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Neonatal abstinence syndrome – Retrospective review

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Aim: To evaluate the characteristics of newborns diagnosed with neonatal abstinence syndrome (NAS) and the characteristics of their mothers in Vojvodina from 2012 to 2016, as well as the interrelationship of certain features.

Introduction: NAS is a collection of symptoms and signs that occur as a result of the sudden interruption of fetal exposure to certain substances (methadone, heroin, buprenorphine, etc.) that were used or abused by the mother during pregnancy.1,2 It is manifested in a multitude of symptoms including central nervous system irritability, over-activity of the vegetative nervous system and dysfunction of the gastrointestinal tract.3,4 The occurrence of NAS is closely related to the maintenance therapy of pregnant opioid addicts.1

Methods: This study analyzed medical records of women who gave birth at the Clinic of Gynaecology and Obstetrics in Novi Sad, whose children were diagnosed with NAS after birth, as well as the medical records of newborns treated at the Neonatology Department of the Institute for Child and Youth Health Care of Vojvodina diagnosed with NAS. Medical records included data from the medical history of the newborn and personal and gynaecological medical history of their mothers.

Results: A total of 41 cases of NAS were registered. An increase in incidence was noticed during the five-year period of about 15%. Mothers were mostly unemployed (80.49%). Slightly more than half of respondents (57.5%) during pregnancy were on one of substitution treatment modalities. The majority of newborns with NAS (75.61%) were male. The clinical picture was significantly more expressive in children whose mothers consumed methadone, compared to mothers who consumed heroin during pregnancy (p = 0.0002).

Conclusion: The incidence of diagnosed NAS cases is growing. Representation of male newborns with NAS is three times higher than female newborns. Methadone cause more NAS symptoms than heroin.

Acknowledgements: The Ministry of Education and Science of Republic Serbia (grant number 41012) supported this research work.

References
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Evaluation of spleen volume: Practical diagnostic role of linear measurements, 2D and 3D coefficients in computed tomography

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Aim: The aim of the study was to find which linear measurements, field and volume coefficients correlate best with the real volume of the spleen and can be further used for determination of splenomegaly.

Introduction: Spleen is involved in a wide spectrum of abnormalities, which might lead to an increase in organ size. Splenic enlargement on CT is diagnosed basing on rather subjective criteria. The product of the length, estimated height and thickness of the spleen (“splenic index”, cut-off ≥480) has also been proposed as an indicator for evaluating splenic size on CT.

Methods: Abdominal CT examinations of 153 patients’ (77 females, 76 males) were retrospectively analysed in terms of maximal length, thickness, hilum thickness (axial plane), height (longest measurement in coronal plane), 90° height (maximum vertical height at coronal section), estimated height (number of axial scans where spleen was visible multiplied by the thickness of CT scans) (Impax Software) and real spleen volume (Vitrea software). Two-dimensional and three-dimensional coefficients were acquired through proper mathematical formulas. Splenomegaly cut-off: 314.5 ml. Pearson’s correlation coefficient was calculated for the relationship between single, field, volume measurements and real volume (Statistica software).

Results: There was a statistically significant correlation between all single, field and volume measurements and real volume (p < 0.05). For single measurements, the correlation is the strongest for height (r = 0.813, sensitivity 65%, specificity 91.7%, PPV 71.4%, NPV 95.6%). For two-dimensional, it is the coefficient calculated from length and 90° height (r = 0.918, 85%, 94.7%, 70.8%, 97.7%). For three-dimensional, it is the coefficient calculated from length, 90° height and hilum thickness (r = 0.919, 75%, 96.2%, 75%, 96.2%). Cut-off for splenic index from our calculations was ≥1148.

Conclusion: Coefficient from length, 90° height and hilum thickness correlate best with the real volume of the spleen. Splenic index in our study is far from the perfection for clinical practice.

http://dx.doi.org/10.1016/j.pbj.2017.07.051

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Influence of blood inflammatory parameters to erythropoietin resistance in haemodialysis patients

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Aim: To evaluate the correlation between the inflammatory blood parameters and the resistance to EPO among the haemodialysis patients.

Introduction: Erythropoietin therapy is considered to be the standard treatment of anaemia in chronic kidney disease patients, yet some patients do not respond well to this therapy. This is called EPO resistance and could be generally associated with the chronic inflammation.

Methods: A retrospective one single centre study, which analysed medical records of 30 HD patients who had advanced CKD and received EPO treatment in Vilnius University Hospital Santaros Clinics from 2016–2009 to 2016–2011. Data analysed – concentrations of C-reactive protein, neutrophils, lymphocytes, platelets, as well as EPO dose per kilo and hemoglobin concentration (measured at the beginning of the EPO therapy and one month after the treatment).

Results: Patients were grouped into 2 categories: 1 group (n = 14) – concentration of hemoglobin increased, 2 group (n = 16) – concentration decreased after treatment. In 1 group average concentration of platelets were statistically significantly (p = 0.039) higher (230.2 ± 73.70) compared to 2 group (223.82 ± 69.15 VV/kg) and reduced high density lipoprotein cholesterol (HDL-C) levels (≤1 mmol/l; 24.4 vs. 10.3%, p = 0.02) in thick EAT group. Logistic regression analysis revealed that higher BMI (OR = 1.532, 95% CI 1.008–2.328, p = 0.009) and reduced high density lipoprotein cholesterol (HDL-C) levels (≤1 mmol/l; 24.4 vs. 10.3%, p = 0.009) in thick EAT group. Logistic regression analysis revealed that higher BMI (OR = 1.532, 95% CI 1.008–2.328, p = 0.009) and HDL-C ≤1 mmol/l (OR = 1.777, 95% CI 1.159–2.724, p = 0.008) were associated with thicker EAT. Killip class ≥III was more frequent (17.6 vs. 10.3%, p = 0.02) in thick than thin EAT group.

Conclusion: Increased EAT thickness was associated with obesity, cardiometabolic risk factors and influenced severity of left ventricular dysfunction.

http://dx.doi.org/10.1016/j.pbj.2017.07.052