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CANDIDA KEFYR (KLUVYEROMYCES MARXIANUS) AS A NOTABLE YEAST IN PATIENTS RECEIVING TREATMENT FOR CHILDHOOD CANCER

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OP-1

Introduction: Candida species found in normal human flora can cause infection in immunocompromised patties. Although Candida infections are frequently observed with Candida albicans strains, the incidence of infections with non-albicans strains has increased recently. Candida kefyr, one of these, is a rare fungal pathogen. We aimed to present our experience in five patients with Candida kefyr infection between 2010-2018.

Case report: C. kefyr grew from the blood culture in a 2-years-old girl with mediastinal T-cell lymphoblastic lymphoma when the absolute neutrophil count was 1070/mm^3, and the patient was receiving oral voriconazole and iv amphotericin B. These two antifungal drugs were then switched to fluconazole. C. kefyr was re-established in blood culture 45 days after the first grew so fluconazole treatment continued because it was sensitive.

A 2-years-old girl with pulmonary primitive neuroectodermal tumor was hospitalized for febrile neutropenia. Although antibiotic, fluconazole, and granulocyte colony stimulating factor treatment was used, C. kefyr grew in the blood cultures. Amphotericin b that found to be sensitive was switched. There was no reproduction in the control blood culture.

One-year-old boy with infantile leukemia with a history of hematopoietic stem cell transplantation was admitted with diarrhea and hospitalized with a differential diagnosis of gastrointestinal graft versus host disease. Fluconazole therapy which was sensitive to the isolated strain was given to the patient. There was no reproduction in the follow up.

A 17-year-old male patient with medullary and central nervous system relapse was hospitalized for hematopoietic stem cell transplantation. Lumber punction was performed because the patient has h high fever and headache. He was neutropenic, and C. keyfr was grew from the cerebro spinal fluid Amphothericin B was replaced with caspofungin which was found to be effective to the isolated C. kefyr. He was discharged with oral voriconazole therapy.

A 9-year-olds girl with B-cell Acute lymphoblastic leukemia was hospitalized for neutropenic fever, and shortness of breath, cough, and mucositis. The C. kefyr grew from sputum, so fluconazole treatment was given for 21 days. Her respiratory symptoms were resolved with this treatment.

Conclusion: C. keyfr is one of the most frequently isolated non albicans candida fungal pathogens in our treated patients. C. kefyr should be considered to as a relatively common and potentially causative non C. albicans agent in children with hematological malignancy and bone marrow transplantation.

Keywords: Cancer, candida keyfr, child, kluvyeromyces marxianus

THE GLOMERULAR FILTRATION RATE AND PROTEINURIA IN OBESE CHILDREN

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OP-2

Introduction: Obesity increases the risk of many pathologies, including cardiovascular and renal diseases. This study aimed to determine the association between obesity, and proteinuria and glomerular hemodynamic changes (an early marker of kidney damage) in obese children and it's relationship to metabolic syndrome.

Material and Method: This case-control study included 112 overweight and obese male and female patients aged 7-16 years, and 35 age- and gender-matched healthy controls. The obese patients were divided into 4 subgroups according to body mass index (BMI); normal weight (control group); overweight; obese; morbidly obese. Fasting blood glucose, plasma insulin, lipid profile, thyroid function test results, creatinine, cystatin C, glycosylated hemoglobin, and 24-h urine protein were assessed. Obese patients were classified as having metabolic syndrome or not. The glomerular filtration rate was estimated using classical and adjusted formulas based on the various body size descriptors of Leger, Schwartz, Filler, and Zappitelli, and chronic kidney disease in children formulas in all patients and controls. Creatinine, cystatin C, 24-h urine protein, and the estimated glomerular filtration were compared between groups.

Results: Blood pressure, creatinine, and 24-urine protein values were significantly higher in the overweight and obese patient subgroups ($p<0.05$). The estimated glomerular filtration rate, which was calculated using creatinine (except body surface area- adjusted Leger) or cystatin C, was higher in the obese patients and subgroups than in the control group ($p<0.05$). In contrast, the estimated glomerular filtration rate measured using both classical and adjusted formulas was significantly lower in the obese patients than in the controls ($p<0.05$).

Conclusion: Childhood obesity causes metabolic syndrome, diabetes, and hypertension, leading to renal disease. Early indicators of renal damage are elevated urine protein and renal function test results compatible with impaired renal function. Obese pediatric patients should be routinely monitored for blood pressure, renal function, and proteinuria.

Keywords: Glomerular filtration rate, metabolic syndrome, obesity, proteinuria

MANAGEMENT OF BRAIN ABSCESSES IN CHILDREN TREATED FOR ACUTE LYMPHOBLASTIC LEUKEMIA: FIVE CASES

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OP-3

Introduction: Brain abscesses are rare in immunocompromised patients, and mortality rates exceeding 90% have been reported. Only few cases of brain abscesses in children treated for acute lymphoblastic leukemia (ALL) have been reported. Since prognosis was very dismal and little information about the appropriate management of this complication was given, we are reporting on the management of five children with ALL, who developed brain abscesses during antileukemic therapy.

Case Report: From 2002 to February 2016, 68 patients were diagnosed with ALL at our institution. These children were treated according to the international treatment protocols ALL BFM 2009. Five children developed brain abscesses during antileukemic therapy. Routine cultures of the cerebrospinal fluid (CSF) were negative in all cases except one. Brain abscesses occurred during induction therapy in three patients and during reinduction therapy in two patients. Hemiparesis was the most frequent neurologic symptom at diagnosis. Additionally, one patient developed facial nerve palsy and aphasia and one patient developed seizures. Diagnosis of brain abscesses was established by MRI. Analysis of CSF revealed normal results in two patients and elevation of protein and mild pleocytosis in the two other patients. The detected causative agents were Aspergillus fumigatus (4 patients) and Candida spp. (1 patient). Antimicrobial therapy included voriconazole and amphotericin were given to the patients. One patient had a complete clinical as well as radiologic recovery from their brain abscesses. Two others showed improvement of both clinical symptoms and MRI findings; however, in addition to mild residual neurological deficits. Two patients died.

Conclusion: Fungal brain abscesses are rare but disabling complications following intensive chemotherapy for childhood ALL. Prognosis of these patients is poor and depends on the early recognition of the causative organism and prompt initiation of antifungal treatment and surgery for suitable cases.

Keywords: Brain abcess, fungal infection, leukemia

EVALUATION OF SLEEP DISTURBANCES IN CHILDREN WITH PRIMARY HEADACHE

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OP-4

Introduction: Migraine and tension type headache (TTH) are the most common primary headache in children and adolescents. The aim in the present study was to investigate the prevalence of sleep disturbances in children with migraine and TTH using a validated sleep screening instrument, and the relationship between sleep disturbances and headache features (eg, frequency, duration, intensity).

Material and Method: One hundred ninety children aged 6 to 18 years were evaluated for headaches at Selcuk University Pediatric Neurology Department. Parents completed the Sleep Disturbances Scale for Children (SDSC) and a standardized questionnaire regarding headache characteristics. The SDSC assesses sleep behavior and disturbances during the previous 6 mo and generates several components: disorders related with initiating and maintaining sleep (DIMS), sleep disordered breathing (SDB), disorders of arousal (DA), sleep-wake transition disorders (SWTD), disorders of excessive somnolence (DOES) and sleep hyperhydrosis (SHY).

Results: No significant difference was found age-gender between in the migraine and TTH groups. Children with migraine scored significantly higher than children with tension type headache on Total SDSC and five SDSC subscales scores -difficulty in initiating and maintaining sleep, disorders of arousal/nightmares, sleep-wake transition disorders, disorders of excessive somnolance, and sleep hyperhidrosis. In both groups, the intensity of pain, frequency of pain and disabilty of daily activity were more frequent than those without slepp disturbance. In both groups which has sleep disturbance, the intensity of pain, frequency of pain and disability of daily activity were more frequent than those without sleep disturbance (miigraine: $p<0.05$, TTH: $p=0.010$).

Conclusion: Children with headaches have a high prevalence of sleep disturbances. This information may provide further understanding of the nature and course of the patient's headache experience, as well as facilitate treatment planning to include recommendations for promoting good sleep hygiene. Sleep disorders should be routinely queried and appropriate advice on sleep hygiene provided.

Keywords: Migraine, tension type headache, sleep disturbance

EFFECTIVENESS OF HIGH-FLOW NASAL CANNULA OXYGEN THERAPY IN CHILDREN WITH LOWER RESPIRATORY TRACT INFECTIONS

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OP-5

Introduction: Lower respiratory tract infections are leading causes of admission to pediatric emergency services. In this study, we aimed to evaluate the efficacy of high flow nasal cannula oxygen therapy (HFNC) in children who were followed-up with the diagnosis of bronchiolitis or pneumonia in our pediatric emergency department.

Material and Method: Patients who received HFNC between September 2016 and September 2017 were included into the study. Datas including demographic findings, diagnosis, underlying chronic diseases, vital findings, developed complications, duration of HFNC and treatment efficacy were recorded prospectively.

Results: A total of 52 patients [25(48.1%) female and 27(51.9%) male] were included. Mean age was 2.64±1.00(1.20-5.10). 31(59.6%) of the patients were diagnosed with bronchiolitis and 21(40.4%) pneumonia. Nine (17.3%) patients had underlying neuromuscular disease. Respiratory and heart rates of all patients were above normal limits. At the 24th hour of HFNC, 20% decrease in respiratory and heart rate was criteria of benefit from treatment. 43(82.7%) patients met these criteria. This decrease was statistically significant in girls (p:0.025). Mean duration of HFNC was 86.80 hours. 9(17.3%) patients had no clinical improvement. 5(9.6%) of these patients were treated with continuous positive airway pressure (CPAP), 3(5.8%) with bilevel positive airway pressure (BPAP) and 1 was intubated and connected to mechanical ventilator. Patients diagnosed with pneumonia were found to have more underlying chronic disease (p:0.001). There was a positive correlation between the initial respiratory rates and the duration of HFNC (r:0.33, p:0.015). There was also a positive correlation between initial heart rate which was not significant (r:0.22, p>0.05).

Conclusion: HFNC shows beneficial effects on vital signs of children with lower respiratory disease, from the first hours of treatment. HFNC is effective in improving the clinical condition of patients with severe respiratory complaints, by decreasing respiratory and heart rates and reducing the need for mechanical ventilation.

Keywords: Broncholitis, child, high-flow nasal cannula oxygen therapy, pneumonia

USE OF SINGLE OR TWO-DOSE PULSE METHYLPREDNISOLONE IN THE TREATMENT OF ACUTE IMMUNE THROMBOCYTOPENIC PURPURA

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OP-6

Introduction: Acute immune thrombocytopenic purpura (ITP) is a common childhood disorder characterized by the increased destruction of circulating platelets with platelet antibodies and a tendency to bleed. Most patients with acute ITP recover without treatment. In Turkey, high-dose methylprednisolone (HDMP) is widely used for this purpose. To contribute to the literature, this study aims to compare the efficacy of one or two doses of HDMP treatment.

Material and Method: In the present study, 60 children with acute ITP, who had platelet counts of <20.000/ mm^3, and mucosal hemorrhages, such as hematuria, gingival hemorrhage or prolonged epistaxis, were included. Malignancy was excluded in all patients through bone marrow aspiration. Patients were randomly divided into two groups. In group 1(n=30), one dose of HDMP treatment (3 days 30 mg/kg/day, 4 days 20 mg/kg/day) was applied, and group 2 (n=30) received two doses of HDMP. Platelet counts were compared as was the duration of platelet counts to reach >20.000/mm^3, >50.000/mm^3 and >100.000/mm^3 levels before and 2nd, 3rd, 5th and 7th days of HDMP treatment.

Results: No difference was observed between the groups regarding pre-treatment platelet count. The platelet counts of group 2 on the 2nd, 3rd, 5th and 7th days of HDMP treatment was found to be significantly higher than group 1. In group 2, the time of platelet levels that reached ≥20.000/mm^3 [median 2 (2-3) days], ≥50.000/mm^3 [median 3 (2.7-3.5) days], ≥100.000/mm^3 [median 5 (3-5) days] was found to be significantly shorter than group 1 [median 3 (2-5) days, median 5 (4-7) days, median 7 (4-7) days] (p<0.001, p<0.001, p=0.004).

Conclusion: In this study, the findings suggest that the administration of two doses of HDMP treatment in acute ITP was shown to be effective for the platelet count to increase more rapidly in the early period.

Keywords: Child, immune thrombocytopenic purpura, steroid

PRIMARY CILIARY DYSKINESIA: WHEN SHOULD WE THINK?

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OP-7

Introduction: Primary ciliary dyskinesia (PCD) is a genetically heterogeneous, rare lung disease which leads to chronic upper and lower airway infections and organ laterality defects. Although it is usually observed with classical findings, the absence of classic findings such as situs anomaly in some patients and lack of a gold standard diagnostic method may cause delay in diagnosis. The aim of our study is to describe the clinical findings and diagnostic processes of patients with PCD.

