Results: We conduct research 125 patients with symptoms dyspepsia. There were 50 patients with FD, 75 patients with the SD. FD is characterized advantage of slow motility of stomach ($58,00 \pm 6,98\%$) which correlated with clinical displays, as discomfort in the overhead, early satiation and postprandial syndrome in $26,00 \pm 6,2\%$ children State of acid function of stomach - normoaciditas prevails with advantage at mixed ($66,60 \pm 8,6\%$) and postprandial syndrome ($84,60 \pm 10,42\%$) of FD by the SD and characterized reliable predominance of hiperaciditas and hipoaciditas states.

Conclusions: An motility function at the children with FD is characterized the slow period of evacuation of stomach, wich correlates with discomfort, early satiation and postprandial syndrome. At FD normoaciditas prevails with advantage at mixed and postprandial. The SD characterized reliable predominance of hiperaciditas and hipoaciditas states. Skringing of laboratory instrumental researches identified importance of morphological criteria: moderate limphaplasmitarna infiltration ($52 \pm 7,07\%$) and normal histological picture ($48 \pm 7,07\%$) at FD and limphaplasmitarna infiltration ($83,87 \pm 6,6\%$) and intestinal metaplasia ($9,68 \pm 5,3\%$) was identificate at the SD.

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JAUNDICE OF NEWBORN, CLINICAL AND ANAMNESTICAL CHARACTER

O.M. Horlenko, N.Y. Kisko., A.O. Yankovska, B.M. Halay

Pediatrics with infectious diseases, Uzhgorod National University, Medical Faculty, Uzhgorod, Ukraine

Background and aims: A tendency to considerable growth of Jaundice in the structure of diseases of neonatal period is traced nowadays. Our investigation is the exposure of predisposing factors of conjugated hyperbilirubinemias of the newborns which would enable concentration on the mechanism of their development.

Methods: We've analysed the data of 52 newborns with Jaundice. In the newborns with the Jaundice were the prolonged icterus in 42,9. The greatest level of development of Jaundice was observed among the newborns with the body mass from 3000 to 3500 g ($48,95\%$).

Results: We consider predisposing factors of the development of Jaundice: abortion ($23,0\%$), 3-th or anymore pregnancy ($48,0\%$), the breast feeding in $48,0\%$ of contingent, feeding of the newborns was started within the first 30 minutes ($51,89\%$). The pathology of Digestive Tract and nervous system was defined among those newborns.. In the $82,6\%$ of cases of labor there were the following complications: caesarian section, stimulation of labor, premature labor, premature rupture of the membranes, pathology of umbilical cord, swift births, prolonged labor and alt.

Conclusions: A leading sign in the newborns is an icteric syndrome. The greatest indexes of the appearance of icterus in the newborns was on the 3-rd day Epyky were exposed the prevalent factors of the development of Jaundice in the newborns: the somatic pathology of mother and pathological development of pregnancy, complication of labor, hypoxic damage of the fetus of the newborn, breast feeding, disbioses, at 1-st and 2-nd pregnancies and labor.

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THE EVALUATION OF THE OF RELAPSES AND RECURRENCES IN THE TREATMENT OF CHILDREN GASTRITIS

O.I. Marginean

Pediatrics I, University of Medicine and Pharmacy Tg. Mures, Targu-Mures, Romania

I Infection with *Helicobacter pylori* is an important determinant of the child gastritis.

Background and aims: The purpose of this work was to analyze cases of gastritis with *Helicobacter pylori* which have not healed despite a properly conducted treatment for eradication of micro-organism.

Methods: Between 2001-2009, in Gastroenterology Compartment of Pediatric Clinic Ist Targu-Mures we have diagnosed 904 cases of gastritis, 467 of them with *Helicobacter pylori* gastritis, for which treatment was prescribed according to recommendations internationally accepted today.

