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Abstract Book & Congress Information

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[P-068]**Recurrent abdominal pain: Multiseptated gall bladder**Emrah Aydın

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Aim: To present a patient was admitted to our clinic with recurrent abdominal pain and diagnosed as multiseptated gall bladder.

Case: Seven years old boy admitted to our department with recurrent abdominal pain and diagnosed as multiple septation in gall bladder. All laboratory values were normal. There was no sludge in ultrasound. MRCP didn't show any congenital abnormality. He has been abdominal pain only once in a time for the last year.

Conclusion: Although a rare condition in childhood, patients with multiseptated gallbladder should be followed unless without clinical symptoms.

Keywords: multiseptate gall bladder, abdominal pain

[P-069]**A rare cause of acute abdomen in prematurity: Intussusception**Emrah Aydın

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Aim: To present a neonatal referred to our clinic due to acute abdomen and diagnosed as intussusception.

Case: A newborn who didn't have any prenatal problem born at 34th gestational weeks with normal spontaneous vaginal way, weighed 2500gr was monitored in intensive care unit for 10 days. Except being intubated for one day he was well on follow up and discharged to home. One week after discharge he was referred to our clinic with bilious vomiting and rectal bleeding. At physical examination he had normoactive bowel sounds and abdominal distension with tenderness on the right lower quadrant without defense or rebounds. White blood cell count was 22000/mm³ besides other values were normal. There was no free air under the diaphragm at abdominal radiography but abdominal ultrasound revealed 2cm ileocolic intussusception in the right lower quadrant. Operation decision were taken and ileocolic intussusception was revealed. Manual reduction was performed and no more pathology was found. He was fed 2 days after operation and discharged 8 days after. He was free of any symptom for the last 6 months.

Conclusion: Intussusception should be remembered in neonatal admitted with bilious vomiting and rectal bleeding besides necrotizing enterocolitis.

Keywords: Intussusception, acute abdomen, newborn

[P-070]**To analyse effect of tracheal occlusion in the development of lung in nitrofen induced congenital diaphragmatic hernia model**Emrah Aydın

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Aim: Congenital diaphragmatic hernia is a congenital abnormality with high morbidity and mortality. Lung hypoplasia and pulmonary hypertension is the leading cause of death. In our study we aim to analyse the effect of tracheal occlusion in the development of lung in nitrofen induced congenital diaphragmatic hernia.

Method: Same age group Wistar albino rats were mated. Rats were included in the study whose vaginal smear showed sperm in. It was zero day of pregnancy in which sperm was shown in vaginal smear. At the 9th day of pregnancy 100mg Nitrofen was introduced to pregnant rats by gavage and at the 18th day of pregnancy laparotomy and hysterotomy was performed. Tracheal occlusion was performed one of two fetuses and the other one was accepted as control group. At 22nd day of pregnancy laparotomy and hysterotomy was performed and lungs of fetuses were excised. Development of lungs were analysed histopathologically.

Results: Ten (%59) of 17 fetuses had congenital diaphragmatic hernia. Five of them were within control group and 5 were within surgical group. Defect of diaphragm was right sided in 5 of cases, left in 3 and bilateral in 2. Liver had tendency to thoracic cavity in all. Development of lung was stopped in psödoglandüler stage in 2 of cases, in psödoglandüler-early canalicular stage in 2 and early canalicular in 1 of cases in control group while late canalicular-early sacular in 2, sacular in 1 and early canalicular in 2 of cases in surgical group.

Conclusion: Nitrofen induced congenital diaphragmatic hernia is an efficient model but it cannot simulate Bochdalek's hernia. Tracheal occlusion in nitrofen induced congenital diaphragmatic hernia model increases lung development.

Keywords: Congenital diaphragmatic hernia, nitrofen, tracheal occlusion

[P-071]**Actual View to Diagnosis of Cystic Fibrosis**Emre Özer¹, Ayşe Ayzıt Atabek², Fatma Deniz Uslu Aygün³, Haluk Çokuğraş²¹Istanbul University, Cerrahpasa Medical Faculty, Department of Pediatrics, Istanbul, TURKEY²Istanbul University Cerrahpasa Medical Faculty, Department of Pediatrics Division of Pneumology, Istanbul, Turkey³Istanbul University Cerrahpasa Medical Faculty, Department of Pediatrics Division of Infectious Diseases, Istanbul, Turkey

A six-weeks old girl who was treated for sepsis and meconium ileus was admitted to our hospital with symptoms of vomiting and cough. Physical examination