Materail and Method: We analyzed clinical characteristics, radiological and laboratory findings and complications of PCD patients in Gazi University Hospital Pediatric Pulmonology Department.

Results: Between 2007-2017, 61 patients were followed with the diagnosis of PCD. The mean age of diagnosis was 8.08±4.6 years, mean complaint duration was 6.2±4.3 years and 27 of them were male. Consanguinity was present in 39 patients. The most common initial symptoms were chronic cough, recurrent pneumonia. Organ laterality was present in 54% of patients and 9 patients had other cardiac abnormalities. Twenty-eight patients had sinusitis, 18 had conductive hearing loss, 11 had recurrent otitis, and 5 had nasal polyposis. Atelectasis was present in 32 patients and bronchiectasis in 24 patients. The diagnosis was based on classical clinical findings with electron microscopy in 6 patients, high speed videomicroscopy in 31 patients and classical triad of Kartagener syndrome in 24 patients. Mean age of diagnosis was 6.3±4.3 years in patients with situs anomaly, and 10.1±4.3 years in patients without situs anomaly. Mean complaint duration was 4.9±3.4 years in patients with situs anomaly, and 7.5±4.6 years in patients without situs anomaly.

Conclusion: PCD should be considered in patients with chronic respiratory complaints without classical clinical findings. In patients without situs anomaly, chronic sinusitis and bronchiectasis, PCD should be keep in mind. Early diagnosis and treatment may improve clinical course of the disease.

Keywords: Primary ciliary dyskinesia, child, diagnosis

WHICH METHOD IS MORE EFFECTIVE IN SPACER EDUCATION?

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OP-8

Introduction: Spacer and metered-dose inhalers use is common in the pediatric age group. Drug use training in children is given to both the family and the child. The purpose of our; to determine if this training we have given is understood and to determine which training method is more beneficial.

Material and Method: Patients who were required to use a spacer and metered-dose inhaler who were referred to our policlinic for study were included. Our patients consisted of children from 2 to 16 years of age. Patients were randomly divided into two groups. In the first group, the use of spacer and metered-dose inhaler was taught with video demonstrations. The second group was taught with practical verbal expression. The patients were called 1 month after going home. Patients were asked to use spacer and were graded as 0-6 points. The mistakes and deficiencies in the application were explained again. The scores they received were told to themselves and after 1 month they came back to check and it was stated that the same scoring will be done again. At the second month of follow-up, patients were asked to use spacer and graded between 0-6 points.

Results: There was no difference between the total scores of the first month of study patients ($p=0.831$). There was also no difference between the total scores of the second month study patients ($p=0.727$). There was a significant difference between the first month and second month total scores of the video group and verbal group ($p<0.01$).

Conclusion: As a result, we showed positive results of actively involving patients in the course of spacer and metered-dose inhaler use in patients with asthma. Active participation is provided by the motivation of the exam. Our aim is to make a small contribution to the literature on education.

Keywords: Asthma, inhaler technique, spacers, patient education

INVESTIGATING THE EFFECTS OF BREASTFEEDING CONSULTANCY THROUGH THE PROBLEMS OF MOTHERS REGARDING BREASTFEEDING

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OP-9

Introduction: WHO has suggested that babies should only be fed breastmilk for the first 6 months and should continue to be fed breastmilk until at least 2 years of age. Despite all the efforts, the frequency and duration of breastfeeding does not seem to be at the desired level worldwide. "Breastfeeding counseling" is the most important of the programs implemented to support breastfeeding. Our aim is to assess the mothers receiving “breastfeeding counseling” and the problems they experience during breastfeeding.

Material and Method: 164 mothers who have babies between 6-24 months of age and followed up at the Healthy Child Monitoring Clinic were included in the study between May-June 2017.Questionnaire consisted of 23 questions on face-to-face interviews regarding participants' breastfeeding counseling, duration of breastfeeding and breastfeeding problems.

Results: All of the pregnancies were followed-up and 80.5% were informed about breastfeeding. 46.3% of mothers practically received breastfeeding counseling and 81.6% were educated by nurses, 10.5% by delivery nurse, 7.9% by doctors. The relationship between breastfeeding counseling situations and the problems they experience during breastfeeding is found. 72.4% of the mothers who received breastfeeding counseling and 81.8% of those who did not receive, had problems during breastfeeding (p=0.149). Only "Concern about not producing enough milk" was found low in the breastfeeding counseling group in these problems (p=0.019).

Conclusion: The incidence of receiving breastfeeding counseling was found to be insufficient for the mothers. The fact that "mother's anxiety about not producing sufficient milk" is significantly low in counseling group, suggests that these trainings give mother's self-confidence and positive motivation for breastfeeding. Baby's incomprehension of the breast is more frequent in the group receiving education, suggesting that mothers have increased their knowledge and awareness in this regard, but are inadequate in practice. We think that the frequency, content and quality of practical breastfeeding training should be increased in order to start and maintain the breastfeeding.

Keywords: Breast milk, breastfeeding counseling, breastfeeding problems

HOW MUCH DO PEDIATRICIANS CORRECTLY DIAGNOSE ALLERGIC DISEASES? A DESCRIPTIVE STUDY

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OP-10

Introduction: Patients first present to pediatricians, some patients are not followed-up by allergists but by pediatricians. Anamnesis and examination to determine allergy prevent families from going to long distances for allergists and appropriate treatment can be started early. Our aim is to demonstrate the diagnostic characteristics of patients referred to pediatric allergy by pediatricians and to evaluate treatments initiated by pediatricians.

Material and Method: The demographics, complaints, complaints’ duration, the provisional diagnosis and treatment, diagnostic tests, and the definitive diagnosis of 1080 patients who were referred to the Pediatric Allergy Policlinic were retrieved from the patient files. The number of patients who did not have an allergy according to their anamnesis was calculated.

Result: The mean age was 5.4±5 years and 45% were female. The presenting complaints were classified as 457 skin problems, 501 respiratory problems, 30 post-drug reaction, 86 gastrointestinal system problems, 3 sting reaction, 3 over-sweating. In the consultation notes, the provisional diagnoses were atopic dermatitis (AD) in 282, food allergy in 132, allergic rhinitis in 99, asthma in 309, drug allergy in 30, urticaria in 135, venom allergy in 3, immune deficiency in 36. AD was not diagnosed in 57.4% of the patients referred as AD [the most common diagnosis was seborrheic dermatitis (24%)]. 43.4% of 129 urticeria was acute and no further tests were needed, and in 3 HSP was diagnosed. In 15.9% of the patients with food allergy,40% of the patients with drug allergy, and 27.7% of the patients with immune deficiency, the diagnoses were excluded by anamnesis. 66% of the patients referred as asthma were diagnosed with asthma or probable asthma. The most concurrent diagnosis was allergic rhinitis (66%). Pediatricians most frequently recommended inhaled corticosteroids to asthma, and topical steroids to AD. Patients with a provisional diagnosis of milk allergy were recommended aminoacid, hypoallergenic and lactose-free formulas.

Conclusion: As the pediatricians’ knowledge increases, unnecessary referrals decrease and appropriate treatment initiation is not delayed. Some patients did not receive an allergy diagnosis only after anamnesis, suggesting that pediatricians need more training in allergic diseases.

Keywords: Allergy, consultation, pediatrician

EVALUATION OF EEG AND LUMBAR PUNCTURE FINDINGS IN PATIENTS WITH COMPLEX FEBRILE SEIZURE

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OP-11

Introduction: Complex febrile seizures (CFS) approximately 25-30% of all febrile seizures. In this study, we evaluated the clinical features, lumbar puncture (LP) findings and electroencephalography (EEG) findings of patients who admitted to emergency department diagnosed with CFS.

Material and Method: This retrospective study included patients aged 1 month to 6 years who were referred to our Pediatric Neurology clinic between April 2015 and July 2017. Exclusion criteria included patients who diagnosed neurometabolic, neurogenetic disorders, epileptic patients and history of trauma.

Results: Thirty-two (21.7%) of 147 patients with febrile seizures were evaluated as CSF. The mean age of patients with CSF is 16 months (5-58 months). 56.2% of the patients were male. 21 of these patients had LP. In 2 of the patients (6.2%) the cerebrospinal fluid pleocytosis detected. These patients were diagnosed with H1N1 encephalitis and Streptococcus pneumonia meningitis. All of the patients had EEG records within the first 7 days. Epileptiform activity was observed in the EEG of 3 patients and continuous antiepileptic prophylaxis was initiated.

Conclusion: Complicated febrile seizures are a difficult situation for physicians. In our study, small number of patients were followed with epilepsy and central nervous system infection.

Keywords: Complex febrile seizure, EEG, lumbar puncture

NON-TRAUMATIC INTRACRANIAL HEMORRHAGES; CASE PRESENTATIONS

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OP-12

Introduction: The etiology, clinical findings, treatment and imaging methods to evaluate of non-traumatic brain hemorrhages.

Material and Method: The cases followed the Erciyes University Pediatrics patient clinic between 2010-2017 were retrospectively scanned from file and hospital information systems (HBYS, SECTRA). The patients was done classification of clinic, imaging results and etiology.

Results: The cases were classified as intraparenchymal, intraventricular, and subdural hemorrhage. Vascular malformation and systemic diseases were evaluated. Twenty-five cases were evaluated retrospectively and presented with radiological and clinical features. Of the existing cases, 11 (44%) were in the systemic disease and intracranial bleeding group and 3 (12%) were in the group of bleeding due to vitamin K deficiency. 8 (32%) were bleeding due to vascular malformation. 3 (12%) had premature and germinal matrix hemorrhage. In 1 (4%) cases there was secondary bleeding in the intake of drugs. Presented cases are selected from the sample group.

Conclusion: Traumatic intracranial hemorrhage is important. Non-traumatic hemorrhages was important and emphasized the of prophylaxis, treatment, etiology.

Keywords: Intracranial, hemorrhage, non-traumatic

ACUTE KIDNEY INJURY AND PERITONEAL DIALYSIS IN EXTREMELY LOW BIRTH WEIGHT NEWBORN

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OP-13

Introduction: 12.5-26% of ELBW infants treated in neonatal units develop acute kidney injury (AKI). Some of these infants recover from oliguria with supportive therapies, while the others require renal replacement therapy (RRT). Peritoneal dialysis (PD) is widely used in neonatal period. However, there are concerns about its effectiveness in ELBW infants and drawbacks due to reported high rate of complications and mortality. Herein, we evaluated ELBW infants who underwent PD in terms of the indications, complications and results.

Results: The mean birth weight of the 9 patients who received PD was 835±154 g and the mean gestational week was 26.6±2. All patients were anuric. Dialysis was initiated in all patients due to hyperkalemia. All patients had ECG findings of hyperkalemia. NEC (3), sepsis (5) and asphyxia (3) were found in the etiology of AKI. Peritoneal catheter (peritofix® 9Ch) was inserted through a transverse incision below umbilicus in all patients. Dialysis effectively functioned in seven patients, and serum potassium value returned to normal within 3 days in six of these patients. Diuresis was started at mean 25th hour in the patients and PD was continued for mean 76.5 hours. Dialysis leaked in two patients who died at 26th and 28th hours of dialysis. Two patients developed hyperglycemia during PD. Total seven patients were died.

Conclusion: Despite concerns about difficulties in catheter insertion, common complications and low expectations, PD is the only option available for most units in the treatment of renal failure in ELBW infants. We found that biochemical values rapidly improved and diuresis was started after a while with PD in infants with a wide peritoneal surface compared to their body weight. However, mortality rate was high as in the literature in this patent group that requires intensive device and nursing care.

Keywords: Acute renal failure, peritoneal dialysis, premature

RELATIONSHIP BETWEEN PLATELET LYMPHOCYTE RATIO AND HEMATURIA IN HSP PATIENTS

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OP-14

Introduction: Henoch-Schonlein Purpura (HSP) is one of the most common systemic vasculitis of childhood. Platelet lymphocyte ratio (PLR) is a marker that has begun to be used in systemic inflammatory events in recent years. The purpose of our study is to establish the relationship between PLR and hematuria.

Material and Method: The study was designed by screening patient files of HSP patients who applied to our clinic in the last 6 years. Age, sex, hemogram results, presence of hematuria were recorded in 54 patients and 50 control groups who were aged 4-17 years.

Results: The mean age in the HSP group was 10.20±2.99, and the mean age in the healthy group was 11.31±3.8 (p=0.110). The ratio of male to female in the HSP group was 31/23, whereas that in the healthy group was 26/24 (p=0.327). There was no significant difference in baseline characteristics between the groups. Platelet lymphocyte ratio in the HSP group was significantly higher than the healthy group (p=0.017). Moreover, there was a positive correlation between PLR and hematuria in the HSP group (p=0.034).