Results: The average age of patients in the study group was 12.78 years, with a higher incidence in groups 7-12 (34.29%) and 13-18 years (60.06%), predominantly female gender (62.72%) and urban areas (56.08%). A number of 394 patients diagnosed with gastritis with *Helicobacter pylori* presented for

review; after proper treatment of the disease in these children, the combination anti-infectives with proton pump-inhibitors has led to clinical-histologic healing after a month in 350 cases (88.82%), 44 patients remained positive (11.16%). In 24 cases (6.09%) the endoscopical and histopatological modifications persisted 2 months after treatment. A total of 5 cases (1.26%) remained positive longer.

Conclusions: We had cases of relapse because of the continued action of favoring-factors, the presence of *Helicobacter pylori* infection to other family members and because of the micro-organism virulence factors that determine resistance to therapy and genetic predisposition of some of our patients, which is why we hope to the possibility of practice genetic common studies.

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EXCLUSIVE ENTERAL NUTRITION IN PAEDIATRIC CROHN'S DISEASE

M. Ahmed¹, W. Davidson², S. Roberts¹

¹Paediatrics, Burton Hospitals NHS Foundation Trust, Burton Upon Trent, ²Dietetic, Derby City General Hospital, Derby, UK

Background: The British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) guidance (October 2008) advocates the use of Exclusive Enteral Nutrition (EEN) as an alternative first line treatment to oral corticosteroids for induction of remission in paediatric Crohn's disease. Compared to steroids, EEN is not known to produce any harmful consequences.

Aims: To assess whether EEN was being offered at two neighbouring district general hospitals (DGHs) in accordance with BSPGHAN standards and whether EEN courses were producing a remission rate similar to that in the literature.

Methods: All patients on the Crohn's Disease Register were included. Data was collected from medical and dietician records and analysed using Microsoft Excel.

Results: 95% children were offered and tolerated a full course of EEN. 83% EEN courses lasted 6-8 weeks. Remission was achieved in 78% overall (consistent with the literature). The length of period for food reintroduction was much more variable. Average number of dietician consultations for induction of remission and food reintroduction were also variable. 71% of those patients who achieved

complete remission with EEN had a relapse (< 2 months to > 3 years).

Conclusions: EEN was widely used in both the DGH settings. It was tolerated well and proved to be an effective treatment achieving complete remission in 78% of patients. Our findings support the use of EEN as a first line treatment for paediatric Crohn's disease. There is a need for more collaborative research and regular audits into the care of paediatric Crohn's disease patients.

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IS THE EOSINOPHYL CATIONIC PROTEIN A PREDICTIVE MARKER OF ALLERGIC RISK IN NEWBORNS?

M.E. Baldassarre, R. Frezza, N. Laforgia

DIGON, Section of Neonatology and NICU, University of Bari, Bari, Italy

Aim: To evaluate

a) relationships between eosinophyl cationic protein (ECP) in cord blood serum and eosinophyl counts (EC) in nasal and rectal mucosas in newborns with family history of allergic diseases (FHa) and intrauterine exposition to allergens (IEA);

b) to set up a diagnostic score for the predictivity of allergic diseases

Patients and methods: 27 newborns (13 F, mean GA : 277 days, mean BW: 3890 g) were included ; FHa and IEA was evaluated, a blood sample collected from cord blood to measure serum ECP, nasal and rectal tampons executed at birth to count eosinophyls . Statist ical analysis: Anova test and t-student test.

Results: 11 newborns had FHa, and 2 had IEA (group A). We attributed a score from 0 to 3 at the FHa and the IEA . Group A got 11 points, while the group without a family risk of atopy got 4 points. The mean values of ECP value was 65.5 µ/ml in group A and 7.8 µ/ml in group B (p< 0.05). The exposition frequency was 61% in group A and 33% in group B. The cytologic research did not find any eosinophilic cell in rectal or nasal mucosa.

Conclusions: The difference of exposition frequencies between the 2 groups suggests more intensive eosinofilic activation in exposed newborns. The identification of newborns at "extremely high atopic risk" (ECP>13,5 µg/l, FHa and IEA) with the