FCP3

ETIOLOGICAL ASPECTS AND IMMEDIATE OUTCOME IN INFANTS OF BIRTH WEIGHT 500 TO 1499 g: A REGIONAL STUDY

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Prematurity is by far the most important problem in modern perinatal medicine. Preterm birth remains a leading cause of perinatal mortality and morbidity.

The aim of this research is to examine the etiological aspects and immediate outcome of 555 very low birth weight (VLBW) infants < 1500g delivered in the period of the three years, from the beginning of 1998 to the end of 2000, in Skopje. From the total number of 555 (100%) VLBW infants included in the study 201 (36.2%) had a birth weight of 500-999g and 349 (62.9%) had a birth weight of 1000-1499g. The remaining 5 (0.9%) were without response. The gestational age noted at 492 (100%) VLBW was as follows: 168 (34.2%) were born in 22-27 gestational week (GW), 190 (38.6%) in 28-32 GW, 53 (10.8%) in 33-36 GW, 16 (3.2%) in 37> GW and 65 (13.2%) unknown. The percentage of VLBW < 1500g was increased from 31.4% to 41.2% in relation to the total number of premature infants delivered in the same period. The most frequent etiological reason of preterm labor and pPROM was genital tract infection at 24.3% of the mothers; 1.2% were with eclampsia, 21.1% were without complications. Neonatal morbidity included: respiratory distress (RDS) 47.3%, perinatal asphyxia 19.1%, septicemia 16% and intraventricular hemorrhage (grade III) 18.7%. Survival was: 27.8% in 22-27 GW, 58.1% in 28-32 GW and 84.7% in 33-36 GW. Ventilator support and therapy with surfactant was undertaken in ICU , in Clinic for Child Deseases. According to the age of deceased infants the highest mortality was detected the first day 79.3% , whereas from 2-7 day 19.6%.

Challenges for the future include improvement in antenatal care and accurate documentation of antenatal disturbances. According to our data for the causes of VLBW infants delivery, as well as high mortality and morbidity and unpredictable prognosis, a national program for prematurity prevention should have highest priority in the future.

FCP4

NEUROSONOGRAPHIC RESEARCH DATA IN HEREDITARY DYSMETABOLIC DISORDERS OF THE CNS

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Proper and timely diagnosis of hereditary dismetabolic disorders makes it possible to conduct pathogenic treatment and what is more important, provide medicogenetic consultation. 20 patients aged from 3 months to 1 year have been investigated.

Biochemical study is the most significant method, but here we pay more attention to brain disontogenesis, as in combination with primary biochemical defect it may cause mental deficiency, paralisis and epileptic seazures.

Results were divided into 3 groups. In first group (3 cases) neurosonographic data did not indicate any significant pathology. In group 2 (5 cases)-data pointed to chiefly perinatally conditioned pathologies. In group 3 (12 cases) was revealed varieties of brain disontogenesis: 2 patients with structure abnormalities of hypocampus convolusions and nucleus caudatus; 3 cases of Reil's island anomaly; 2 cases of septochiasmic dysplasia; 2 patients with agenesia of corpus callosus; 1 cases of Dendy-Walker syndrome and 2 patients with hemimegalencephalia. In every patient of group 3 genetic dismetabolism was diagnosed. Proving the supposition that brain disontogenesis is a frequent attendant to genetic enzimopathies, though is not obligatory for them.