Conclusion: Consequently; the relationship between HSP and PLR has been established in this study and it has been found that there is correlation between PLR and hematuria in HSP patients.

Keywords: Henoch-schonlein purpura, platelet lymphocyte ratio, hematuria

EOSINOPHIL MONOCYTE RATIO AS A DIAGNOSTIC MARKER OF ATOPIC DERMATITIS

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OP-15

Atopic dermatitis is the most common itchy skin disease affecting millions of children and adults worldwide. The cause of atopic dermatitis is multifactorial and includes genetic predisposition, impaired skin barrier and environmental triggers. In patients with atopic dermatitis, peripheral blood eosinophils increased and this increase has been associated with the activity of the disease.

Introduction: Our aim is to identify new predictive values that can guide us in the diagnosis of atopic dermatitis by comparing the total blood counts of children with atopic dermatitis and normal healthy children.

Material and Method: 52 patients who were followed up with atopic dermatitis diagnosed between 2 and 12 months of age and 50 normal healthy infants as control group between 2 and 12 months of age were included in the file screenings. Complete blood counts of these groups were statistically compared using the SPSS 16 program.

Results: There was no difference between the eosinophil values of both groups. The eosinophil value of the patients with atopic dermatitis was 592.11±369.87 and the eosinophil value of the control group was 497.0±284.38 cell/mm^3 (p>0.05 Independent Samples t Test). Eosinophil / monocyte ratios of both groups were compared. The eosinophil / monocyte ratio was found to be 0.53±0.32 in the control group and 1.23±0.88 in patients with atopic dermatitis (p<0.01, Independent Samples t Test).

Conclusion: In conclusion, we think that it is useful to look at the ratio of eosinophil / monocyte in the diagnosis of atopic dermatitis in our study and we think that we contribute to the literature in this sense.

Keywords: Atopic dermatitis, monocyte, eosinophile

EFFECT OF VITAMIN D ON INFECTION IN CHILDREN AGED 2-7 YEARS WHO ADMITTED TO OUR CLINIC WITH ACUTE BACTERIAL INFECTION

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OP-16

Purpose: Vitamin D deficiency is well-known to increase susceptibility to infections. Our aim in this study is to investigate whether bacterial infections in children have an effect on vitamin D levels.

METHODS: Prospective study 70 children admitted to Cumhuriyet University Pediatrics Clinic between April and November 2016 were included. Children with chronic disease/liver-kidney failure/ metabolic bone disease/malnutrition that will affect the level of vitamin D, those who have been using vitamin D/vitamin preparations for the last three months and who have been using antibiotics before the application have not been taken into study. Blood was drawn from the study group for antibiotic pre-treatment and on day 5 of treatment for D vitamins, WBC, lymphocyte, neutrophil, CRP, platelet levels and peripheral smear. The results of the control group were compared with the results of the study group before treatment and on the 5th day of treatment. SPSS 22 was used for analysis, $p<0.05$ was considered significant.

Findings: Bacterial infections in our study group consist of tonsillopharyngitis, gastroenteritis, urinary system infection, soft tissue infection, pneumonia and sepsis. In our study, no statistically significant difference in age, sex, weight, height, head circumference between the patient group and the control group was found. The difference in infection parameters between the patient group and the control group was found to be statistically significant ($p<0.05$). Significant differences were detected between the infection markers of the study group and the infection markers of the control group before treatment and on the 5th day of treatment ($p<0.05$).There was no significant difference between the groups in terms of vitamin D levels both before treatment and on the 5th day of treatment, between the pretreatment and control groups, and between the 5th day of treatment and the control group.

Conclusion: According to our study data, vitamin D was not affected by acute bacterial infections.

Keywords: Vitamin D, acute bacterial infection, children aged 2-7 years

EVALUATION OF LONG-TERM NEUROLOGICAL OUTCOMES OF NEWBORN CONVULSIONS

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OP-17

Introduction: It was aimed to assess patients who had been followed with diagnosis of neonatal convulsion for at least 2 years at neonatal unit of Erciyes University, Medicine School between 2005 and 2013 by reviewing patient files regarding etiology, risk factors, treatment and neurological prognosis in retrospective manner.

Material and Method: The study included patient who were admitted to neonatal clinic between 2005-2013 and had convulsion. We retrospectively assessed presenting complaints, primary disease, timing of convulsions, risk factors for convulsion, results of routine biochemical and metabolic tests, EEG findings, cranial magnetic resonance imaging results, treatments employed, clinical type of seizures and recurrence, and prognosis.

Results: Overall, 63 patients were included to the study. Of these, 24 (38.1%) were girls whereas 39 (61.9%) were boys with male: female ratio of 1.62. The most common seizure type was clonic seizures (38%). When frequency of etiological causes were assessed, it was found that there was perinatal asphyxia in 43%, intracranial hemorrhage in 23.8%, acute metabolic disorders in 20%, central nervous system infection in 15.8%, congenital metabolic disorders in 12.6%, benign neonatal convulsions in 8%, cerebrovascular disorders in 4.7% and cerebral malformation in 4.7%. It was found that epilepsy was developed in 40 cases (63%) whereas global developmental retardation in 34 case (54.7%), normal development in 19 (30%), cerebral palsy in 10 cases (15.8%), vision disorder in 26 cases (41.2%) and auditory disorder in 11 cases (17.4%). The most common risk factors for epilepsy development was perinatal asphyxia (67.5%).

Conclusion: The frequency of etiological causes, effects of potential risk factors and incidence of neurodevelopmental problems were found to be consistent to similar studies. However, proportion of children with normal prognosis was found to be lower than those in previous studies. This result suggests that there is a need for studies with larger sample size.

Keywords: Children, convulsion, epilepsy, newborn, prognosis

THE EFFECT OF METHYLPHENIDATE ON HEIGHT AND WEIGHT IN THE TREATMENT OF ATTENTION DEFICIT HYPERACTIVITY DISORDER

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OP-18

Purpose: Attention deficit hyperactivity disorder (ADHD) is an early-onset neuropsychiatric disorder of childhood and all practice guidelines are in a definite view that stimulants have a very important place in treatment. Side effects of methylphenidate (MPH), which is frequently used for ADHD, are loss of appetite, decreased body weight, and initial growth retardation. Although some studies say that the MPH treatment has no effect on body height, there are studies that states it results the shortness in height. The aim of this study is to compare the effects of MPH treatment in ADHD on height and weight.

Material and Method: Eighteen male children aged 7-13 (84-156 months) with ADHD were included in the study. We started with OROS-MPH (long effective form) 1 mg/kg dose to the study group. The percentage and body weight percentiles before and after one year of the MPH treatment were evaluated by appropriate statistical methods.

Results: The average age of the children included in the study was 136.28±13.65 months. It was determined that there was an increase in the weight of the 38.7% (7) of the patients by after one year of MPH treatment, 33.3% (6) of the patients stayed in the same weight, and 27.8% (5) lost weight. It was also determined that 61.1% (11) of the patients were in the same height, 22.2% (4) has increase and 16.7% (3) has decrease in their height in the posterior aspect of the patient after 1 year of MPH treatment

Discussion: In most of the patients, there was no effect on the height, but rather the increase and ineffectiveness were determined without decreasing the weight. In previous longitudinal follow-up studies, MPH was found to have no effect on height and weight, and the data we obtained in this study supports the literature.

Keywords: ADHD, methylphenidate, weight, height

CHILDHOOD THROID CANCERS: RESULTS IN A SINGLE CENTER STUDY

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OP-19

Introduction: In this study, we aimed to determine the clinical, pathological and treatment outcomes of pediatric patients diagnosed with thyroid cancer in our clinic.

Material and Method: In this retrospective study we examined patients who had been diagnosed with thyroid cancer between 2006-2017 in our clinic. The study included 13 patients (male: 5 female: 8) aged between 6-17 years (mean13). There was no radiotherapy story in the patients' medical history. Only one patient had a Cowden syndrome. The most common complaint was swelling in the neck (n=11). Otherwise, one patient complained with syncope and one patient with weakening. Goitre was found in 12 patients and lymphadenopathy was observed in 5 patients. All patients underwent total thyroidectomy surgery and 4 patients underwent bilateral neck dissection. Except one patient (thyroid medullary carcinoma) pathologic diagnosis was thyroid papillary carcinoma. All patients underwent thyroid ablation therapy.

Results: Although approximately 15% of thyroid cancers are diagnosed under 20 years of age, studies on childhood thyroid cancers are scarce. Our cases were discussed in the light of literature.

Keywords: Thyroid cancer, childhood, swelling in the neck

MEAN PLATELET VOLUME AND PLATELET DISTRIBUTION WIDTH IN RHEUMATIC HEART DISEASE

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OP-20

Introduction: Rheumatoid heart disease (RHD) is an important and preventable cause of cardiovascular disease in developing countries. The aim of this study was to investigate the mean platelet volume (MPV) and platelet distribution width (PDW) in RHD.

Material and Method: This study was carried out in Kayseri Health Sciences University, Department of Pediatric Cardiology, with 135 children with RHD who were retrospectively observed between February 2000 and February 2017 for seven years and 40 healthy children with similar age and sex.

Results: The mean age of the 135 patients enrolled in the study was 12.43±3.11 years, 70 were males (51.8%) and 65 were females (48.2%). The mean age of the control group was 12.96±2.55 years, 21.21 male (52.5%) and 19 female (47.5%). MPV values of the patients were significantly lower in the RHD group (9.43±1.31 and 10.21±1.25, p:0.003). Conversely, the PDW levels were significantly higher in the RHD group (15.70 (15.40-16.00) and 12.25 (10.40-14.30), p:0.001). When MP /PDW ratio was examined, it was found to be significantly lower in the RHD group (0.61 (0.55-0.71) and 0.87 (0.79-0.93), p:0.001).

Conclusion: MPV values were lower and PDW values were higher when compared to controls in RHD process.

Keywords: Mean platelet volume, platelet distribution width, rheumatic heart disease, child

EFFECT OF TROPONIN I COURSE ON MORBIDITY IN CHILDREN WITH ACUTE PERI/MYOCARDITIS

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OP-21

Purpose: Acute peri/myocarditis is a heterogeneous disorder of unknown origin, difficult to distinguish from acute coronary syndromes and associated with infection, immunodeficiency or inflammatory processes. In this study, we aimed to investigate the clinical, laboratory and imaging characteristics of acute peri/myocarditis patients and to investigate the effect of these characteristics on the morbidity of disease with troponin I levels.

Material and Methods: In this study we included 52 patients (male:65.4%, mean age: 8.97±5.87) who were followed-up with a diagnosis of peri/myocarditis in pediatric cardiology units of Mersin University and Mersin City hospital between January 2015 and December 2017. The patients' acute phase reactants, troponin I, creatine kinase (CK), creatine kinase MB isoenzyme levels, electrocardiography (ECG), echocardiography, holter ECG results were recorded.

Results: Troponin I level was high in all of the patients. The change in daily troponin I trend was significant ($p<0.001$), and troponin level was associated with abnormal echocardiographic result ($p=0.024$). Even the echocardiographic results were significant on the troponin I trend ($p=0.009$). Decreased levels of troponin I were found to be less than normal in echocardiography results (OR=0.342, 95%, CI: 0.153-0.764). Pericardial effusion was observed in 8 patients (15.4%), systolic dysfunction in 5 patients (9.6%), dilate cardiomyopathy in 4 patients (7.7%), ECG changes in 43 patients (82.7%) and arrhythmia in 16 patients (30.8%). Four patients underwent coronary angiography. The effect of ECG changes on the troponin activity was significant ($p<0.001$). Leukocyte and CK levels were positively correlated with mean heart rate ($r=0,488$ $p=0.025$, $r=0.526$ $p=0.014$). There was a positive correlation between troponin I change and recovery time ($p=0.014$). Death was not observed.

Conclusion: This study shows that although peri/myocarditis is a self-limiting disease with low morbidity, close follow-up of troponin I levels may be used as a first-line diagnostic method to predict the clinic and poor outcome of the disease.

Keywords: Echocardiography, peri/myocarditis, troponin I

THE INCIDENCE OF PSYCHOPATHOLOGY IN CHILD AND ADOLESCENT GIRLS WITH CONGENITAL ADRENAL HYPERPLASIA; A PRELIMINARY STUDY

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OP-22

Introduction: Congenital adrenal hyperplasia (CAH) could be diagnosed in both sexes. Testosterone levels are normal in males and increased exposure to androgen from the prenatal period has observed in girls with CAH. It is also known that the effects of androgens on brain development may lead to differences in emotional, cognitive and language development between the two genders, given the hormonal differences between sexes. In this study, it was aimed to determine whether there was an increase in the incidence of psychopathology in girls with CAH compared to healthy controls.

