ACTH, cortisol, adrenalin, sT3, sT4, TSH in the development of TTN in CS delivered late preterm and term infants.

Methods: Study was designed as a prospective and sectional study. The information about all of the deliveries taking place in our center between September 2008-July 2009 were recorded. Study group consisted of 37 CS delivered late preterm and term infants with the diagnosis of TTN. Thirty three gestational age matched CS delivered consecutive infants without the diagnosis of TTN delivered after each study case constitutes the control group. At birth 10 ml of cord blood were collected from all CS deliveries of late preterm and term infants for analysis of serum cortisol, ACTH, sT3, sT4, TSH and adrenalin levels.

Results: Though there was no significant demographic difference between our patient and control groups, cord ACTH, cortisol, sT3 were significantly low and adrenalin was high in the study group ($p < 0.05$).

Conclusions: Lower cord cortisol, ACTH, sT3 in patients with TTN indicate the possible role of these hormones in fetal lung fluid clearance and postnatal pulmonary adaptation through their modulatory effect on ENaC and NaK ATPase.

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INTRATRACHEAL PERFLUOROCARBONS ALTER TNFA AND VEGF EXPRESSION IN AT-II CELLS DURING PMA-INDUCED SYSTEMIC INFLAMMATION

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Background: 20-40% of extremely preterm infants develop BPD. Besides "relative" hyperoxia, inflammation is a major contributor to the pathogenesis of BPD. Perfluorocarbons (PFC) can reduce oxidative stress and have anti-inflammatory properties. Until now the mechanism of PFC action on cellular level is not completely understood.

The aim of this study was to elucidate the impact of PFC on Alveolar type II (AT-II) cells in vivo in an animal model of inflammation-induced BPD.

Methods: Newborn rats received 500µg/kg bodyweight Phorbol 12-Myristate 13-Acetate (PMA) intraperitoneally and either air (*PMA/air*) or 50µl Perfluorodecalin (*PMA/PFD*) intratracheally. Healthy control animals were injected intraperitoneally with 0.2% DMSO (*Control*). After 24h AT-II-cells were isolated. I.) Proportion of TNFα-positive cells was assessed by fluorescence-immunocytochemistry. II.) Expression of TNFα, VEGF and VEGFR1 was analysed using real-time PCR. Data arise from 3 independent experiments.

Results: I.) $37 \pm 2.3\%$ of AT-II-cells showed TNFα-positive staining in the *PMA/air* group. In the *PMA/PFD* group $22.3 \pm 4.0\%$ of AT-II-cells were TNFα-positive ($p=0.01$) (*Control* $16 \pm 1.5\%$). II.) Compared to *Control*, TNFα expression in the *PMA/air* group was 2.8-fold higher (*PMA/PFD* group 1.1-fold). Expression of VEGF in *PMA/air* was 0.8-fold, in *PMA/PFC* 0.3-fold of *Control*. Expression of VEGFR1 in *PMA/air* was 1.6-fold, in *PMA/PFC* 2.7-fold higher than in *Control*.

Conclusion: PMA-induced systemic inflammation leads to an increase of TNFα Protein and mRNA in AT-II-cells, which can be diminished by intratracheal application of PFC. Reduced expression of VEGF in AT-II-cells during inflammation was not restored by PFC, but may be compensated by the higher VEGFR1 expression.

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RELIABILITY AND VALIDITY OF TURKISH VERSION OF THE CHILD FEEDING QUESTIONNAIRE

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Background and aims: The aims of this study were to adapt the CFQ culturally and to assess its psychometric properties. The Child Feeding Questionnaire (CFQ) is a self-report measure to assess parental beliefs, attitudes and practices regarding child-feeding.

Methods: CFQ was translated into Turkish according to the guideline for the cross-cultural adaptation process and used with permission