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.

228

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

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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

229

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

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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 thirteenth month of age. Finally, aIMT size values of the rat offsprings exposed to nicotine were risen 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.

The present study provides support for the hypothesis that maternal nicotine exposure may exaggerate the atherosclerotic process later in life.

230

DOES ELECTROENCEPHALOGRAPHY HELP IN EARLY DIAGNOSIS OF SUBACUTE SCLEROSING PANENCEPHALITIS

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Background: To find out the role of electroencephalography in the early diagnosis of subacute sclerosing panencephalitis. It will be a cross sectional observational study conducted at department of Neurology Children's Hospital, Lahore from April 15, 2005 to September 15, 2009.

Methods: Children between the ages of 4 to 18 years (n=129) with myoclonic jerks were admitted in Neurology department. History and clinical examination was carried out and EEG and CSF antimeasles antibodies were performed. Children may have EEG findings consistent with SSPE (EEG abnormalities having burst suppression in high amplitude slow and sharp waves recur at 3-5 second interval on slow background) or other EEG findings like myoclonic epilepsy with normal back ground, normal EEG etc. CSF of all children was sent for antimeasles antibodies for further confirmation which was considered diagnostic. Brain imaging was done in all children to exclude other possible diagnosis.

Results: Total of 59 patients with EEG findings of subacute sclerosing panencephalitis were further confirmed with CSF anti measles antibodies. It was positive in 57 children. (P value < 0.05). While ten children had negative EEG findings and all of them had negative results for CSF antimeasles antibodies.

Conclusion: Subacute sclerosing panencephalitis is not an uncommon entity in our population with quite variable clinical presentation and electroencephalography has significant value in early, cost effective and reliable diagnosis.

231

FEEDING AND SWALLOWING DIFFICULTIES IN PATIENTS WITH SPINAL MUSCULAR ATROPHY TYPES II AND III

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Objective: Spinal muscular atrophy (SMA) is a neurodegenerative disease affecting motor functions, may compromise feeding and swallowing, gastrointestinal function, and nutritional status. We conduct a questionnaire survey for addressing the prevalence and risk factors of feeding and swallowing problems in SMA type II and type III patients.

Methods: A dedicated questionnaire survey was conducted from September 2008 to November 2009, and 111 genetically confirmed SMA patients are participated. The questionnaire includes demographic data, current ambulatory and respiratory status, feeding and swallowing difficulties, gastrointestinal and respiratory dysfunctions.

Results: Total 108 SMA patients met the inclusion criteria (age range: 3-45 years old, 60 type II and 48 type III). The prevalence of feeding and swallowing difficulties in total SMA types II and III were 25.9% in pre-oral phase, 25.9% in oral phase, 30.6% in pharyngeal phase, and 16.7% in esophageal phase. Respiratory support is a significant risk factor in pre-oral, oral and pharyngeal phases of feeding and swallowing difficulty in SMA types II and III. SMA type II is a significant risk factor in pre-oral and pharyngeal phases compared with type III. Sitters and non-sitters have significantly higher prevalence of feeding and swallowing difficulties than walkers. Patients with gastroesophageal reflux disease (GERD) also have significantly higher prevalence than patients without GERD.

Conclusions: Feeding and swallowing difficulties were common in SMA types II and III, especially in type II. Need respiratory support, poor current ambulatory status, and GERD increase the risk of feeding and swallowing difficulties. SMA patients need multidisciplinary medical care.