

mitral valve. Blood culture was negative after the first 48h of linezolid, however, ruptured chordae tendineae of the mitral valve conditioned dilatation of the left cavities with moderate mitral insufficiency (MI). Captopril was started but not tolerated by hypotension. Discharged at 72 days of life asymptomatic without medication. At 13 months, favorable evolution, with mild MI without left cavities dilation and no osteoarticular sequelae.

Discussion: Although endocarditis is a rare diagnosis in the NB, the presence of central venous access, persistent bacteriemia, and a new murmur, even in the absence of structural heart disease, should raise suspicion for this entity. The presence of an infectious focus such as osteomyelitis does not preclude the presence of another serious disease such as endocarditis. Early ultrasound assessment and extensive targeted investigation can avoid associated serious complications and reduce morbidity and mortality.

ID: 294/Poster Viewing 2: 39

Poster Presentation

Group B Streptococcus Late-Onset Disease—A Uncommon Clinical Presentation

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Introduction: Group B streptococcus (GBS) is a leading cause of severe neonatal infections. Late-onset disease (LOD) can be defined as GBS disease that presents at the age of 6 to 89 days. The infection often presents with unspecific symptoms, and the most common presentation is bacteraemia with meningitis. We report a case of an uncommon clinical presentation of LOD.

Case description: A 29 days old female infant presents in an emergency room with fever, irritability, and unilateral periorbital edema with few hours of evolution. She was born at 41 weeks by caesarean to a GBS-negative mother, with a normal pregnancy. Ocular examination of the right eye revealed erythema, swelling, and pain, normal ocular movements, without proptosis. Initial investigation has shown leucocytosis with neutrophilia (leucocytes 23.300/uL, neutrophils 16.000/uL), C-reactive protein 1.46 mg/dL and procalcitonin 0,08ng/mL. She was admitted to the neonatal care unit, and blood and urine cultures were obtained. She was empirically started intravenous ampicillin and cefotaxime and topic chloramphenicol for presumed periorbital cellulitis. On the third day, blood culture was positive for GBS. Cefotaxime was discontinued, and the infant completed 14-day of intravenous ampicillin. The infant clinically recovered only had a fever on the first day, and the periorbital inflammatory signs improved after a few days of treatment. She was discharged on the 14th day, without any sequelae.

Conclusion: Late-onset disease can have less common clinical presentations, such as localized infections. GBS should be considered as an etiological agent in an infant presenting with localized infections such as cellulitis.

ID: 160/Poster Viewing 2: 40

Poster Presentation

The Detection of Mesenteric Ischemia in Preterm Infants with Near-Infrared Spectroscopy Data

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Introduction. Necrotizing enterocolitis is a challenge in the care of preterm infants. Particularly acute is the question about the timely diagnosis of the early stage of NEC during progressive increasing of enteral feeding.

Purpose. The aim of the research was to determine of absolute data of abdominal oxygenation and calculated indices after NIRS.

Materials and Methods. Continuous NIRS was provided in 58 newborns with gestational age 28–32 weeks (average weight 1285 ± 250 g) on 10–30 day during progressive enhancement of enteral feeding. Data were analyzed with a glance of the velocity of feeding volume and its type (breast milk vs. milk formula for preterm infants). We used INVOS 5100 C (Covidien, USA) with abdominal saturation measurements over the anterior abdominal wall. Exclusion criteria were unstable hemodynamic, artificial ventilation, and severe infection. Splanchnic-cerebral oxygenation ratio ($arSO_2/crSO_2$), fractional tissue oxygen extraction ($FTOE = (SpO_2 - rcSO_2)/SpO_2$) and burden of hypoxia (%-hours) were counted.

Results and discussion. NIRS technology can detect launching ischemia during progressive enlargement of feeding volume. The increasing frequency and time (length) of mesenteric ischemia were observed in all infants after a high rate of increase of feeding volume (more than 10 ml/kg/day). There was an increasing of %-hour на 20% with EBM and 23% with MF. The tight correlation with feeding volume ranging from 0,79 to 0,83, respectively, was revealed. The duration of severe abdominal ischemia period (less 40%) consisted of 33% of the total burden of hypoxia (%-hour). A significant difference between abdominal NIRS data depending on the type of milk was not revealed. Splanchnic-cerebral oxygenation ratio decreased lower of references threshold ($<0,7$) and ranging from 0,54 to 0,61 in case of more than 10 ml/kg/day feeding volume increasing rate. FTOE rising was founded. Moreover, the duration and level of this changing of FTOE did not depend on the kind of enteral substrate and increasing of feeding volume rate.

Conclusion: NIRS technology is feasible and useful noninvasive method for application in intensive care of preterm infants. Abdominal NIRS data are an early indicator of splanchnic ischemia/NEC and maybe the base for feeding decision-making.

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