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EXCELLENCE IN PEDIATRICS

LONDON
8-10 DECEMBER 2016

Reviewers

PEDIATRICS | CONFERENCE ABSTRACTS

8th Excellence in Pediatrics Conference - 2016 Book of Abstracts

Cogent Medicine (2016), 3: 1265203

cogent oa

ID: 34/ PO1: 50 POSTER
Atrophic Gastritis in Children with Celiac Disease

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Purpose: To determine the prevalence of atrophic gastritis in children with celiac disease. To determine the frequency of Helicobacter pylori (H. pylori) and antiparietal cell antibodies as a possible causes of atrophic gastritis.
Materials and Methods: 88 children of both sexes at the age of 3 to 17 years were examined. The study involved 54 children with different clinical forms of celiac disease (CD). The diagnosis was confirmed according to ESPGHAN criteria: was biopsy-prove, was based on clinical manifestation, positive serological and genetic data. 34 children with chronic gastritis and excluded celiac disease were a control group. All patients underwent a same examination: histological examination of gastric biopsies, histological verification of H. pylori infection and biopsy urease test, identification of antiparietal cell antibodies by enzyme immunoassay (ELISA). The biopsies were evaluated by a single pathologist who was blinded to all clinical data
Results: In the group of patients with celiac disease chronic isolated corpus gastritis was diagnosed more frequently than in the control (61.1% and 5.9% $p < 0.01$) biopsies of the gastric corpus mucosa in patients with CD was characterized by neutrophilic infiltration in comparison with control (53,7% and 26.5% $p < 0.05$). The difference in antrum samples was not received (7,4% and 14.7 $p>0.05$). Fibrosis in the lamina propria of the gastric corpus was more prevalent in CD group (53.7% and 26.5% $p < 0.05$). For gastric antrum the difference wasn't obtained (68.5% and 55.9% $p>0.05$) Among patients with CD we found gastric corpus atrophy in 11 cases and in the antrum in 8 cases. In control group corpus atrophy was in 4 cases and antrum atrophy was in 5 cases. Thus, the statistical difference in groups hadn't been received (35,2% and 26.5% $p>0.05$) In a majority of patients in both groups H. pylori was diagnosed (53.7% in the CD group and 55.9% in the control group $p>0.05$). Nevertheless antiparietal cell antibodies in the control group were not revealed. While we detected them in the CD group in 4 cases (0% and 7.4% $p < 0.01$)
Conclusion: Atrophic gastritis was common for both groups. H. pylori rate was statistically equal. Nevertheless antiparietal cell antibodies were observed in CD group only, with the prevalence 7.4% or 1:13.5

ID: 169/ PO1: 51 POSTER
Neonatal Tetanus: Case Report

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Background and Aims: Neonatal tetanus, one of lethal consequences of unassisted deliveries and non-sterile umbilical cord care practices, has become a very rare infectious disease in Romania but it is still common in developing countries.
Methods: We present a case of a seven-day-old male baby referred from a pediatric hospital to our unit for progressive difficulty in feeding, fever, bradycardia, trismus, generalized muscle rigidity and spasms.
Results: The patient was born in a rural household from a non-vaccinated mother. Both the pregnancy and the delivery were unattended and the umbilical cord was cut with a non-sterile device. Because of severe respiratory distress symptoms and continuous muscle spasm the baby was mechanical ventilated for 41 days; he also received IV immunoglobulin, antibiotics concomitant with continuous Midazolam and Rocuronium infusions. The patient was discharged after 78 days without residual stiffness.