospitalized in the PICU "Aglia Kyriakou"

children's hospital from January 2006 until December 2009. From 702 admissions in period of 4 years, to 182 children (21%) whose admission cause was respiratory distress. The patients were divided in seven categories: 1) Viral infections of the respiratory tract-Bronchiolitis 2) Bacterial infections of the respiratory tract, complicated or not 3) Cardiac disease 4) Malignant disease 5) Chronic disease and syndromes 6) Post operational respiratory failure 7) and other causes (i.e. intoxication).

Results: Viral infections-Bronchiolitis 60 children (33%)-RSV (31%), Bacterial pneumonia 29 (16%): complicated 14 (7,7%) of known factor (staph aureus 50%) and simple pneumonia 15 (8,3%). Cardiac disease 11 children had (6%), malignant 13 (7%), chronic sub causal disease (brain paralysis, neuromuscular disease or other syndromes) 34 (19%). Postoperation respiratory failure 16 (9%) other diseases 19 (10%) as: ADEM (2), sdr Guillain Barre (3), acute obstruction of the airway (11), diaphragmatocele (1), post traumatical contusion of the lungs (1), rhabdomyolysis (1).

Therapy: Oxygen therapy were given 82 (45%) children, controlled mechanical ventilation 87 (47,8%) with minimal duration of ten days and NIV 12 (6,5%) with minimal duration 6 days in PICU, while 3 children from these continued mechanical ventilation at home. Thoracic drainage was required by 30 children, tracheostomy 6 and thoracotomy-decortications 9

Conclusion: Respiratory distress is a common cause for admission in the PICU. Is the main symptom for various and different diseases, not including only the respiratory tract.

1341

POSITIVE EXPIRATORY PRESSURE (PEP) FOR LOBAR COLLAPSE IN INFANTS

C. Ronan¹, C. Rae², M. Vaidya³

¹Paediatric Respiratory Physiotherapy, ²Barts and the London Children's Hospital, ³Paediatric Critical Care Unit, Barts and the London Children's Hospital, London, UK

Background and aims: PEP is a commonly applied modality of chest physiotherapy in infants with chronic respiratory conditions such as cystic fibrosis. We report two cases of infants with acute right upper lobe collapse treated with PEP.