

to identify and review the medical records of 13 infants with DALB. Radius was dysplastic / absent in 9 cases (1/10,000), and ulna was dysplastic / absent in 5 cases (1/18,000), tibia and fibula both were absent in 2 patients (1/ 45,000), femur and humerus were absent in one patient each (1/90,000). Male to female ratio was 1:1. Birth weight mean 2614 ± 749 (SD) gm, gestational age mean 37 ± 3.1 (SD) weeks, 4 infants were <37 weeks. Mother age range between 20-35 years. History of a previous abortion was present in 38.55% of all mothers, and 53.8% of all mothers were diabetics. History of consanguinity was present in 61.5% of all cases. Chromosomal studies were normal in all cases studied (8). DALB were more common in the upper limbs than lower limbs (ratio 3.3:1), and in the left upper limb than the right upper limb (ratio 2.5:1). DALB in the upper limbs presented bilaterally in 36.4% of the cases, in the left side in 45.5% and in the right side in 18.1%. None of the infants had anemia, thrombocytopenia, fractures, hypophosphatemia or hypocalcemia. Seven patients had major congenital anomalies. Four infants had congenital heart disease. Two infants had esophageal atresia. One patient had multiple anomalies including diaphragmatic hernia, polycystic kidney and sacral agenesis. One patient had cleft lip and palate.

Conclusion: DALB in the population studied is more common than published literature. Major multiple congenital anomalies are present in more than half of the cases. Maternal diabetes and consanguinity are present in the majority of the cases.

FCO5

MOTHER TO CHILD TRANSMISSION (MTCT) OF HIV: WHERE ARE WE AT AND WHERE ARE WE GOING? PRELIMINARY RESULTS FROM THE PERINATAL HIV REGISTER IMPLEMENTED IN CAMPANIA REGION OF SOUTHERN ITALY

Buffolano W., Martinelli P., Ciccimarra F., *Pediatrics and *Obstetrics Department of Federico II University Hospital, Naples- Italy*

Objective: Without specific interventions, the rate of HIV MTCT was estimated at 15-20% in Europe and USA, and 25-40% in African populations. As a combination of anti-retroviral therapy, elective C- section delivery and refraining from breastfeeding can substantially reduce the rate of MTCT, universal HIV testing of mothers to be is recommended. To monitor practices and outcome Public Health Department of Campania Region of Southern Italy implemented since 1997 a Register of infants exposed in utero to HIV. Material and Methods: All the live infants from seropositive delivering women entered a standardized work- up for prevention and diagnosis of MTCT and side- effects control. Risk factors for MTCT were carefully assessed near birth based on medical records and structured interview of mothers and personal gynecologist.

Results In the study period 108 infants were recruited; four of them were infected. Maternal category was A1 in 51, A2 in 35, B1 in 2, B2 in 5, B3 in 4, C1 in 1, C2 in 3, and C3 in 7. The 67% of the maternal infection were diagnosed before becoming pregnant and the 18% were diagnosed during gestation, while 15% of them were accomplished after delivery, based on the presence of risk factors such as a HIV positive partner and/or injecting drug abuse. A positive trend ($X^2 < 0.001$) over time was found in the number of infant reported in the register and in the proportion child exposed to antiretroviral therapy either as monotherapy (41%) either as multitherapy (30%), in utero and postnatally (70%) either only postnatally (19%). C- section was carried out in 79% of the mothers and formula feeding was adopted in 90% of the infants. The most of breast fed infants passed to formula feeding within 2 or 3 days of life. One infant died at 7 days of life because of severe heart disease. No serious side effects were found but mild anemia and prematurity (in 30% of the mothers submitted to multitherapy). At least one parent was immigrant from high prevalence locals such as sub- Saharan Africa and East Europe countries in 42 (39%) of the exposed infants and in 2/4 (50%) of the infected infants.

