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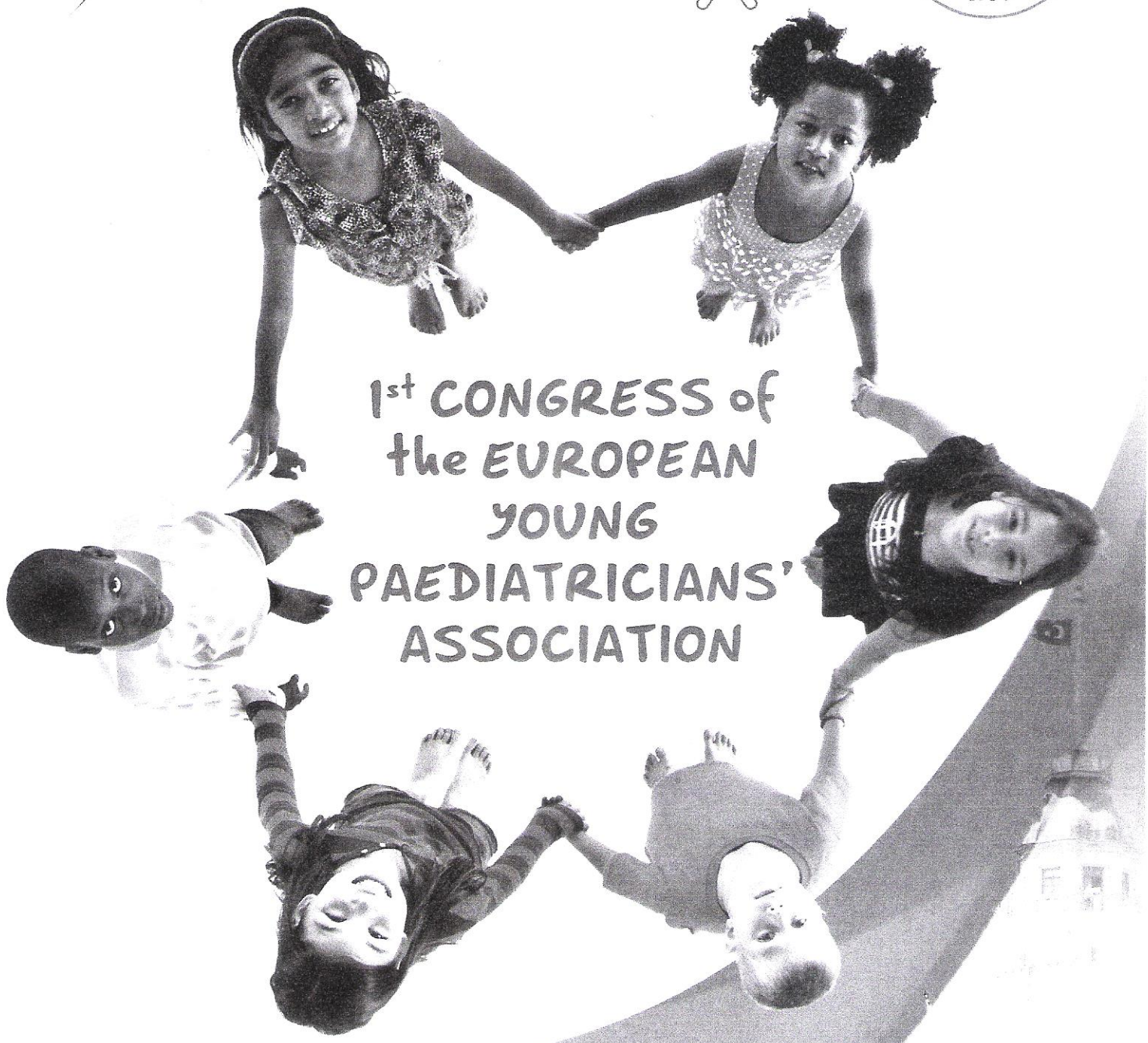

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[P-065]
Necrotizing enterocolitis affecting late preterm and term neonates

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Background&Aims: Term and late preterm neonates are considerably less prone to necrotizing enterocolitis (NEC), which is the most common gastrointestinal emergency in preterms. The aim of this study was to investigate a cluster of late preterm and term neonates (gestational age >= 34 weeks) with NEC symptomatology in a maternity hospital during a period of 14 months.

