(1), failed extubation and prolonged ventilation requirement(4), airway protection following trauma(2) and cystic hygroma(1). Associated co-morbidities were Chronic Lung disease(3), Congenital Myasthenic syndrome(1), Cystic hygroma(1), hypoventilation syndrome(1), Cerebral and Renal Haemolytic Uraemic syndrome(1), Road Traffic accident with multiple organ injury(2). Out of 10, six children had unsafe swallow. Recurrent aspiration pneumonia remained a major problem despite these interventions.

Conclusions: Interventions such as tracheostomy and gastrostomy may not resolve the issues with recurrent chest infections in children with unsafe swallow. There is a need to explore other interventions to reduce recurrent aspiration pneumonitis in such population.

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RESPIRATORY OUTCOMES OF LATE PRETERM INFANTS

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Several studies have shown that late preterm infants (LPI) are at higher risk for respiratory disorders than term infants.

Objective: To evaluate occurrence of respiratory disorders, need for respiratory support, use and timing of specific adjunctive pulmonary therapies in LPI.

Methods: Using electronic medical charts, we performed a retrospective analysis of all LPI (34 0/7 to 36 6/7 wks) born from January 2005 to December 2009 in a tertiary level NICU.

Results: During the study period, 856/14443 infants born alive were LPI (5.9%). They accounted for 58.9% of preterm births. Majority of LPI were 36 weeks (53.9%), followed by 35 weeks (28.4%) and 34 weeks (17.8%).

Transient tachypnea of the newborn (5.8%) was the most common pulmonary illness, followed by respiratory distress syndrome (4.7%), apnea (1.5%), air leak (1.3%) and persistent pulmonary hypertension (0.5%). Composite respiratory morbidity was 12.4%:

A total of 69 (8.1%) patients received NCPAP only, 19 (2.2%) mechanical ventilation, 17 (2%) surfactant, 8 (0.9%) chest tube and 4 (0.5%) inhaled nitric oxide.

Fig 1 shows the highest levels of respiratory support for each GA.

Fig 2 shows times at which each treatment was started.

Median length of positive pressure ventilation was 40.5 hours (IQR 16.9-91.6).

Mortality was 0.4%.

Conclusion: Compared with literature, our population showed lower incidence of mortality, respiratory disorders and need for assisted ventilation, probably due to a great proportion of more mature infants.

[FIG 1]

[fig 2]

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THE USE OF HOOD CPAP TO IMPROVE COMPLIANCE WITH NON-INVASIVE VENTILATION (NIV): A SINGLE CENTRE EXPERIENCE

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Background: The Ca-Star CPAP (Continuous Positive Airway pressure) Hood is a relatively novel method of delivering CPAP to infants and children.

Aims: To report the experience of a single centre in the application of Hood CPAP for provision of NIV.

Methods: We retrospectively analysed all children admitted to a six bedded PCCU for NIV over a 2 year period. Children included in the study were those who had failed conventional mask CPAP yet gone on to tolerate Hood CPAP for >24 hours or until NIV was no longer required.

Results: Six patients (4 males) were identified with mean age of 14 months (range 6 months - 3 years). The reasons for failing conventional CPAP were pressure areas on face (1), child intolerance

of mask pressing on face (4) and inability to get seal due to facial abnormalities (1).

The indications for CPAP included primary Respiratory condition (5) and neuromuscular (1). The underlying co-morbidities were ex pre-maturity (2), Trisomy 21 (2), congenital abnormalities (1) and none (1). Hypothermia was observed as a complication in 2 patients.

Conclusions: Intolerance of the mask is a problem in the 'toddler' age range, and in our experience the HOOD is an under-utilised but useful interface to provide CPAP in these patient groups. It can be used successfully as an alternative to intubation, for relief of facial pressure areas and to provide an effective seal in case of facial abnormalities.

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FLUTISANE PROPIONATE IN PREVENTION OF RHYINITIS ALERGICA WITH CHILDREN

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Introduction: In childhood rhinitis alergica is medical and social problem. The nasal mucous membrane first gets in touch with a lot of causes, including causes of allergy.

Objective: Improvement of quality of the life with children who are treated with Fluticasone propionate.

Material and methods: We processed the data from medical records of 58 children on the age of 6 and 12 years in the period of 2 years (2008 - 2009), and 43 children from them were put on prevention with Fluticasone propionate. For processing the data we used analytic and descriptive method.

Results: We processed 58 cases with rhinitis alergica proved with: skin tests or RIDA screen tests, total IgE, eosinophiles in nose and drainage secretion. 15 children were put only on symptom's therapy, and 43 children were put on therapy with Fluticasone propionate in a period of a few months. With 9 children rhinitis alergica was followed by conjunctivitis alergica and they get antihistaminic medicaments. All children that were put on prevention had minimal symptoms of Rhinitis and they had normal physical activities and attend a school regularly.