Material and Method: Twenty-one child and adolescents with CAH diagnosed between ages 6-17 were included in the study. The control group consisted of 21 female age-matched healthy child and adolescent. Parents of the children and adolescents included in the study were provided to fill the Turgay Disruptive Behavior Disorders Screening Parent Form according to DSM-IV (T-DSM-IV-S) and the Autism Behavior Checklist (ABC). The Affective Disorders and Schizophrenia Interview Schedule for the School-age Children-Now and Lifelong Version Turkish Adaptation (KDSADS-TR) were conducted to the all cases who were included in the study, in order to assess psychopathology. The obtained data were evaluated by appropriate statistical methods.

Results: The scores of ABC, T-DSM-IV-S impulsivity and inattention sub scores were significantly higher in the CAH group than healthy controls ($p=0.043$, $p=0.026$, $p=0.037$, respectively). Compared with healthy controls, it was found that there was a statistically significant increase in the frequency of Attention Deficit Hyperactivity Disorder (ADHD), Oppositional Defiant Disorder (ODD) and depression in female patients with CAH.

Conclusion: According to the results of our study, it can be stated that the incidence of psychopathology is increased in female patients with CAH. Further research with a large sample are needed in this field in order to better define these relations.

Keywords: CAH, child, adolescent, psychopathology

AUTONOMIC DYSFUNCTION IN IRON DEFICIENCY: HEART RATE VARIABILITY STUDY

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OP-23

Purpose: This study was designed to investigate whether iron deficiency causes autonomic dysfunction. It is aimed to evaluate the balance of cardiac autonomic functions by evaluating heart rate variability (HRV).

Material and method: Thirty patients (mean age: 13.75 (12-15) years, 15 males) with iron deficiency who applied to the pediatric cardiology outpatient clinic between June 2016 and December 2016 were compared with age and sex matched control group (mean age: 13.15 (12-15) years, 12 males)

Results: Time effect parameters of patients with iron deficiency; SDNN, SDANN, pNN50 ($p<0.05$) were found to be significantly lower. The difference in rMSSD between the groups was not statistically significant. Frequency domain parameters in patients with iron deficiency; total power, low frequency power and high frequency power ($p<0.05$) were significantly lower.

Conclusion: It is thought that iron deficiency may cause autonomic dysfunction. Ferritin levels should be considered in patients who come to pediatric outpatients with complaints due to autonomic dysfunction without anemia.

Keywords: Iron deficiency, autonomic dysfunction, heart rate variability

THE RELATION BETWEEN HEPATOSTEATOSIS AND WAIST CIRCUMFERENCE IN THE ADOLESCENT PERIOD OBESITY

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OP-24

Introduction: Along with the increase in endemic levels of childhood obesity, related complications have also begun to increase. The well-known complications of obesity are hyperlipidemia, hypertension, insulin resistance, diabetes and hepatosteatosis. Hepatosteatosis, seen in older ages, has showed significant increment with increasing childhood obesity. The aim of this study was to evaluate the relationship between hepatosteatosis and cardiometabolic risk factors and waist circumference (WC) in obese adolescents in puberty.

Material and method: 59 children (46 girls, 13 boys) aged between 14-18 years (mean 15.1±1.1) who were admitted due to obesity and referred to the radiology department for evaluation of hepatosteatosis were included in the study. Patients' anthropometric measurements and biochemical values were obtained from files. Grade 1,2 hepatosteatosis on utrasonography was considered as hepatosteatosis group. Patients were divided into two groups (with and without hepatosteatosis) and results were compared.

Results: The rate of hepatosteatosis was 39%. 52(88.1%) patients had insulin resistance. Body weight, body mass index (BMI) and WC values were higher in patients with hepatosteatosis according to ultrasonography (p=0.009,0.006 and 0.001, respectively). Insulin levels, AST, ALT, GGT and HOMA-IR values were higher in patients with hepatosteatosis (p=0.012,<0.001,<0.001,0.001 and 0.015, respectively). All of patients with hepatosteatosis and 80% of patients without hepatosteatosis had insulin resistance and the difference was statistically significant (p=0.024). ALT and GGT values correlated positively with WC and similar case was not observed with BMI.

Conclusion: Obesity and insulin resistance are known to be important risk factors for hepatosteatosis. In our study, the ratio of hepatosteatosis was compatible with literature but the insulin resistance rate was very high. It is thought that this condition is caused by the inclusion of the obese group. The higher value of WC in patients with hepatosteatosis and positive correlation between WC and liver enzyme values indicate that central obesity is a more important risk factor than BMI.

Keywords: Hepatosteatosis, obesity, waist circumference

NEONATES BORN TO MOTHERS WITH IMMUNE THROMBOCYTOPENIC PURPURA: ELEVEN YEAR-EXPERIENCE OF A SINGLE ACADEMIC CENTRE

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OP-25

Introduction: A major problem associated with ITP in pregnancy is neonatal thrombocytopenia which is caused by antiplatelet antibodies crossing placenta. We analyzed neonates born to mothers with ITP (NITP) in a single academic center and examined predictive factors for thrombocytopenia.

Material and Method: Obstretric patients with ITP who were delivered and treated in our hospital from January 2007 to January 2018 are included. All neonates were admitted to NICU. Hemogram was performed within the first six hours of life and cranial USG was performed for each patient.

Results: Twentyseven neonates and 22 mothers were examined. 15(71%) of mothers were treated (steroid and/or IVIG) prenatally. 23(85%) of neonates were thrombocytopenic and 20 had platelet below $50x10^9$/L. Median platelet count (PC) was 30(4-300)$x10^9$/L. One baby experienced intracranial hemorrhage, eight minor bleeding. Neonates with platelet<$50x10^9$/L versus platelet>$50x10^9$/L were compared; no significant difference was detected between maternal age, duration of ITP, lowest and 'before delivery' PCs, treatment during pregnancy, splenectomy (p>0.05). Significant difference wasn't detected in same variables among neonates with versus without minor bleeding (p>0.05). PC was lower in neonates with bleeding ($9x10^9$/L vs $36x10^9$/L in order). Cut off value of PC for bleeding is calculated as $27x10^9$/L (sensitivity:0.88, spesifity:0.79) 78% of neonates received treatment: IVIG (n=15); steroid (n=1); IVIG+steroid (n=3); IVIG+steroid+antiRh immunoglobulin (n=2). Among sibling NITP (two sets of five sibling groups), strong correlation for postnatal thrombocytopenia was detected (r=0.900, p=0.037). The groups were similar for bleeding(p=0.400). Strong correlation between first postnatal and lowest PC was detected (r=0.951, p=0.000).

Conclusion: NITP is rare but important health issue. Most of neonates (74%) have severe thrombocytopenia. Only one experienced intracranial hemorrhage. Concerning thrombocytopenia and bleeding risk, no maternal prognostic factor was detected in NITP. However we suggest that a history of sibling with neonatal thrombocytopenia or bleeding may have prognostic significance. Cut off value of PC for bleeding is calculated as 27x109/L, which can be a measure for management and treatment of NITP.

Keywords: Immune thrombocytopenic purpura, mother, neonate

CLINICAL FEATURES, LABORATORY FINDINGS AND DIFFERENTIAL DIAGNOSIS IN BENIGN ACUTE CHILDHOOD MYOSITIS

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OP-26

Introduction: This study was conducted to observe the demographic, clinical and laboratory findings of 34 children diagnosed with benign acute childhood myositis (BACM).

Material and Method: 34 children who were applied to Selçuk University Faculty of Medicine Pediatric Emergency Department and Pediatric Rheumatology Polyclinic with incapability to walk and diagnosed with BACM between January 1, 2017 and January 2018, were retrospectively evaluated. Demographic characteristics, clinical and laboratory findings were recorded from the patients' medical records. Complete blood count, CPK, AST, ALT, LDH, complete urine analysis, CRP, sedimentation, renal function tests are urgently requested at the first evaluation in our Pediatric Emergency Department, routinely. The etiologic agent was investigated by PCR from nasopharyngeal swab from all patients.

Results: 27 (79.4%) of the patients were male and 7 (20.6%) were female. The mean age was 88.06 ± 24.38 months. Symmetrical calf muscle tenderness was present in 30 of the cases (88.23%) and thigh muscle tenderness in 4 (11.76%). Muscle strength was normal in all of the patients despite the pain and stiffness in the muscles. Serum CPK values ranged from 376-16277 U/L. Influenza A H1N1 was detected in the nasopharyngeal swab of 21 patients (61.76%). 14 of the patients (41.17%) were hospitalized during the study period. It was determined that anti-inflammatory drug treatment was initiated to these hospitalized patients. During clinical follow-up, relief of symptoms and signs were found to be started within 24-48 hours and complete recovery within 3 days at the latest. In all but one patient, control CPK levels at the end of the first week were normalized.

Conclusion: In cases of children with acute muscle pain and gait disturbances, the BACM should be considered as a differential diagnosis and should be distinguished from other causes with typical clinical features.

Keywords: Childhood, CPK, myositis, gait disturbance

EVALUATION OF THE ANOMALIES OF THYROID FUNCTION IN PEDIATRIC PATIENTS AND ADULT PATIENTS WITH VITILIGO

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OP-27

Introduction: The relation between vitiligo and thyroid diseases is not clearly known. It has been aimed in this study that the existence of pathology in pediatric and adult patients with vitiligo is determined and the age is compared.

Material and Method: 120 pediatric patients who consulted the dermatology outpatient clinic between January 2008 and January 2018 and were diagnosed with vitiligo and 120 randomized adult patients were taken into the study. The values of free T3, free T4, TSH, thyroid peroxidase (Anti-TPO) and thyroglobuline antibodies (Anti-Tir) which belong to patients were recorded by scanning retrospectively. The thyroid pathologies which were determined according to these results were listed and analyzed statistically.

Results: The age average of pediatric patients was 11.85 (age 2-18), the age average of adult patients was 35.7 (age 19-72). While the hashimoto's disease was not determined in pediatric patients, the hashimoto's disease was determined in 4.2% of adult patients. Considering pediatric patients, hyperthyroid was determined in 0.82%, isolated T3 elevation was determined in 15%, isolated T4 elevation was determined in 0.8%, subclinical hypothyroidism was determined in 1.7%. Considering adult patients, hyperthyroid was determined in 0.8%, isolated T3 elevation was determined in 5%, hypothyroidism was determined in 3.3%, subclinical hypothyroidism was determined in 0.8%. As the rate of having a thyroid pathology was 18.3% in pediatric patients, it was 14.2% in adult patients. The difference between pediatric patients and adult patients was insignificant in terms of having a thyroid pathology (chi-square=0.76, p=0.38). The difference between pediatric patients and adult patients was statistically significant in terms of isolated T3-T4 elevation (chi-square=7.5, p=0.006).

Conclusion: The patients with vitiligo who were diagnosed in childhood and have especially T3-T4 elevation should be observed with regard to the risk of the development of thyroid pathologies as hyperthyroid.

Keywords: Vitiligo,thyroid, children, adult

EVALUATION OF LEFT VENTRICULAR FUNCTIONS BY CONVENTIONAL ECHOCARDIOGRAPHY AND TISSUE DOPPLER IMAGING IN CHILDREN WITH RHEUMATIC MITRAL REGURGITATION

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OP-28

Introduction: We aimed to evaluate left ventricular functions in children with mitral regurgitation (MR) who were followed up with the diagnosis rheumatic carditis, by using conventional echocardiography and tissue Doppler imaging (TDI) and compare the results with those of healthy control subjects.

Material and Method: 30 patients who were followed up with the diagnosis of MR due to sequel of rheumatic carditis in our pediatric cardiology clinic and 30 healthy children aged between 5-15 years were included in the study. The patient group was categorized as mild-moderate MR (n=20), and severe MR (n=10). All echocardiographic and Doppler assessments were performed by a single expert pediatric cardiologist, who was blinded to the clinical and laboratory results of the study group

Results: LV end-diastolic diameters were significantly increased in patient with severe MR compared to controls (4.62 ±0.82cm, 3.92±0.39cm; p=0.008). Also LV end-systolic diameters were found significantly increased in patient with severe MR compared to controls (2.81±0.51, 2.43±0.25, p=0.01). There was no statistically significant difference between groups in terms of LV ejection fraction and fractional shortening (p>0.05). Although peak early diastolic myocardial velocity obtained with TDI did not show significantly difference between the groups (p>0.05), peak atrial systolic velocity measured from the lateral and septal annulus were significantly increased in patients with severe MR when compared with controls and patients with mild--modarete MR (p<0.001, p:0.001; respectively).

Conclusion: In our study, LV systolic and diastolic functions obtained by conventional echocardiographic measurements, showed no significant difference between the controls and patients with MR. However, deterioration in subclinical LV systolic and diastolic function was detected by TDI the patient group with MR.

Keywords: Mitral regurgitation, left ventricular functions, tissue Doppler imaging

EVALUATION OF RISK FACTORS IN CHLIDREN WITH RECURRENT FEBRILE CONVULSIONS

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OP-29

Introduction: Febril convulsions is one of the most common causes to visit pediatric emergency medicine and important community health problem. The rate of seizure recurrence in the presence of risk factors is also increasing. In this study, we evaluated the clinical and etiological features of the children with recurrent febrile convulsions.

