actually taking place in German hospitals. Regular training according to the ERC is still not obligatory. This becomes serious given data showing that pediatric emergency management has significant room for improvement. With the courses from PAEDSIM, the two core competencies are taught via a practice-based and team-oriented approach.

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IS THE EXPRESSION OF VEGF ALTERED AFTER TRACHEAL OCCLUSION IN EXPERIMENTAL MODEL OF CONGENITAL DIAPHRAGMATIC HERNIA?

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Background: Vascular endothelial growth factor (VEGF), an angiogenic factor secreted by pneumocytes-II, may play a role in the pathogenesis of congenital diaphragmatic hernia (CDH). Studies in rodents suggest that it may accelerate lung growth in hypoplastic lungs induced by prenatal nitrofen administration.

Aims: Analysis of pulmonary hypoplasia and quantification of VEGF in fetal lungs rats with CDH induced by administration of nitrofen to pregnant rats and changes after fetal tracheal occlusion (TO).

Methods: Timed-pregnant Sprague-Dawley rats treated with nitrofen on embryonic day 9 without further fetal intervention (group 1) and with fetal TO on day 20 (group 2). Control animals were treated with placebo (group 0). Cesarean section was performed on day 21. Fetuses were weighed, lungs dissected, weighed and frozen for subsequent quantification of VEGF by immunoassay.

Results: 50% fetuses in groups 1 and 2 developed CDH and none in the control group. Fetuses with CDH had significantly lower lung weight and reduced lung weight index/fetal weight than those who did not have CDH. VEGF quantification in those with CDH was lower (2.67 pg/mg) than in the rest (2.97 pg/gm). A trend to higher VEGF expression was observed after TO (data of 20 more fetuses are pending to confirm these results).

Conclusions: With the data available up to date, we found no significant differences in the quantification

of lung VEGF, although we observed a trend toward lower expression of this protein in CDH fetuses. TO could improve pulmonary VEGF expression.

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THE INTERNATIONAL NEONATAL IMMUNOTHERAPY STUDY (INIS). A RANDOMISED PLACEBO CONTROLLED TRIAL OF INTRAVENOUS IMMUNOGLOBULIN THERAPY FOR INFANTS WITH CLINICAL SEPSIS

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Introduction: Neonatal sepsis is a major cause of morbidity and mortality despite antibiotic treatment. Effective adjunctive treatments are needed. Newborn infants are relatively deficient in IgG. Meta-analyses of trials of intravenous IgG for suspected or proven neonatal sepsis suggest reduced all cause mortality but the trials are small and some are of poor quality.

Hypothesis: In newborn infants receiving antibiotics for clinical sepsis, the addition of polyclonal intravenous immunoglobulin IgG (IVIG) therapy reduces mortality and major morbidity compared with antibiotics alone.

Methods: Infants receiving antibiotics for proven or suspected serious infection were randomized to receive either two infusions of IVIG 500mg/kg (10ml/kg) or two infusions of matching placebo (0.2% albumin solution, 10ml/kg) 48 hours apart.

Outcome measures: The primary outcome was mortality or major disability at two years corrected for gestational age.

Preliminary results:

The 2 groups were well balanced in all prognostic variables.

IVIG (n=1759), Placebo (n= 1734)

All babies