only mildly. With a large dose of glibenclamide (10 mg/kg), it did not constrict the near-term or the preterm ductus arteriosus, reflecting poor placental transport.

Conclusion: Clinical doses of tolbutamide constrict the fetal ductus moderately. With a 10 times larger dose, the ductus closes completely. Experimental comparison suggests tolbutamide is more potent constrictor of the fetal ductus than indomethacin, and can be used to close a premature PDA in the rat model.

FD = Fetal Days

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ALLERGY TO ORAL MACROLIDES ANTIBIOTICS IN CHILDREN

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Background: Allergic or pseudo-allergic reactions to macrolides antibiotics are relatively uncommon (0.4-3% of treatments). The allergological work-up for the diagnosis of macrolides hypersensitivity is undefined.

Methods: In our study we analyzed 95 children with history of macrolides reactions. Skin tests were performed according to EAACI guidelines by prick tests (PT) followed by intradermal test (ID) with the culprit drug. Oral Double Blind Provocation Tests (ODBPT) were performed in order to exclude or confirm a real state of drug hypersensitivity and to check the cross-reactivity.

Results: 46 females and 49 males (mean age 6.2 years) described a total of 102 reactions to macrolides (28 immediate and 70 late). The most frequently involved drug was clarithromycin (69.6%). It mainly provoked mucocutaneous eruptions. All the children with suspected clarithromycin allergy underwent the ODBPT, but the diagnosis was confirmed in the 6.25% of cases and they all tolerated an alternative macrolidic drug. Azithromycin resulted less frequently involved (19,6%) but it caused the more severe reactions. The two patients (50% of those with history of immediate reactions) with anaphylaxis to azithromycin had positive skin tests

with the culprit drug, however they both tolerated clarithromycin.

Conclusion: Clarithromycin even being the most common cause of allergic reactions, it usually provokes mild cutaneous flares and a real state of hypersensitivity is rarely proven. On the contrary, azithromycin rarely resulted as cause of drug reactions but when it occurs these are severe. At last even in case of anaphylaxis allergy to macrolides seems not to be a class allergy.

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COMPARING BERACTANT AND PORACTANT ALFA FOR TREATMENT OF RESPIRATORY DISTRESS IN PREMATURE NEONATES

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Background: Respiratory distress syndrome (RDS) is a major cause of mortality and morbidity in preterm infants. The aim of this study was to compare the complications of prematurity among preterm infants treated with two different natural surfactants.

Materials and methods: In a randomized clinical trial 150 preterm infants with RDS treated with exogenous surfactant were enrolled in the study. Group A consist of 79 neonates that received poractant (curosurf). Seventy one newborn infants in group B were treated with beractant (Survanta).

Results: The mean gestational age for group A and B were 29.40 ± 2.90 wk and 29.50 ± 2.73 wk ($P=0.82$). The demographic and clinical variables were similar in both groups. The mean duration of intubation was significantly shorter in infants treated with poractant (3.13 ± 1.80 vs. 4.06 ± 2.7 days $p=0.02$). The mean duration of need for oxygen and hospitalization of patients in group A and B were 17.73 ± 22.25 vs. 19.14 ± 17.85 days ($p=0.67$) and 24.89 ± 26.41 vs. 29.14 ± 23.54 days ($p=0.32$) respectively. There was no significant difference between groups with respect to mortality and morbidity including pulmonary hemorrhage, intraventricular hemorrhage (IVH), patent ductus arteriosus, sepsis, and bronchopulmonary dysplasia.

Conclusions: In this study infants had received poractant had shorter duration of intubation than infants treated with beractant without difference in the duration of oxygen therapy or admission. There was no significant superiority of poractant over beractant.