Material and Method: We evaluated the medical records of 114 children diagnosed with recurrent febrile convulsions in our emergency service between January 1, 2016 and December 31, 2017. Patients were evaluated in terms of age, gender, duration of seizure, risk factors for recurrence of febrile convulsion, risk factors for epilepsy development, fever origin, home-based intervention by the family before admission to the hospital, follow-up and management in the hospital.

Results: The mean age of the patients was 25.51±1.47 months (5-76 months) and the male/female ratio was 1.53. Seventy three (64%) had second, 23 (20.2%) had third, 14 (12.3%) had fourth and 4 (3.5%) had fifth recurrences. 76.2% had generalized tonic-clonic, and 10.6% had tonic seizure. The most common risk factor was history of febrile convulsion in the family (45.6%). In 78% of patients, the age of first seizure was less than 15 months. 19.2% of the patients had epilepsy history in the family, 4% had perinatal asphyxia and 2% had neuromotor developmental problem. The patients treated with cooling, antipyretic, midasolam, or rectal diazepam. Febril status was found in 0.4% of the patients. Anti-epileptic treatment was started in 14 of the cases.

Conclusion: Patients with history of febrile convulsion and risk factors have an increased risk of recurrent febrile convulsions. It is not possible to completely avoid infections. Education of family and the management of the seizure is very important to protect these children with fever-sensitive brains from recurrent seizures and possible complications.

Keywords: Children, risk factors, recurrent febrile convulsion

THE VALUE OF CORONAL STIR MR IMAGING ON EVALUATION OF PEDIATRIC PATIENTS WITH HODGKIN'S LYMPHOMA

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OP-30

Introduction: In Hodgkin's Lymphoma (HL), PET-CT is the ''gold-standard'' examination for clinical staging. However in HL, MR imaging with whole-body screening also widely used for ease of accessibility and examination, lack of ionizing radiation and radioactive substances. However, not enough study has been found in the literature in this regard.

Material and Method: Whole-body coronal STIR sequential MR findings were compared with PET-CT findings which is done for staging and follow-up of 15 children with HL, between February 2016 and October 2017, in our clinic.

Results: Nodal findings and extra-nodal findings were documented according to the location and the presence of suspicious or malignant features in 15 patients (7 females) with a mean age of 12.9 (3-17) years. In 14 cases, nodular findings were compatible, whereas in one case, cervical lymp nodes considered as benign in MRI were suspicious in PET-CT due to mild hypermetabolism. We found that coronal STIR MR imaging has an important contribution to the evaluation of nodular and extra-nodular findings of HL.

Conclusion: While whole-body STIR MR imaging for HL staging and follow-up makes a significant contribution in appropriate indications, larger series required.

Keywords: Hodgkin's Lymphoma, MRI, pediatric, STIR

THE NORMAL POSITION OF THE UMBILICUS IN THE NEWBORN AND OBTAIN REFERENCE DATA FOR THE DETECTION OF ANORMAL LOCALIZATION OF THE UMBILICUS

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OP-31

Introduction: The umbilicus is a round dermal projection located at the center of the anterior abdominal wall. A high, low or eccentric placement of the midline in the abdomen is considered an abnormality of the umbilical cord position. This may be an indication for many congenital abdominal wall anomalies. The purpose of this study is to determine and to obtain reference data for the detection of normal localisation of the umbilicus.

Material and Method: In a cross-sctional study, were selected randomly healthy mature newborns. The birth weights, height and gender of infants were recorded. The distance between upper border of umbilical cord and lower border of xyphoid (UX) and the distance between the lower border of the umbilical cord and the upper border of the pubis (UP) were recorded. These measurements, made when the infants were lying in a supine position. The umbilical position was determined by finding the percentages of the distance between UX and UP.

Results: A total of 235 (128 female, 107 male) newborns were recorded. The mean body weight was found 3373±389 gr and the mean height was found 50.5±1.7 cm. No significant correlation was found between umbilical localization and gender. The position remained constant irrespective of birth weight, body length. It was determined that the normal position of the umbilicus in infants is about 78±3% of the distance from the lower border of the xiphoid to the pubis.

Conclusion: The location of the umbilicus is 78% of the distance between the xiphoid and the pubis. The most aesthetically pleasing result will be obtained if umbilicus is placed in this localization during repair of abdominal wall defects such as omphalocele, gastroschisis, prune belly syndrome and umbilical hernia. These values can also be used in the detection of abnormally positioned umbilicus.

Keywords: Midline abdominal wall anomalies, neonate, umbilicus

HEMORRHOIDS IN CHILDHOOD: A WELL-KNOWN AND OFT-NEGLECTED PATHOLOGY

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OP-32

Introduction: This study aims to create awareness about hemorrhoids in childhood and their possible related pathologies.

Material and Method: Patients, who were younger than 18 years old and diagnosed as hemorrhoid at the pediatric surgery clinic between 2015-2018, were included to the study. The patient selection was retrospectively made with searching the code K64.0-9 in the hospital registry system. The patients were evaluated according to age, gender, hemorrhoid type, complaints, ultrasonographic findings, accompanied diseases, durations of follow-up and treatment methods. Complementary statistics of the data were computed with the SPSS.

Results: A total amount of 25 patients (M/F: 20/5) were included to the study. The average age of the patients was 10.08±4.725 years (2-17 years). The 8 patients were internal hemorrhoid and 17 patients were external hemorrhoid. A total amount of 8 patients had thrombosed hemorrhoid while the 6 of them were internal and 2 of them were external. The complaints in the frequency order were as follow; painful defecation (n=15), palpable hemorrhoid mass (n=10), constipation (n=10), rectal bleeding (n=3), and abdominal pain (n=1). Pathological findings were found in the ultrasonography of 4 patients (portal hypertension (n=1), pelvic kidney (n=1), internal echogenicities in bladder (n=1), mesenteric lymphadenitis (n=1). A patient with rectal bleeding received rectoscopy. Other patients had the non-surgical conservative treatment. The patient diagnosed as portal hypertension was also followed up by gastroenterology. Proper treatments were given for the other accompanied pathologies. After the 3 weeks-long treatments, the cure was obtained. Patients were followed for one month to 3 years. A patient had relapsed one year later.

Conclusion: Although hemorrhoids in childhood seen rarely, they accompany very serious life-threatening diseases. They can be even the first findings of portal hypertension. Therefore, the hemorrhoid should be considered and the pathologies causing higher intraabdominal pressure should be investigated.

Keywords: Hemorrhoid, portal hypertension, child

EVALUATION OF THE EFFECTS OF BRUCELLA INFECTION ON THE CARDIAC CONDUCTION SYSTEM

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OP-33

Introduction: In patients diagnosed with brucellosis, cardiac involvement has been reported to be 2%. In cases accompanied by myocardial involvement, malignant atrial or ventricular arrhythmia may occur, which in turn may result in mortality since the conducting system of the heart is affected. In this study, aimed to investigate the effect of inflammation on the conducting system of the heart in 42 patients diagnosed with brucellosis.

Material and Method: The study included a patient group of 42 patients aged 3-18 years who presented to Yüzüncü Yıl University Medical School Pediatrics Department and were diagnosed with brucellosis in the inpatient or outpatient clinics between December 2016 and August 2017 and a control group of 39 healthy individuals aged 2-18 years who presented to the Pediatrics Department or the Pediatric Cardiology Department and were found to have no diseases. Pre- and post-treatment parameters including body temperature, weight and height, blood pressure, ALT, AST, creatinine, CK-MB, troponin, ESH, CRP, hemogram values, and Pmax, Pdis, QTmax, QTdis, QTcmax, QTcdis, Tp-emax, Tp-edis timings and Tp-emax/QTmax, Tp-emax/QTcmax ratios were recorded.

Results: The results indicated that the parameters including Pmax, Pdis, QTmax, QTdis, QTcmax, QTcdis, Tp-emax, Tp-edis timings and Tp-emax/QTmax and Tp-emax/QTcmax ratios, which are known to be key indicators for the prediction of severe atrial or ventricular arrhythmia and sudden cardiac death and also to be important parameters used as the indicators for the noninvasive evaluation of the transmural heterogeneity, were significantly longer in the patient group compared to the control group ($p<0.05$).

Conclusion: In childhood brucellosis, the conducting system of the heart is affected due to the presence of inflammation, thereby causing autonomic dysfunction in the heart. As a result, malignant atrial and ventricular arrhythmia may occur, which may ultimately result in mortality. For these reasons, patients diagnosed with brucellosis should be closely follow up for cardiac involvement.

Keywords: Brucellosis, Pdis, Tp-e/QT, inflammation

THE IMPORTANCE OF EYE EXAMINATION IN CHILDHOOD WITH DEMONSTRATIVE CLINICAL CASES

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OP-34

Introduction: We aim to emphasize the importance of eye examinations in childhood with demonstrative clinical cases and to draw attention of pediatricians to these diseases.

Material and Method: 550 pediatric patients admitted to Afyon Kocatepe University ophthalmology polyclinic on March 2015 and December 2017 were included in the study. The diagnoses of all patients were retrospectively reviewed. Demonstrative cases that can be easily skipped during childhood were chosen. It was planned to present the findings of the ophthalmologic examination of these cases in detail with photographs.

Results: When 550 cases included in the study were examined in detail, amblyopia in 35 cases, occult strabismus in 26 cases, high numbered refractive errors in 18 cases, congenital cataract in 4 cases, optic nerve hypoplasia in 4 cases, uveitis in 3 cases, night blindness in 2 cases, herpetic keratitis in 1 case and 1 case of acromatosis was diagnosed. Clinical symptoms were found to be faint even though visual acuity values were very low in all of these demonstrative cases. Detailed ophthalmologic examination findings (visual acuity values, biomicroscopy and fundus examination findings, optical coherence tomography findings, fundus fluorescein angiography and electrophysiological test findings) will be presented.

Conclusion: Pediatric eye examination is crucial in early detection of eye problems that can cause serious and permanent visual problems in children. In this age group, eye problems can be clinically faintly presenting.

Keywords: Occult strabismus, high degree of refractive errors, amblyopia

THE ANALYSIS OF PEDIATRIC INTENSIVE CARE UNIT ADMISSIONS OF CRIMEAN CONGO HEMORRHAGIC FEVER PATIENTS IN THE MOST ENDEMIC REGION IN TURKEY

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OP-35

Introduction: In this study, it was aimed to evaluate the admission profile, treatments and outcomes of the CCHF patients admitted to the Pediatric Intensive Care Unit (PICU).

Material and method: Between January 2014 and August 2016, the data of CCHF patients admitted to Gaziosmanpasa University Medical Faculty Hospital, were retrospectively obtained from the hospital information system.

Results: 123 Crimean-Congo hemorrhagic fever suspected patients were directly admitted or referred to hospital, 22 cases of CCHF were admitted to PICU. Seven of the patients (32%) were female and 21 (95.5%) were living in the rural area. In 16 patients, the tick was removed either by the patient or his/her relatives, the ticks were removed by healthcare personnel in only 2 patients and 3 patients had no tick contact. The most common symptoms were fever 21 (95.5%), myalgia 21 (95.5%), headache 18 (81.8%), and bleeding 17 (77.3%). Patients received an average of 5 units of platelet suspension, 3 units of Fresh frozen plasma when indicated. 12 patients (54.5%) had 3-10 days of hospital stay and only 14 patients (63.6%) had ribavirin use. Mortality rate was determined as 0.

Conclusion: Transfusing thrombocyte suspensions with targetting upper values of thrombocyte as above 40,000/mm3 will be life-saving in the fight against this mortal disease whose lethal complication is bleeding. Although the use of ribavirin was recommended by WHO, there was no difference in terms of morbidity and mortality in cases whom ribavirin was not administered because of side effects and allergies. There is a need for randomized controlled trials of prophylactic transfusion and ribavirin use in CCHF.

Keywords: Crimean congo hemorrhagic fever, pediatric ıntensive care, epidemiology, platelet transfusion, ribavirin

DEMOGRAPHIC DATA OF THALASSEMIA PATIENTS

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OP-36

Thalassemia syndromes are characterized by varying degrees of ineffective hematopoiesis and increased hemolysis, inherited autosomal recessive trait, characterized hypochromic, microcytic anemia. Clinical syndromes are varying reduction of alpha, beta chain synthesis. In Turkey, Cukurova is a central region in terms of hemoglobinopathies, immigrants live intensively, and also in the Arab population. We have 22 major thalassemia from Syria, 7 girls, 15 boys. Girls are 3-9 ages. HgB 8.2 -10 g/dL, 24-30% hct. HBV, HCV are negative, anti HBs positive. Ferritin levels are 500-3353 on average 1819 ng/mL, deferasirox 20-40 mg/kg /day. 1 patient receives deferiprone 75-100 mg/kg/day. No girl with splenectomy. Boys are 4-20 ages. HgB 7.8-10.5 g/dL, hct 24-30%. HBV, HCV are negative, anti HBs positive. 3 patients had splenectomy. Ferritin levels are 439-6857 on average 3049 ng/mL. 10 patients have deferasirox 20-40 mg/kg/day, 4 patients have combined chelator therapy desferal 30 mg/kg/day intravenous and deferiprone 100 mg/kg/day. Combined therapy, desferal therapy three days a week on demand. 1 person switched to mono-deferiprone treatment at 100 mg/kg/day ferritin level was reduced to 2800 ng/mL. Highest ferritin was 15000 ng/mL during threatment values decreased. In the case of the patients, they had regular blood transfusions before the war and used their chelator but it was understood that after the post-war, centers were not able to found blood transfusions, medical therapy regularly so frequently ferritin levels elevated. Osteopenia in 3 patients, hypothyroidism in 1 patient were detected and treated under endocrine controls. Patients have good growth, development due to regular blood transfusion and chelator treatment.

