of positive pressure ventilation, incidence of BPD of preterm infants were not affected by maternal Uu results. The near and full term infants (GP > 35 weeks) from Uu positive mothers showed the increased jaundice.

Conclusions: It is hardly to say that genital Uu colonization in pregnant women influence the infants except jaundice. The infants who had GP < 35weeks from Uu mother showed increased heart rate within 6 hours after birth, prolonged tachypnea, short period of antibiotics use, lower incidence of RDS and hypocalcaemia.

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CAN WE SUSPECT THE INTRA-AMNIOTIC INFLAMMATION BY USING GASTRIC FLUID IN A PREMATURE NEWBORN?

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Background: Inflammatory cytokine expression in cord blood or tracheal aspirate in premature infants is correlated with increased response of intra-amniotic inflammation (IAI). However, measurement of gastric cytokines in premature infants has been seldomly studied so far, although a feeding tube insertion is the common and simple procedure. The aim of this study was to investigate if the gastric cytokine measurement could be an alternative way, helping physicians identify the IAI.

Methods: Premature infants born by Cesarean section and their mothers were enrolled into this study. Amniotic fluid (AF) samples were collected by using aseptic techniques during Cesarean delivery, and gastric fluid (GF) samples in premature infants were collected by feeding tubes immediately after birth. The concentration of interleukin-6 (IL-6), interleukin-8 (IL-8), tumor necrosis factor-alpha (TNF- α) and mannose-binding lectin (MBL) in GF were compared with those in AF.

Results: Of 63 preterm birth, 23 were succeeded in collecting both amniotic and GF samples. These infants had mean birth weights of 1,701 $\pm$ 557.3g (range, 710 to 2480 g) and gestations of 31.7 $\pm$ 2.2 weeks (range, 27 to 34 weeks). There was a strong correlation between AF IL-6 and GF IL-6 concentrations ($r=0.872$; $p<0.001$), AF IL-8 and GF

IL-8 concentrations ($r=0.851$; $p<0.001$), AF TNF- α and GF TNF- α concentrations ($r=0.845$; $p<0.001$), AF MBL and GF MBL concentrations ($r=0.768$; $p<0.001$), respectively.

Conclusion: Our data suggest that measurement of cytokines using the GF sample in a premature infant might be a respective tool to identify whether the newborn has been exposed to the IAI.

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EPIDEMIOLOGICAL PROFILE OF PATHOGENS COLONIZING THE RESPIRATORY TRACT IN PATIENTS WITH CYSTIC FIBROSIS

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Introduction: The aim of the study was to characterize the evolution of the epidemiological profile of bacteria isolated from the respiratory tract of cystic fibrosis (CF) patients.

Methods: Retrospective review based on bacterial isolation from the respiratory tract of all the patients attending our CF center during 4 years (2006-2009).

Results: 90 patients were included (54% female; median: 12 years). *Pseudomonas aeruginosa* (PA) was the main agent of chronic colonization. In 2006, 42% of them were colonized with *Pseudomonas aeruginosa* (20% have chronic PA infection). In 2007 the number of chronic PA patients increased (30%) and its prevalence was constant over 2008 (33%) and 2009 (35%). In 2006 there was not patient with Methicilin Resistant SA (MRSA). The prevalence in 2007 was 3%, in 2008 (7%) and in 2009 increased to 18%. *Haemophilus influenzae* was isolated in 15% of the patients. *Burkholderia cepacia* was isolated only in one patient, and *Aspergillus* sp. in 3 patients.

Conclusion: In the last 4 years there is increase in the prevalence of chronic PA infections. Moreover, the MRSA isolation increased significantly. Cultures from induced sputum specimens provide additional microbiological information, which is of clinical value and lead to changes in patient management.