

assumed in 10.5% (paediatricians: 6.5%; PF: 1.1%; GP: 33.8%, (1) $p=0.005$; (2) $p<0.001$) and the reported use of juices/cola was respectively: juices: paediatricians: 2.7%; PF: 0%; GP: 3.6%, (2) $p=0.367$ and cola: paediatricians: 5.0%; PF: 0%; GP: 13.3%, (2) $p=0.045$. Drugs have been used in 26.8% (9.7% if we excluded racecadotril and probiotics). Personal preferences in the presentation of ORS included mostly pre-prepared solutions (paediatricians: 64.0%; PF: 66.0%; GP: 47.0%, (1) $p=0.377$; (2) $p=0.010$).

Conclusions: The practice in the AGE' management in children in Portugal is mostly based on ESPGHAN recommendations. The paediatricians/PF seemed to have a better knowledge/practice than GP, emphasizing the need to spread these recommendations to all professionals involved in paediatric care.

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FIVE YEARS EXPERIENCE IN LIVER TRANSPLANTATION IN BULGARIA

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First successful liver transplantation in Bulgaria was performed in 2004. The first transplanted child was a seven months old girl with biliary atresia. It was a living donor transplantation, donor was the father.

Since then 17 transplantations were performed. We discuss the early post transplantation period, complications, mortality and survival.

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PREDICTIVE FACTORS OF SURGERY IN NECROTIZING ENTEROCOLITIS

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Background: Previous studies have shown controversy in surgical or medical management of necrotizing enterocolitis (NEC).

Objective: To study perinatal predictive factors of surgery in monocentric NEC population.

Material and methods: A retrospective study

conducted in Neonatal Intensive Care unit from 1st January 2003 to the 31st December 2008. Fetal and neonatal clinical characteristics were assessed for 33 NEC cases, stages II or more of Bell classification (mean GA \pm SD = 28.9 \pm 2.4 wks; birth weight = 1156 \pm 416 g). Data were compared between A subgroup of 11 infants with surgical management and B subgroup of 22 infants with medical management.

Results: There was no significant difference in mean GA and birth-weight between A and B subgroups, respectively (27.6 \pm 2.3 vs 28.9 \pm 2.5 wks; $p=0.13$) and (1055 \pm 355 g vs 1208 \pm 439 g; $p=0.29$). NEC had occurred at 29 \pm 15.8 and 29.8 \pm 13.5 days respectively in A and B groups, leading to death in 4/11 vs 7/22. Surgery was associated with high bell classification stages [6/11 (3a) and 4/11 (3b), groupe A vs 4/22 (3a) and 1/22 (3b), groupe B; $p=0.02$]. Surgery was associated with significantly higher incidence of nosocomial infection (9/11 vs 12/22; $p=0.05$), antenatal mother's urinary tract infection (4/11 vs 1/22; $p=0.015$), dopamine use for hemodynamic disorders (8/11 vs 8/22; $p=0.02$) and more vaginal delivery (9/11 vs 9/22; $p=0.02$). Multivariate analysis showed vaginal delivery as an independent predictive factor of surgery in NEC odd ratio 25; IC 95% [1.2-520], $p=0.04$.

Conclusion: Our study shows that surgery management of NEC was associated with significantly higher incidence of vaginal birth.

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ANTIBIOTICS THERAPY IN MILD NONTYPHOID SALMONELLOSIS CHILDREN PROLONGED HOSPITALIZATION AND FECAL EXCRETION TIME-A PRELIMINARY REPORT

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Objective: Antibiotics for nontyphoid salmonellosis has long been a controversial matter. Most studies didn't classify the salmonellosis with severity of disease. The purposes of the study were to investigate the outcomes of the mild nontyphoid salmonellosis children with antibiotics therapy.

Material and methods: This is a prospective observational study. Between 2005 and 2008, all pediatric patients with nontyphoid salmonellosis admitted to Kaohsiung Veterans General Hospital,