Keywords: Ferritin, chelator treatment, thalassemia major

SURGICAL TREATMENT OF CHEST WALL DEFORMITIES WITH MINIMALLY INVASIVE METHODS

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OP-37

Introduction: Pectus excavatum (PE) and pectus carinatum (PC) are the most common chest wall deformities resulting from the abnormal development of costal cartilages. Rawitch procedure (removal of deformed cartilages by open surgical methods) and minimally invasive methods (correction of deformed cartilages with emplacement of a metal bar) are the options in the surgical treatment of chest wall deformities. The aim of this study is to discuss the results of minimally invasive surgical treatment of chest wall deformities.

Material and Method: Forty-seven patients under 16 years of age who underwent minimally invasive chest wall correction for chest wall deformities between January 2013 and January 2017 were evaluated retrospectively. Abramson procedure was performed to fix the deformity with a bar placed over the sternum in 12 patients with PC and Nuss operation was performed to correct the deformity with a bar placed under the sternum in 35 PE patients. Patients were evaluated according to age, gender, duration of operation, postoperative complications and length of hospital stay.

Results: 78.7% of the patients were male. The mean age was 11.3 years in PE group, while it was 13.7 years in PC group. The mean operation time was 53.6 minutes in the PE group and 43.7 minutes in the PC group. The amount of intraoperative bleeding was minimal in both groups. The most common postoperative complication was atelectasis (8.6%) in PE group. Seroma was the most common postoperative complication (16.6%) in PC group. No life threatening complications were occurred in intraoperative or postoperative period. The mean hospital stay was 5.2 days in PE group and 4.9 days in PC group. All the patients returned to their daily activities within 3 weeks postoperatively.

Conclusion: Minimally invasive chest wall deformity correction procedures are safe surgical approaches that reduce the length of hospital stay with low complication rates and provide satisfactory cosmetic results.

Keywords: Chest wall deformities, minimally invasive surgery, pediatric

INSULIN RESISTANCE AND METABOLIC SYNDROME IN ADOLESCENTS

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OP-38

Introduction: Obesity is a disorder of energy metabolism with multifactorial reasons and can lead to endocrinological, metabolic and phyciatric problems. The prevelance is increasing worlwide both in children and adults. Being obese or overwight, increases the risk of chronic disease and also reduces the quality of life. Insilin resistance is the major problem leads to obesity and a lot of other diseases. The relation of insülin resistance and other parameters are analyzed in obese patients with this research.

Material and Method: The records are analyzed retrospectively. The age, sex, waist circumference measurements, blood pressure measurements, biochemical records, and oral glucose tolerance test results are analyzed. The antropometric measurements are evaluated according to weight, height and BMI percentiles reported for Turkish children. IBM SPSS Statistics 22 (IBM SPSS, Turkey) were used for the statistical analyses.

Results: We include 184 obese adolescent patients in the study, 43.5% (N=80) of the patients were male and 56.5% (N=104) were female. In 95.7% of the patients the BMI persentile was over 95 and in 4.3 % BMI percentile was between 85-95. Of these patients %5.4 had impaired fasting glucose and 11.4% had impaired glucose tolerance. HOMA index was above 3.16 in 76.4 % of the patients. 38.9% of the patients had metabolic syndrome. Homa index was below 3.16 in 10.1% of the patients with total insulin value above 300. Whereas 23.6% of the patients with homa score 3.16 had a total insulin value below 300.

Discussion: The risk of complications is much more increased in obese patients with insulin resistance and it is of utmost importance to be aware of the complications since childhood. Many parameters can be used to evaluate the insulin resistance. We suggest to use total insulin value and HOMA index together for a more reliable evaluation.

Keywords: Obesity, insulin, resistance, homa

OBESITY STATUS AND METABOLIC SYNDROME FREQUENCY IN PREPUBERTAL CHILDREN

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OP-39

Introduction: Worlwide prevelance of obesity is incresing. Insulin resistance, increases on the ground of obesity, leads to metabolic disturbances and cardiovascular disease (CVD). Body mass index (BMI) values above 90 percentile indicates obesity in childhood. On the other hand, obesity status alone is not sufficient to predict the body fat mass ratio, insulin resistance and risk of CVD. In adults; metabolic syndrome criteria are used to predict risk. Nevertheless metabolic syndrome diagnosis is controversary in children below 10 years old. This study aimed to evaluate obesity status and metabolic syndrome criteria in prepubertal children

Material and Method: 254 obese children ages between 4-9 years, who were attended to Erciyes University Faculty of Medicine Dept. of Pediatrics clinic, were included in this study. Antropometric measurements are evaluated on the basis of BMI persentiles for Turkish children. BMI persentiles above 95% were defined as obese, and below 90% were as non-obese. Blood pressure measurements, serum fasting lipid, glucose and insulin levels are analyzed retrospectively. Waist circumferance measurements above 90 percentile are used to predict abdominal obesity. IBM SPSS Statistics 22 (IBM SPSS; USA) were used for statistical analysis.

Result: Obese male children frequency was 52% (N:133), and female was 48% (N:121). Waist measurement was high in 98.9% (N:187) of obese children. Acantozis nigricans, which is a clinical finding of insulin resistance was positive in 41.6% of obese children. Metabolic syndrome criteria were fully evaluated in 173 patient and 24.9% (N:43) of them were compatible with metabolic syndrome diagnosis. 51.7% of obese patients had elevated triglyceride levels according to their age and sex.

Discussion: Obesity is a serious health status increasing in all age groups, as prepubertal period. Waist circumferance measurement was above normal in most of obese prepubertal children. At least one of the metabolic syndrome criteria, in these children are usually positive. In the view of life period, precautions should be taken to prevent obesity.

Keywords: Obesity, prepubertal, metabolic syndrome

RETROSPECTIVE EVALUATION OF NEONATES WITH PATHOLOGICAL JAUNDICE DUE TO SUBGROUP INCOMPATIBILITY

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OP-40

Introduction: The objective of this study was to determined demographical and clinical characteristics of patients who were determined to have subgroup incompatibility in cases of pathological hyperbilirubinemia.

Material and method: Data of 18 infants, that admitted to clinic with complaint of jaundice and were hospitalized for phototherapy and were determined to have subgroup incompatibility between 2014 and 2016, were evaluated retrospectively. Patients' gestational weeks, birthweights, type of delivery, maternal multiparity, age, birth weight, mother-infant's blood groups, subgroups, direct coombs, hemogram, total-direct bilirubin levels, signs of hemolysis on peripheral blood-smear and reticulocyte were recorded.

Results: Mean gestational age of the patients was 39.6±3.1 weeks, multiparity rate was 77,7%. Postnatal age was 4.1±1.9days and birthweight was 3130±740g. Mean total bilirubin was 22,8mg/dL. Among the patients; pathological weight loss was 16,6%, sign of severe hemolysis was at a rate of 66,6%. The rate of exchange was 44.4%. Among subgroup antigens; anti c-antibody was 44%, anti E-antibody was 16,6%, anti D-antibody was 16,6%, anti Kell-antibody was 11,1%, and coexistence of anti c and anti E-antibodies was 11.2%.

Conclusion: The most common causes of the indirect-hyperbilirubinemia include blood group incompatibilities, insufficient feeding, low birth weight and prematurity. Nevertheless, no cause is identified in some of the cases. In the literature, research for a subgroup incompatibility is performed for patients who have signs of hemolysis and in whom Rh-ABO group incompatibility isn't determined and have signs of hemolysis. However, it's found out from this study that signs of hemolysis aren't always seen in cases of indirect hyperbilirubinemia due to subgroup incompatibility. In conclusion, inability to perform subgroup incompatibility testing in some centers due to technical and financial issues may prevent appropriate determination of frequency of subgroup incompatibilities. This study suggests that subgroup incompatibility may be more common in regard to etiology in cases with critical level of hyperbilirubinemia of unknown origin.

Keywords: Newborn, hyperbilirubinemia, subgroup incompatibility

CRANIAL AUTONOMIC SYMPTOMS AND GASTROINTESTINAL SYMPTOMS IN CHILDREN WITH MIGRAINE TYPE HEADACHE

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OP-41

Introduction: Cranial autonomic symptoms includes conjuctival injection, lacrimation, nasal congestion, rhinorrhea, eyelid edema and forehead/facial sweating. These findings are often characteristic of trigeminal autonomic headaches, although studies in adult patients with migraine have shown that cranial autonomic manifestations may be accompanied by headache episodes. The aim of this study was to evaluate the clinical features, accompanying cranial autonomic findings and gastrointestinal system related complaints of patients with migraine in children who were referred to our clinic.

Material and method: Between 2016 and 2017, 70 patients who were referred to Cukurova University Balcali Hospital, General Pediatric Outpatient Clinic and who were followed up for migraine were included in the study. Information on the headache character of the patients, accompanying gastrointestinal findings and cranial autonomic findings were collected in a preformed form.

Results: A total of 70 children were included in the study, 25 female (35.7%) and 45 male (64.3%). The mean age of the boys was 11.7±0.66 (minimum 10.4- maximum 13.1) and the mean age of the girls was 13.8±0.51 (minimum 12.8-maximum 14.8). Family history of migraine was found in 46 patients (65.7%). Aura was present in 22 patients (31.4%) and cranial autonomic findings in 28 patients (40%). There was a single cranial autonomic symptom in 13 patients and two or more symptoms were found in 15 patients. 11 patients (15.7%) had chronic abdominal pain and 13 patients (18.5%) had constipation. Chi-square test showed that, gastrointestinal complaints were more frequent in patients with migraine with aura than those, with migraine without aura (p=0.042).

Conclusion: Our data suggested that cranial autonomic symptoms in children with migraine may be accompanied by mild or significant headache in both patients with migraine with and without aura. However, increased gastrointestinal complaints may be observed in children with migraine with aura.

Keywords: Cranial autonomic symptoms, gastrointestinal symptoms, migraine

ECONOMIC AND PSYCHOSOCIAL PROBLEMS OF CANCER PATIENTS AND THEIR FAMILIES

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OP-42

Cancer has many irreversible effects on the patient, family and society in psychosocial and economic terms throughout the entire treatment process from the moment of diagnosis. For this purpose, a questionnaire-based study was conducted on the psychosocial and economic problems faced by our cancer patients and relatives and institutions -organizations providing support for them. Patients and their families experienced severe economic losses with the cause of travel and the lack of space to remain in the treatment process. Since the financial benefits to the family did not cover all costs, the patient families had to sell their assets (house, car, land, shop, field, gold, animals) during the treatment. 70% of the families had difficulties in the care of healthy children and they were supported by relatives. Forty-six percent of the patients had used medication during and after treatment due to serious psychological problems. This rate was 12% for fathers. Some parents started using cigarettes and alcohol. Religious practice was increased in families. 50% of the patients had an alternative complementary medicine, and only 12% shared this knowledge with the doctor. 85% of the patients had a delay of 1-2 years in their education training. Thirty-eight patients complained of the reaction they saw in the social environment because their hair was lost or they used wigs. Conducting medical treatment with psychosocial support in cancer is an important factor in increasing treatment success. From the first time the patient and his/her family meet the illness, they need psychosocial support mechanisms throughout their lives. These supportive mechanisms will help the patient develop confidence in himself as well as strategies for coping with the disease throughout the treatment.

Keywords: Cancer, economic, psychosocial problems

VALUE OF PCR TEST IN CLINICAL MANAGEMENT OF CHILDREN WITH ENTEROVIRUS MENINGITIS

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OP-43

Widespread use of conjugate vaccines have reduced the rate of bacterial meningitis, therewithal Enteroviral (EV) are a common cause of aseptic meningitis (85-95%). In CSF, MN cells dominate in aseptic meningitis, on the other hand PMN cells dominate in the bacterial meningitis. Although MN cells are dominate after 24 hours in aseptic meningitis, PMN dominance is not limited in the first 24 hours of disease. This condition don't definite distinction between aseptic and bacterial meningitis and can cause difficulties in the diagnosis and treatment of meningitis. EV-PCR tests are important test in clinical management of CSF pleocytosis. We performed a retrospective descriptive study of 25 children admitted to our hospital between 2015 and 2016 with a diagnosis of enteroviral meningitis, defined as either a positive EV-PCR and negative CSF culture.