Conclusion: Campania region is considered a relatively protect geographic area, as estimates on 1997 were 3 to 5 exposed newborn on 70,000 birth rate, based on HIV antibody prevalence on newborn cards collected for other newborn screenings. Unpublished local data point out 45% of delivering women recorded an HIV test. Our data suggest there is an increasing number of infected women who become pregnant, an increasing number of infants exposed to ART in utero or in early life. Property of interven-

tions against HIV MTCT is increasing; furthermore there are opportunities to improve outcome by encouraging early in pregnancy testing especially in immigrants from epidemic areas. Low transmission rate suggests the rate of MTCT can be substantially reduced in our population even in advanced disease.

FCO6

CLINICAL-ULTRASONIC CORRELATIONS OF BRAIN'S HYPOXIC-ISCHEMIC INJURY IN NEWBORNS

Khachapuridze N., Natriashvili G., Kapanadze N., Geladze N., Natriashvili S., Tukhashvili G., Tbilisi State Medical University Department of Child Neurology, Tbilisi - Georgia

Among various harmful factors of newborn's brain the main place takes hypoxia which causes deep metabolic and cerebrovascular disorders and is due to different kinds and severity of clinical manifestation of central nervous system (CNS) injury.

The aim of our study was to determine the injurious affect of hypoxic-ischemic factors upon the newborns brain, prognosing the correlations of clinical and ultrasonic patterns and CNS disorders.

198 full-term newborns in the age from 1 to 10 days were investigated. The ultrasonic investigation was produced on the devices of "Siemens Sonoline Elegra" and "Logic 700". Along with neurosonography cerebral hemodynamic was examined by using Colour Flow Mapping which permitted measurement the resistive index (RI), pulsatility index (PI), systolic and diastolic velocity in the anterior, middle, posterior and basilar arteries. In neonatal period the investigation was produced once per 10 days, later –once per month. Katamnestic period covered 1,5-2 years.

By clinical manifestation of CNS injury the patients in neonatal period were divided into 3 groups according to the course of disorder: mild, moderate and severe. The decrease of PI preceded the development of neurosonographic patterns of brain injury and clinical manifestation. The increased parameters of RI was observed in patients with intracranial hypertension. In mild injuries clinical-dopplerographic disorders had transient character. In those newborns who were observed to have pathological findings of RI, PI and especially diastolic velocity of blood flow, subsequently developed brain leukomalacia and clinically was observed organic injury of CNS.

Conclusions:

1. The decreased parameter of PI presents the high risk of development of brain hypoxic-ischemic injury.
2. Stable dopplerographic pathological patterns indicate to severity of brain injury and poor prognosis.
3. Color Flow Mapping represents the high effective method for estimation the degree of brain's hypoxic-ischemic injury and prognosing the course of disease.

FCO8

HIGH RISK NEONATES AND REFERRAL PATTERN TO A SECONDARY LEVEL CARE RURAL BASED HOSPITAL IN SOUTH INDIA

Jeganathan S., Balasubramanian J., Sethuraman, Siddan P.-India

Background: The CMCH is situated south of Chennai, 55 Kms away from the capital city of Tamilnadu. CMCH caters to rural population from Kancheepuram district and Chengalpattu Taluk with a population of 10,78,190. High-risk cases are referred from 4 peripheral hospitals (1 Head Quarters & 3 Taluks), 24 Primary health care centers and also from home by the Traditional Birth Attendants.

Aim of the Study: To investigate into the reasons for referral from primary health centers and Taluk hospitals to the secondary care center and to study the high-risk deliveries and the perinatal outcome.

Methods: The study was carried out at CMCH from January 1st - December 31st 2000-2001. It was a retrospective study using the existing records in the labour room, and neonatal ward by trained persons under the supervision of the pediatrician in the neonatal unit. The information pertaining to the condition at the time of admission, mode of delivery, the place from where the cases are referred, the distance from home to the place of delivery, mode of delivery were recorded. The STATA version 5 was used