Methods: Medical records of neonates with modified Bell stage >= IB NEC were reviewed, in addition to microbiological and environmental investigation. Variables collected included demographics, maternal/ delivery and neonatal factors, medications, procedures and feeding practices.

Results: Out of 1841 late preterm and term neonates, 20 presented with NEC symptomatology at mean 4.6 days (2-8 days). Mean (± SD) birthweight was 2529.3 (493.04) grams and mean gestational age was 36.96 (1.48) weeks. Most (14/20) were born by caesarean delivery. Nearly all (19/20) resulted from high risk pregnancies (late preterm, twin, intrauterine growth restriction, in vitro fertilization, prolonged rupture of membranes, placenta praevia and maternal diseases – preeclampsia, gestational diabetes, thyroid disease, thrombophilia, autoimmune hepatitis, epilepsy, Turner syndrome and Hodgkin's disease) and received postpartum intermediate care. No neonate had congenital cardiac disease and none required intubation, umbilical artery catheterization or blood transfusion. Apgar scores were equal or more than $7^{1'}$ and $9^{5'}$. All were formula fed (exclusively or partly). Ten neonates with suspected NEC (stage IB) had mild clinical course and were treated with antibiotics for less than 10 days with gradual resumption of feedings. Ten other neonates had stage >= II NEC, eight of whom underwent surgery, with no fatality. NEC lesions were mainly located in the colon. No pathogen could be identified.

Conclusions: Late preterm and term neonates with predisposing clinical conditions, requiring postpartum intermediate care, are susceptible to NEC; feeding with breast milk seems to be the strongest preventive measure.

Keywords: necrotizing enterocolitis, late preterm, term

[P-066]
Preference of the Surgeon: The patient or the radiologist? Desmoid tumor

Emrah Aydın
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Aim: To present diagnosis of desmoid tumor in a patient with recurrent upper abdominal pain and mass with normal ultrasound findings.

Case: Fifteen-years-old boy had been operated due to acute appendicitis and intraabdominal abscess four years ago was admitted to our clinic with complaints of right upper quadrant pain and swelling for two years. Many ultrasound were performed but nothing was found. There was 6cm thickening and heterogeneity of right rectus abdominis muscle with a suspicious mass neighboring the liver at CT and MRI. He was operated and pathology was reported as desmoid tumor.

Conclusion: Even basic studies doesn't reveal any pathology if the patient's complaint goes on surgeon must be aggressive for diagnosis in order not to miss out malignancies.

Keywords: desmoid tumor, desmoid type fibromatosis, aggressive fibromatosis

[P-067]
One Month Ongoing Intussusception

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Aim: To present a case operated due to suspected intussusception and diagnosed as lymphoma

Case: A six years old boy was admitted tour clinic with a complaint of colicky abdominal pain and bilious vomiting for the last month. No pathology was found at his examinations in other clinics. He had tenderness and defense at physical examination but no mass was palpated. All biochemical parameters were normal except leukocytosis. Abdominal X-ray was normal. 3cm long intussusception was found at ileocecal part at ultrasound. He had colicky abdominal pain at his follow up and bilious content at nasogastric tube. Pneumotic reduction was performed but no intussusception was found. Air passage to the proximal part of intestine was normal but there was a mass image at ileocecal valve. Edematous and pseudomembranous intestinal segment was found. There was multiple lymph nodes at mesenteric area. Ileoascendostomy was performed. Pathology was reported as Burkitt lymphoma. He received two cycles of chemotherapy at post-operative period. He is still event free for the last year.

Conclusion: One must remember that lymphoma can be the lead point in intussusception.

Keywords: intussusception, lymphoma