25 children were reviewed; median age was 7,9±3,4 years, and (92%) were male. The most common complaints were fever (88%), headache (68%), vomiting (76%). Meningitis irritation positivity was detected in 60% of the patients. PMN dominance was detected in 76% of patients. There was no significant difference between the percentage of CSF PMN and the onset of symptoms and age. The median levels were CSF glucose (63±12 mg/dL), protein (51±34 mg/dL), and chlorine (122±2.5). The median levels were WBC counts (13.818±5.846 /microliters), neutrophil counts (10.440±5583/mm^3), C- reactive protein (5.4±7.7 mg/dL), sedimentation (18±11mm/h). All patients were hospitalized and received ceftriaxone treatment. The mean hospital stay was 3.2±1.4 day.

Enteroviral meningitis can characterized with PMN dominance, high protein levels in CSF and leukocytosis similar to bacterial meningitis. The CSF profile and physical examination findings can not distinguish between enteroviral and bacterial meningitis. CSF analysis including EV PCR could avoid unnecessary antibiotic therapy and hospital stay especially in high prevalence of bacterial meningitis.

Keywords: Enteroviral meningitis, PCR, pleocytosis

ASSESSMENT OF HEPATITIS A INFECTIONS IN CHILDREN: 7-YEAR EVALUATION (2011-2017)

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OP-44

Introduction: Hepatitis A is the most common form of acute viral hepatitis in the world. This virus spreads by the faecal-oral route. In this study, it was aimed to evaluate the demographic and clinical characteristics of patients, admitted with acute hepatitis A. The frequency of hepatitis A infection and the direct medical cost of hospitalization were searched over the years.

Material and method: In this study the medical records of the patients who were admitted with hepatitis A in Çukurova University Faculty of Medicine, Department of Pediatric Infection between the years 2011-2017 were examined.

Result: A total of 59 patients were included in this study, 24 (40,7%) were girls and 35 (59.3%) were boys, and the median age of the patients was 89 months (minimum 6 months - maximum 209 months). The most frequent reason for admission was inadequate oral intake (32.7%). There were no underlying disease history in 84.7 % of the patients. Hepatic coma developed in three patients (5%) and they were referred for transplantation. The frequency of hepatitis A infection has declined from 16.3% to 0% over the years. In this study, the median admission day was six days (minimum 1-maximum 52) average direct medical cost of hospitalization for seven years was 142.847.53 TL±651.198.36.

Conclusion: Hepatitis A is one of the most frequently reported vaccine-preventable diseases. The HAV vaccine was included in the national immunization programme for children in Turkey in 2012. In our study, it was determined that the frequency of hepatitis A infection and the direct medical cost of hepatitis A infection decreased significantly over the years post- vaccination period.

Keywords: Children, cost, duration of hospitalization, hepatitis A

DAVID 1 OPERATION OF A PATIENT WITH LARSEN SYNDROME

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OP-45

Introduction: Larsen syndrome is a rare genetic connective tissue disorder. It is characterized with joint hypermobility, congenital joint dislocations, spinal deformity, specific facial features. Aneursymatic changes may be seen in aortic root that can result in mortal aortic insufficiencies. David-1 is an aortic valve sparing operation generally preferred in cases whom aortic valve structure is preserved, aortic insufficiency present due to aneurysm of aortic root. In this report we aimed to present a case with Larsen syndrome having aortic root aneurysm, aortic insufficiency that underwent David-1 operation.

Case report: Ten years old girl admitted to pediatrician with dyspnea and easy fatigue. In physical examination 2/6 diastolic murmur was heard at mesocardiac region, aortic root dilation was seen on chest X-Ray. She was referred to cardiologist and dilation of left chambers, aneurysm of aortic root, 1-2-degree aortic insufficiency despite 3 cusps of aortic valve were detected in echocardiogram. In past medical history, Larsen syndrome diagnosis was given in infancy period due to specific facial features like wide flat forehead, depressed nasal bridge, lower hairline, hypermobility of joints, thoracal lordosis. She was discussed in common meeting of pediatric cardiology and cardiovascular surgery: David-1 operation was decided to be done as a treatment. Aortic valve was spared and 14 dacron graft ascending aorta replacement was used. Coronary arteries were dislocated as button shaped and anastomosed to the graft. Therefore, patient's native valve was spared and aneurysm was palliated. He was discharged. Minimal aortic insufficiency was detected after operation.

Conclusion: The patients with aortic root aneurysm, aortic valve insufficiency, if the cusps are normal in structure and have normal mobility David-1 operation has to come to mind as a treatment option. By this way patient's native valve is spared, complications caused by valve replacement are avoided. In addition, patient is saved to use lifelong anticoagulant drugs.

Keywords: David 1, Larsen, child

CLINICAL, LABORATORY AND RADIOLOGICAL EVALUATION OF CHILDREN WITH MYCOPLASMA SEROPOSITIVITE PNEUMONIA RETROSPECTIVELY

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OP-46

Introduction: The aim of our study is to investigate the clinical, laboratory and radiological findings of children with Mycoplasma seropositive pneumonia between 3 months-17 years of age retrospectively.

Material and method: Between February 2015 and July 2016, 51 patients who diagnosed with pneumonia in our hospital were included in the study. Blood samples for hemogram, C reactive protein (CRP) and sedimentation were obtained; lung graphs were taken. Chi-square test and Fisher Exact Chi-square test were used for comparison of descriptive statistics (mean, standard deviation, frequency, percentage) as well as qualitative data for evaluation of study data.

Results: The mean ages of the patients was 9.0±3.9 years. 49.1% of the patients were girls, 50.9% were boys. Nine of the children (17.6%) are younger than 5 years, 23 children (45%) are between 6-10 years old,19 children (37.4%) are over 10 yearsold. The mean white blood cell score was calculated as 9745.7±4964.2, while the CRP value 27.4±54.8 mg/L, the neutrophile value as 56.9±14.7% and the sedimentation value as 26.1±28.9. A statistically significant correlation was found between age and white blood cell, CRP values ($p<0.05$). While 37.2% of the patients were diagnosed in spring, 47.1% in summer, 2% in autumn and 13.7% in winter. Cough in 92.1% of patients and fever in 58.8% of patients were the most common symptoms. The other common symptoms were 7.8% with nasal discharge, 5.8% with weakness, 3.9% with earache and sputum cough. 31.4% of the patients were treated with clarithromycin with amoxicillin-clavunate and 33.4% of the patients with clarithromycin alone. 13 of 51 patients (25.5%) were hospitalized. It was found that patients had 25.5% perivascular thickening, 19.7% lober pneumonia, and 15.7% perihilarinfiltration.

Conclusion: M.pneumoniae should be kept in mind among agents of pneumonia especially 6 years and older patients. It also be considered as a lober pneumonia agent in this age group.

Keywords: Child, mycoplasma, pneumonia

DAVID 1 OPERATION OF A PATIENT WITH LARSEN SYNDROME

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OP-45

Introduction: Larsen syndrome is a rare genetic connective tissue disorder. It is characterized with joint hypermobility, congenital joint dislocations, spinal deformity, specific facial features. Aneursymatic changes may be seen in aortic root that can result in mortal aortic insufficiencies. David-1 is an aortic valve sparing operation generally preferred in cases whom aortic valve structure is preserved, aortic insufficiency present due to aneurysm of aortic root. In this report we aimed to present a case with Larsen syndrome having aortic root aneurysm, aortic insufficiency that underwent David-1 operation.

Case report: Ten years old girl admitted to pediatrician with dyspnea and easy fatigue. In physical examination 2/6 diastolic murmur was heard at mesocardiac region, aortic root dilation was seen on chest X-Ray. She was referred to cardiologist and dilation of left chambers, aneurysm of aortic root, 1-2-degree aortic insufficiency despite 3 cusps of aortic valve were detected in echocardiogram. In past medical history, Larsen syndrome diagnosis was given in infancy period due to specific facial features like wide flat forehead, depressed nasal bridge, lower hairline, hypermobility of joints, thoracal lordosis. She was discussed in common meeting of pediatric cardiology and cardiovascular surgery: David-1 operation was decided to be done as a treatment. Aortic valve was spared and 14 dacron graft ascending aorta replacement was used. Coronary arteries were dislocated as button shaped and anastomosed to the graft. Therefore, patient's native valve was spared and aneurysm was palliated. He was discharged. Minimal aortic insufficiency was detected after operation.

Conclusion: The patients with aortic root aneurysm, aortic valve insufficiency, if the cusps are normal in structure and have normal mobility David-1 operation has to come to mind as a treatment option. By this way patient's native valve is spared, complications caused by valve replacement are avoided. In addition, patient is saved to use lifelong anticoagulant drugs.

Keywords: David 1, Larsen, child

CLINICAL, LABORATORY AND RADIOLOGICAL EVALUATION OF CHILDREN WITH MYCOPLASMA SEROPOSITIVITE PNEUMONIA RETROSPECTIVELY

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OP-46

Introduction: The aim of our study is to investigate the clinical, laboratory and radiological findings of children with Mycoplasma seropositive pneumonia between 3 months-17 years of age retrospectively.

Material and method: Between February 2015 and July 2016, 51 patients who diagnosed with pneumonia in our hospital were included in the study. Blood samples for hemogram, C reactive protein(CRP) and sedimentation were obtained; lung graphs were taken. Chi-square test and Fisher Exact Chi-square test were used for comparison of descriptive statistics (mean, standard deviation, frequency, percentage) as well as qualitative data for evaluation of study data.

Results: The mean ages of the patients was 9.0±3.9 years. 49.1% of the patients were girls, 50.9% were boys. Nine of the children (17.6%) are younger than 5 years, 23 children (45%) are between 6-10 years old,19 children (37.4%) are over 10 yearsold. The mean white blood cell score was calculated as 9745.7±4964.2, while the CRP value 27.4±54.8 mg/L, the neutrophile value as 56.9±14.7% and the sedimentation value as 26.1±28.9. A statistically significant correlation was found between age and white blood cell, CRP values ($p<0.05$). While 37.2% of the patients were diagnosed in spring, 47.1% in summer, 2% in autumn and 13.7% in winter. Cough in 92.1% of patients and fever in 58.8% of patients were the most common symptoms. The other common symptoms were 7.8% with nasal discharge, 5.8% with weakness, 3.9% with earache and sputum cough. 31.4% of the patients were treated with clarithromycin with amoxicillin-clavunate and 33.4% of the patients with clarithromycin alone. 13 of 51 patients (25.5%) were hospitalized. It was found that patients had 25.5% perivascular thickening, 19.7% lober pneumonia, and 15.7% perihilarinfiltration.

Conclusion: M.pneumoniae should be kept in mind among agents of pneumonia especially 6 years and older patients. It also be considered as a lober pneumonia agent in this age group.

Keywords: Child, mycoplasma, pneumonia

RELATION TO 25 (OH) VITAMIN D LEVEL AND DISEASE STAGE IN CHILDREN WITH CHRONIC KIDNEY DISEASE

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OP-47

Introduction: Our aim in this study was to evaluate the relationship between vitamin D 25(OH)D status and disease progression in chronic kidney disease (CKD) stage 2-5 predialysis patients.

Material and method: Between March 2017 and January 2018, 52 predialysis patients who were diagnosed with CKD. According to CKD GFR 60-89 Stage 2, 59-30 Stage 3, 29-15 Stage 4, <15 Stage 5 was staged. Vitamin D was found to be >30 ng/mL normal, 15-30 ng/mL insufficient and <15 ng/mL deficient according to vitamin D levels (K / DOQI, 2003).

Results: Fifty two predialysis patients with GFR <90 mL/min/1.73m^2 were included in the study. 30 were male and 22 were female. Twelve (23.1%) of 52 children with CKD were stage 2, 19 (36.5%) stage 3, 17 (32.6%) stage 4 and 4 (7.6%) stage 5. Patients were divided into two groups A and B according to CKD stage. Group A consisted of CKD stage 2-3, group B consisted of CKD stage 4-5. 6 (11.5%) patients had vitamin D deficiency and 5 (9.6%) patients had vitamin D insufficiency. There was no difference in vitamin D levels between group A (23.58±4.94) and group B (25.58±7.62) patients (p=0.381). No statistically significant difference was found between vitamin D deficiency and insufficiency frequency between the two groups (p=0.207, p=0.342).

Conclusion: 25 (OH) vitamin D deficiency 6 (11.5%) was frequently detected in children with CKD children. The prevalence of vitamin D deficiency in healthy children in Turkey is referred to as 10-20%. This value showed that vitamin D defficiency in CKD was not lower than in the normal population. There was no relation with the progression of chronic kidney disease.

