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TOLERANCE OF OSELTAMIVIR FOR CHEMOPROPHYLAXIS OF INFLUENZA A (H1N1) INFECTION IN NEONATES

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Aims: Oseltamivir can be used for chemoprophylaxis but limited data about the use of this medication in neonates are available. Side-effects of Oseltamivir described in older infants and adults are mainly digestive. According to recommendations, we used Oseltamivir in few neonates hospitalized in our unit who presented suspected or confirmed influenza A infection. We evaluated the effect of Oseltamivir on digestive tolerance and short-term growth

Methods: In infants treated with Oseltamivir (2.5 mg/kg/dose twice daily) we collected daily volume intake, body weight (to calculate weight gain, g/kg/d) but also parameters to evaluate digestive tolerance (number and consistency of stools, residues, regurgitations, vomiting) before (period 1, P1), during (Period 2, P2) and after (period 3, P3) treatment. Weight gain and digestive tolerance during these 3 periods were compared.

Results: During the 2009-2010 season 17 infants received Oseltamivir. Post-conceptional age (median [P25-P75]) was 30 [28-33] wks at birth and 35 [33-39] wks at beginning of treatment. There was no significant difference in residues or regurgitations, and volume of milk ingested significantly increased from P1 to P3 as expected ($p=0.016$). The number of stools was moderately increased during treatment period (P2) ($p=0.049$). There was no difference in short-term growth ($p=0.212$).

Conclusion: This careful evaluation of digestive tolerance and growth in a limited number of hospitalized neonates suggest that Ostelmivir (2.5 mg/kg/dose twice daily) is quite well tolerated, with no significant negative effect on milk intake and weight gain.

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POSTOPERATIVE TREATMENT IN PICU. A 5-YEAR EXPERIENCE

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Aim: The objective of this study is to evaluate incidence, indications, length of stay and outcome of pediatric patients admitted postoperatively in a Pediatric Intensive Care Unit (PICU).

Methods: Chart of 140 patients admitted to our PICU after different surgical procedures from January 2005 to December 2009, were reviewed retrospectively.

Results: Age of patients ranged from 35 days to 14 years (mean age : 11,38 years)

Types of surgical procedures demanding postoperative treatment in PICU are showed in table.

TYPES OF SURGICAL PROCEDURES	Patients
Intracranial Surgery	64
Multiple trauma surgery	8
Neck and Thoracic Surgery	30
Abdominal Surgery	29
Urological Surgery	8

[TYPES OF SURGICAL PROCEDURES]

Indications for PICU admission were : postoperative intensive treatment (88 patients), respiratory complications (31 patients), sepsis (11 patients) and low conscious level (10 patients).

The incidence was 23,41% of total admissions. Mortality rate was 7,85% (mainly after major intracranial surgery). Mean duration of treatment was 7,82 days.

Conclusions: Progress in intensive care improved outcome after major and complicated surgical procedures in pediatric population. In this study the main causes of admission in PICU postoperatively were major intracranial surgery (42,14%) and respiratory complications (22,14%).