Results: Data from 130 out of 162 newborns (GA 26.2 ± 1.5 , BW 851.2 ± 293 g) were analysed. 117 patients showed a PDA at first evaluation. 88 newborns were treated with ibuprofen for HsPDA; after treatment 60 patients had a closed ductus (responders) while 28 were non-responders. A lower PLTc was observed in infants with HsPDA but difference was not statistically significant. Among treated infants, non-responders had a lower GA, were more likely mechanically ventilated and had a PLT significantly lower than responders ($111.000/\mu\text{l}$ vs. $184.000/\mu\text{l}$, $p=0.001$). In the multivariate analysis only invasive ventilation and low PLTc were independent factors for treatment failure.

Conclusion: A low PLTc increases the risk of treatment failure of PDA. Further studies are needed to evaluate the prognostic and therapeutic implications of this observation.

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ECHOCARDIOGRAPHIC EXAMINATION OF THE INCIDENCE OF MITRAL VALVE PROLAPSE AND INTERATRIAL COMMUNICATION

R. Retkoceri, R. Bejiqi, H. Bejiqi, N. Zeka, S. Borovci, A. Mejzionolli

Intensive Care, Pediatric Clinic, University Clinical Centre of Kosova, Prishtina, Albania

Introduction: Mitral valve prolapse (MVP) is the most common anomaly of mitral valve with different incidence (using modern criteria) and different level of pathoanatomical abnormality. In most of the cases MVP is an isolated anomaly, but can be associated with other heart anomalies, most frequently with interatrial communication. Using the echocardiography several sequelae and complications of MVP can be identified, including mitral regurgitation, ruptured chordae, endocarditis or associations anomalies.

Aim of presentation: Using the echocardiography examination to present mitral valve prolapse associated with different forms of interatrial communication.

Methodology: Cross-sectional, Doppler and color-Doppler echocardiography examination.

Results: During the period 2004 - 2009. in Echolabor of Pediatrics Clinic in Prishtina were registered 214 children with MVP. 36 of them had one type of interatrial communications. Most often was persistent foramen ovale (22 children), hemodynamically

irrelevant. In 9 of them was registered restrictive ASD secundum type. 5 children had nonrestrictive ASD, one of them type VCS. In all children with nonrestrictive ASD closure was preformed, while in 2 of them open heart surgery was done.

Key words: Mitral valve prolapse, interatrial communication, persistent foramen ovale

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HISTOPATHOLOGICALLY DEMONSTRATED FINDINGS OF INCREASED THICKNESS OF AORTIC INTIMA MEDIA IN NICOTINE EXPOSED RAT PUPS DURING GESTATION AND LACTATION PERIOD

M.A. Akin¹, O. Canoz², T. Gunes¹

¹Neonatology, ²Pathology, Erciyes University, Faculty of Medicine, Kayseri, Turkey

Epidemiological studies have reported that prenatal factors have a direct effect on the vascular wall that is relevant to atherogenesis from remarkably early in life. The first atherosclerotic lesions usually begin to develop in the abdominal aorta. Our previous studies assessed the influence of maternal smoking on neonatal aortic intima-media thickness (aIMT) by non-invasive ultrasound technique and found that neonates whose mothers smoked have significantly increased aIMT. We have now evaluated the effect of nicotine exposure during pregnancy on rat aIMT histopathologically at three months postnatal age.

Gravid rats were assigned into three groups. In Group Nicotine A, pregnant rats received 6 mg/kg/day nicotine subcutaneously during pregnancy from 1 to 21 days of gestation and lactation (until postnatal day 21). Group Nicotine B received 3 mg/kg/day nicotine for the same period. Control pregnant rats (Group Control) received only saline subcutaneously. We removed abdominal aorta of rat offsprings and were measured by histopathologically via light microscope at postnatal thirth month of age. Finally, aIMT size values of the rat offsprings exposed to nicotine were rised in both groups Nicotine A and B groups were higher than those of Control group ($103.78 \pm 21.33 \mu\text{m}$, $99.11 \pm 30.12 \mu\text{m}$, $62.56 \pm 7.18 \mu\text{m}$ respectively). This difference was statistically significant in Nicotine Group A and Nicotine Group B ($p < 0.05$). Additionally nicotine exposure decreased birth weight and pregnancy weight gain.