Keywords: Chronic kidney disease, 25(OH)D vitamin deficiency, child

PATIENTS WITH GAUCHER DISEASE: RESULTS OF LONG FOLLOW UP

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OP-48

Gaucher's Disease (GD) is a lysosomal storage disorder characterized by beta-glucoserebrosidase enzyme deficiency. The most common findings are organomegaly, anemia, thrombocytopenia and bone involvement. We aimed to evaluate the clinical, laboratory findings, response to treatment of patients with GH during long follow up.

A total of 42 patients were included in the study. Thirty-four patients were GH Type 1, 7 patients were Gaucher Type 2 and 1 patient was Type 3. The mean age of the patients was 25.5 years (8 months-65 years) and the mean age at diagnosis was 12 years (8 months-65 years). The most frequent complaints of the patients were abdominal distention and cytopenia. Anemia and thrombocytopenia were the most common findings. Splenomegaly was present in 33 patients (80%). Splenectomy detected in 6 patients. Eight (19%) patients had osteoporosis. Painful bone crises were observed in 5 patients (12%). Enzyme replacement therapy (ERT) was the first treatment option in patients with GH types 1 and 3. Six patients received substrate reduction therapy after ERT. Improvement of hematologic findings, organ volumes and bone findings were observed with ERT. Six patients died during the follow-up period.

Hematological and visceral findings seen in GD can be observed in many diseases. For this reason, a diagnosis delay can be seen. Regular and, multidisciplinary follow-up is important for diagnosis of patients and for treatment. Early diagnosis and early treatment are important to reduce morbidity and mortality of disease.

Keywords: Gaucher, cytopenia,organomegaly, enyzme replacement therapy

EVALUATION OF FOREIGN BODY INGESTION ADMITTED TO THE PEDIATRIC EMERGENCY SERVICE

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OP-49

Introduction: Foreign body ingestion and aspiration are common in infants who take goods to their mouths. The study was carried out to evaluate the general characteristics of the patients admitted with complaint of foreign body swallowing and to increase awareness of our community, and to decrease the number of cases suffering from foreign body swallowing.

Material and method: A total of 76 patients who were admitted to the Pediatric Emergency Care (PEC) of Erciyes University Medical Faculty between January and June 2017 due to foreign body ingestion were evaluated. The age, gender, type of foreign body, characteristics of complaints, time interval between PEC admission and accident, localization of foreign body, treatment approaches were evaluated.

Results: Of the 76 patients, 28 were female and 48 were male.77 % of our cases were between 1-3 years old, 23% were between 3-6 years old. In our study, we detected foreign objects such as coins, seeds, wires, toy pieces, balls, hooks, pins, teeth, fasteners, bags, beans, peanuts. We found that 77% of the patients were admitted to hospital in the first 24 hours of accident, 18% were in the first week of accidental ingestion. Interestingly, 3 patients were diagnosed with a careful medical history because of high suspicion as foreign body ingestion in the first month of accident. Half of the patients were asymptomatic. There was cough in 26 %, wheezing in 18%, dysphagia in 2% and vomiting in 1% of patients. Forty patients required intervention (endoscopy, bronchoscopy etc.) to remove foreign body.

Conclusion: Ingested foreign bodies usually excreted with the stool spontaneously without any intervention. Tracheobronchial foreign body is an emergency situation required urgent intervention. We should advise family do not give goods and foods to children who are unable to realize dangerous situations, and also educate our community using TV, social media and magazines in terms of common preventable home accidents such as foreign body ingestion.

Keywords: Child, foreign body ingestion, aspiration

PATIENTS WITH GAUCHER DISEASE: RESULTS OF LONG FOLLOW UP

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OP-50

Introduction: 2-10 % of multiple sclerosis manifests in childhood. MS starting before puberty is extremely rare and defined as early onset MS. The difficulties in diagnosing MS may lead to delay of treatment and significant disability. MRI findings have a significant role in the diagnosis and follow up.

Material and method: In this study MRI findings of 6 radiology proven early onset (<12 years) MS patients are documented.

Results: All of the 6 patients demonstrated periventriculary white matter lesions perpendicular to corpus callosum, 4 demonstrated subcortical white matter lesions, 3 demonstrated corpus callozum, 1 demostrated globus pallidus, 1 demonstrated internal capsule posterior limb,1 demonstrated thalamus, 2 demonstrated brainstem, 2 demonstrated dentat nucleus lesions. Cervical spinal cord involvement is seen in 3 cases. A case with cervical cord involvement also had optic neuritis. In 1 case contrast enhancement indicating active plaques was seen.

Conclusion: Early onset MS must be kept in mind for the diagnosis of patients referring to the hospital with neurologic syptoms at prepubertal ages.

Keywords: Early onset MS, Pediatric MS, MRI of pediatric MS

THE INVESTIGATION OF PATIENTS PRESENTED WITH FREQUENT INFECTIONS TO PEDIATRIC IMMUNOLOGY OUTPATIENT CLINIC

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OP-51

Introduction: We aimed to determine the primary underlying immunodeficiencies and other underlying causes and to determine the risk factors in our clinic with frequent infection history.

Material and method: Children who were referred to our immunology clinic with a history of frequent infection were evaluated for etiologic reasons.

Results: 42% (n=42) of the cases were girls and 58% (n=58) of the cases. In 25% (n=25) of the children, atopy story and 26% (n=26) of the children were found to have self- atopy. The cases included in the study due to frequent infections ranged from 3 months to 190 months. In the case of patients; More than eight upper respiratory tract infections in 94% (n=94), two or more lower respiratory tract infections in 18% (n=18), two or more infections in 13% sinusitis, in 15% (n=15), two or more otitis was found. 25% (n=25) had a history of hospitalization due to infection. Classification of patients according to underlying causes; (n=26) had an underlying atopy, 8% (n=8) adenoid vegetation, 18% (n=18) gastroesophageal reflux and 12% and 36% (n=36) of children with frequent infections due to various risk factors without any underlying cause.

Keywords: Primary immune deficiency, risk factors, history of frequent infection

OUR PRACTICE OF ANESTHESIA IN PEDIATRIC CONGENITAL HEART SURGERY

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OP-52

Introduction: Undergoing surgery for congenital heart disease in pediatric patients aimed to be investigated.

Material and method: Patients undergoing congenital heart surgery in 2016-2017 years were retrospectively reviewed.

Results: A total of 183 patients were included in the operation. The study population consisted of 101 (55.19%) male, 82 (44.81%) female children and 104 (%56.83) of them were one year old and 31(16.93%) in newborn. The most frequently performed operation was ventricular septal defect (15.84 %).

Conclusion: Pediatric congenital heart surgery in surgical aplications are hosting many challenges for anesthetists.

Keywords: Pediatric cardiac surgery, anesthesia, congenital heart disease

SERIAL MEASUREMENTS OF TIBIAL BONE SPEED OF SOUND IN PREMATURE INFANTS AND CORRELATIONS WITH SERUM CALCIUM, PHOSPHORUS, AND ALKALINE PHOSPHATASE LEVELS

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OP-53

Introduction: To investigate the relationship between serial measurements of frequently used biochemical parameters in osteopenia of prematurity (OP) screening and bone density variations over time in premature infants.

Material and method: Preterm infants who underwent serial measurements of tibial bone speed of sound (SoS) using quantitative ultrasonography in postnatal week 1, 3, and 6 were included. Serum calcium (Ca), phosphorus (P), and alkaline phosphatase (ALP) levels of the preterm infants were measured at the same time and studied retrospectively.

Results: Fifty premature infants ≤35 weeks of gestational age were included in the study. A positive correlation was detected between serum P levels and SoS values at 1- and 6-week follow-ups (r=0.55, p=0.0001 and Rho=0.67, p=0.0001, respectively). SoS values in postnatal week 3 were correlated with SoS values in week 1 and week 6 (Rho=0.67, p=0.0001 and Rho=0.65, p=0.0001, respectively). Serum Ca, P, and ALP levels measured in postnatal week 1 and 3 were not predictive of the subsequent risk of osteopenia. The SoS value in week 3 (≤2940 m/s) was predictive of the risk of osteopenia in week 6, with sensitivity of 85% and specify of 73% (Area under the curve=0.80, p=0.001).

Conclusion: Serum P levels were correlated with serial measurements of bone SoS values. Bone SoS measurements in postnatal week 3 rather than biochemical parameters measured prior to this period was predictive of the risk of osteopenia in postnatal week 6 when bone density was lower in premature infants.

Keywords: Osteopenia, prematurity, speed of sound, calcium, phosphorus, alkaline phosphatase

Poster Presentation Abstracts

P-1 EVALUATION OF LOWER URINARY TRACT DYSFUNCTION IN CHILDREN WITH ALLERGIC RHINITIS

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P-2 A CASE OF EARLY ONSET SUBACUTE SCLEROSING PANENCEPHALITIS

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P-3 SYRINGOMYELIA AND VITAMIN B12 DEFICIENCY CONCIDENCE CASE PRESENTED WITH HAND AND FINGERS NUMBNESS COMPLAINTS; THE IMPORTANCE OF PHYSICAL EXAMINATION

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P-4 A RARE DISEASE COCKAYNE SYNDROME IN TWO SUBLINGS; CASE REPORT

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P-5 A RARE NEUROCUTANEOUS DISEASE INCONTINENTIA PIGMENTI; CASE REPORT

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P-6 A AGRANULOCYTOSIS CASE DIAGNOSED WITH STURGE WEBER, ASSOCIATED WITH PHENYTOIN TREATMENT

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P-7 ATTENTION TO THE DIFFERENTIAL DIAGNOSIS OF HYPOPIGMENTE LESIONS;TUBEROUS SCLEROSIS AND VITILIGO ASSOCIATION CASE REPORT

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P-8 CULTURE NEGATIVE ENDOCARDITIS CAUSING MITRAL VALVE PERFORATION AND CEREBRAL INFARCTION

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P-9 RICKETS IN CHILDREN WITH CEREBRAL PALSY AND ITS FOLLOW-UP

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P-10 GUILLAIN BARRE SYNDROME VARIANT FACIAL DIPLEGIA AND PARESTHAESIA WHO REFERRED WITH A COMPLAINT OF BILATERAL FACIAL PARALYSIS AND WEAKNESS: A CASE REPORT

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P-11 COMORBITIDY OF PROLONGED JITTERINES, CORTICAL DYSPLASIA AND HETEROTROPIA IN NEONATAL PERIOD: A CASE REPORT

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P-12 GUILLAIN BARRE SYNDROME WHICH DEVELOPED AFTER VARICELLA: A CASE REPORT

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P-13 THREE CASES WITH HYPERIMMUNLOBULIN E SYNDROME DIAGNOSIS DEPENDENT ON DOCK 8 MUTATION THAT ARE MADE ALLOGENIC BONE MARROW TRANSPLANTATION

Murat Cansever[1], Alper Özcan[4], Gülşah Uçan[2], Alperen Vural[5], Sevgi Keleş[3], Ekrem Ünal[4], Musa Karakükcü[4], Talal Chatila[6], Türkan Patiroğlu[1]

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P-14 SEVERE PERTUSSIS PNEUMONIA IN AN INFANT: TREATED WITH EXCHANGE TRANSFUSION: CASE REPORT

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P-15 ACUTE LIVER TOXICITY DUE TO ORAL ABSORPTION OF YELLOW PHOSPHORUS: A CASE REPORT

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P-16 TRACHEO-OESOPHAGEAL FISTULA: HOW CAN IT BECOME LATE-ONSET? A CASE REPORT

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P-17 LATE-ONSET HYPERTHROPHIC PYLORIC STENOSIS: A CASE REPORT

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P-18 PEPTIC ULCER DEVELOPING DUE TO CONSUMING EXCESSIVE COLA: A CASE REPORT

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P-19 CO-EXISTENCE OF HEREDITARY SPHEROCYTOSIS AND AUTOIMMUNE HEPATITIS: A CASE REPORT

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P-20 LIVER TRANSPLANTATION TO AN INFANT DIAGNOSED WITH CRIGLER NAJJAR TYPE I FROM THE FATHER WITH GILBERT'S SYNDROME: A CASE REPORT

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P-21 POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME EXPERIENCE AT A PEDIATRIC INTENSIVE CARE UNIT

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P-22 A RARE DIAGNOSIS: CORNELIA DE LANGE SYNDROME

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P-23 ABNORMAL COAGULATION TEST IN A CHILD WITH HODGKIN'S LYMPHOMA

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P-24 CASE REPORT: MICROVILLUS INCLUSION DISEASE

Elif Keleştemur[1], Selin Sevinç[1], Ceyda Tuna Kirsaçlioğlu[2], Cansu Altuntaş[2], Engin Demir[2], Zarife Kuloğlu[2], Arzu Ensari[3], Aydan Kansu[2]
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P-25 PSEUDOTUMOR CEREBRI SECONDARY TO RETINOIC ACID IN CHILDHOOD: CASE PRESENTATION

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