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**AN ANNOTATED COMPILATION OF CHILDHOOD PERVASIVE DISINTEGRATIVE SPECTRUM DISORDERS(PDD) CHECK LISTS WITH EMPHASIS ON DIFFERENTIAL ALGORITHMIC,DIAGNOSTIC THERAPEUTIC-INTERVENTIONAL APPROACH**

**E.U. Onyekwelu**, Neuroscience

*Paediatrics, Royal Victoria Teaching Hospital, Banjul, The Gambia*

**Background-Historical-notes-purpose:** PDDs are-gradable-constellations of neurobiological-disorders with abbreviated-life -expectancies, including CDD,its anecdotal-extreme-rarity made it initially unscientifically-acknowledged-Retts-syndrome(RS)-affects only females.Previously most girls diagnosed asCDD,retrospectively had RS.In addition to Autism-spectrum-disorders(ASD),-Aspergers syndrome(AS).An unequivocal initial diagnosis of a specific PDD was unusual,because of their striking overlapping features.Although features were spectral-overlapping,they were aetiologically-prognostically distinct.Accurate-diagnosis is crucial because interventions-differ. The composite-roles of prematurities-birth- traumas-genetic factors-amyloid-interleukins-1-beta-endorphins-environmental- toxigenic- autoimmunity-related disruption of neuronal-transmissions-neuro-pathological associations with TSC,-intrauterineTORCHES-viral-exanthematous-related-SSPE-associated-symptomatic-seizures which suggests the-diagnosis of otherwise-similar-but- very -therapeutically-responsive-Landau-Kleffner-syndrome(LKS) especially in boys-the influence of other-infective-processes suggests the benefits of an apposite index of suspicion for a timely diagnosis/-specific-interventions.Ongoing research although undermined by the relative-rarity of these disorders-suggests that overall,PDDs-were underdiagnosed-misdiagnosed.However the putative-roles of infective-antecedents suggests that impacts could be epidemio-geographically distinct.

A delineation of categorical-figures from a defined-setting-could be scientifically -illuminating with implications for research-directions.

**Methods-case-definitions-interventions:**

Descriptors- pre-morbid-post morbid- historical notes were retrieved from teachers-care givers-parents of pervasive-developmental-educational-social-emotional- physical aspects of cases-relevant

to the theme.Putatively-universally-acceptable-symptomatic-syndrome-driven-classifiers with batteries of developmental-tests were applied for

Case-definitions.Interventions were structured-behavioural-educational-speech-language therapies-social skills-development-sensory-integration- occupational therapies-hypnotic-sedatives-antiepileptics-tranquilizers.Rewards to reinforce desirable behaviours-discouraging-untoward-behaviours-Cares in respite-homes were proffered.

**Results:** Of the(n=13)cases-(n=8) were males. Mean-age at diagnosis =89.08months.

On the basis of epidemiological-historical-demographics-temporality-chronology-interventional-responsiveness of symptomatology,the diagnosis of compatible-early infantile-autism-spectrum-disorders was suggested in(n=1),compatible high functioning autism.(n=1)CDD(n=1),Retts-syndrome(n=1). PPD-NOS (n=9)-no compatible- AS.Unprovoked-Remote-symptomatic-seizures were frequent(n=11) Other associations were primary enuresis-social-deviance-defective-self-regulation-deranged-sleep-wake cycles-acute-psychosis-inordinate-temper-tantrums-non-specific-abdominal-pains-hallucinations-recurrent- febrile-responses-irritable-bowel-syndromes-multiphasic-hallucinations-poor co-operation-attention span-concentrations/-syncope.

**Conclusions:** In PPD, because outcomes were improved with earlier interventions,an opportunistic screening for developmental-defects should be undertaken in every well baby-child visits.Although symptomatically similar,- patterns of onset-course-outcomes were categorically distinct.A consistent-positive approach results in improved outcomes. These figures could direct-diagnostic-therapeutic-approaches/-relevant interventions.

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**EFFECT OF NEONATAL HYPOXIA/ISCHEMIA ON GABA<sub>A</sub> RECEPTOR PROTEIN EXPRESSION**

**S.T. Bjorkman**, Z. Ireland, P.B. Colditz, S.M. Miller

*Perinatal Research Centre, UQ Centre for Clinical Research, The University of Queensland, Brisbane, QLD, Australia*

**Background and aims:** Current therapeutic options for neonatal hypoxia/ischemia (HI) are