[Figure 1 & 2]

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EARLY HIGH-FREQUENCY OSCILLATORY VENTILATION VERSUS SYNCHRONIZED INTERMITTENT MANDATORY VENTILATION IN VERY LOW BIRTH WEIGHT INFANTS WITH VISCEROABDOMINAL DISPROPORTION

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Objective: This is trial comparing early high-frequency oscillatory ventilation (HFOV) to synchronized intermittent mandatory ventilation (SIMV) in very low birth weight premature infants with **visceroabdominal disproportion(VAD)**.

Methods: 57 infants with VAD (32 patient - gastroschisis, 25 patient - omphalocele) weighing 501 to 1000 g, less than 4 hours of age and required ventilation with airway pressure > 4-6 cm H₂O and FiO₂ >0.25, and had an anticipated duration of ventilation greater than 48 hours. Newborn were stratified by birth weight and prenatal steroid status, and then randomized to either HFOV or SIMV with tidal volume monitoring.

Results: Data are presented for 37 HFOV and 20 SIMV infants (two infants, twins, were withdrawn from the study at parent's request). 36 of the 37 HFOV infants and 17 of the 20 SIMV infants survived

to 36 weeks corrected age. Age at final extubation for survivors was $6,02 \pm 2,03$ (mean $\pm$ SD) days for HFOV infants and $10,41 \pm 4,10$ days for SIMV infants. At 36 weeks corrected age, 36 of the 37 HFOV survivors were extubated and in room air, whereas 4 required supplemental oxygen. In comparison, 17 of the 20 SIMV survivors were extubated and in room air, whereas 9 required supplemental oxygen. Grade III/IVIVH and/or periventricular leukomalacia occurred in 1 HFOV and 8 SIMV patients.

Conclusions: The protocols for the Early HFOV vs. SIMV in VLBW Infants ventilator management of VLBW infants, both with HFOV and with SIMV were easily implemented and consistently followed, and are presented here.

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ETIOLOGY OF ACUTE DIARRHEA IN CHILDREN IN A SECONDARY CARE HOSPITAL

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Background and aims: Diarrhea refers to the passage of loose or watery stools, and occurs at some point in the life of nearly every child. Diarrhea can lead to dehydration, which alters the child's natural balance of water and electrolytes and can be serious if not treated promptly.

Several factors can contribute to intestinal infections: duration of maternal breast feeding, food and enviromental contaminations, maternal education, home location, family income, access to treated water and basic sanitary conditions, seasonal variations and in special, the age of the host. Rotavirus is the most important etiologic agent of acute diarrhea in infants and young children.

The aims of this study are: determine prevalence of acute diarrhea (AD) in children admitted to our hospital between January 2008 and December 2009 and determine etiologic viral agents of AD.

Materials and methods: Retrospective study of patients aged 0-16 years admitted between January 2008 and December 2009. Stool specimens were analyzed by enzyme-linked immuno sorbent assay (ELISA) for viral agents (Rotavirus and Adenovirus).

Results: We studied 114 patients during 2 years. Rotavirus was detected in 56 cases. Adenovirus