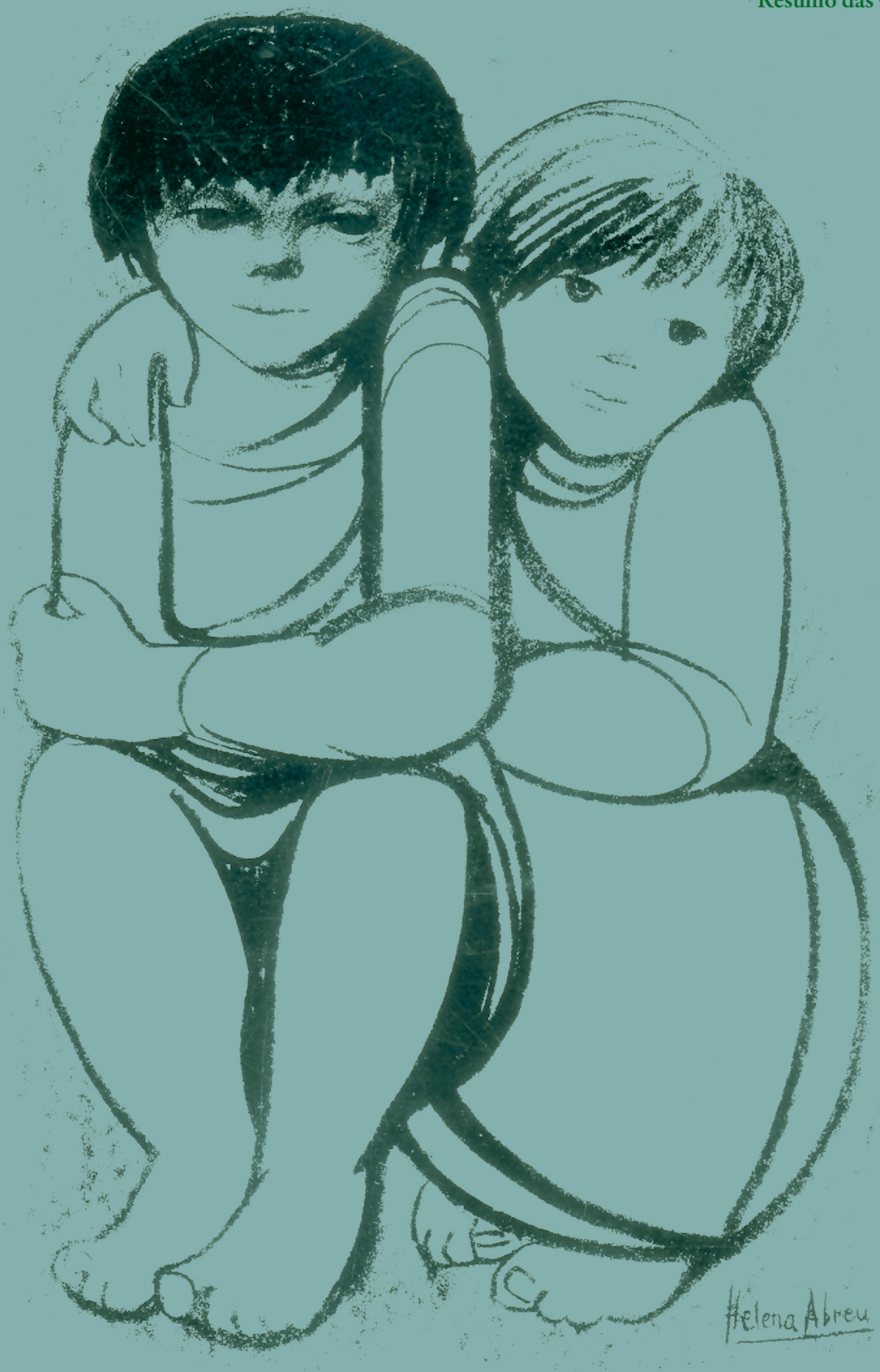
NASCER E CRESCER

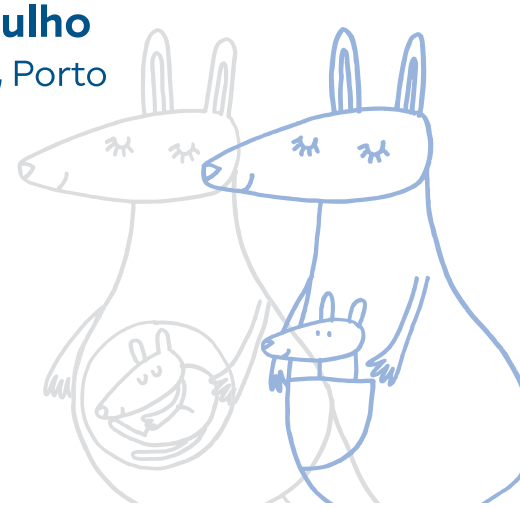
Birth and Growth Medical Journal

Suplemento I
2019

CMIN SUMMIT'19
Desafios da Doença Crónica
Resumo das Comunicações



CMIN SUMMIT '19
5 | 6 julho
ICBAS, Porto
DESAFIOS DA DOENÇA CRÓNICA



Melhor Comunicação Oral

Qualidade dos registos de acuidade visual no exame global de saúde dos cinco anos em três Unidades de Saúde Familiar do Grande Porto: melhoria contínua de qualidade

Sara Quelha[1], Mafalda Silva[2], Margarida Pereira[3], Sandra Ventura[4]

[1] Unidade Saúde Familiar Arca d`Água; ACeS Porto Oriental
[2] Unidade Saúde Familiar Barão Nova Sintra; ACeS Porto Oriental
[3] Unidade Saúde Familiar Porto Centro; ACeS Porto Oriental
[4] Unidade Saúde Familiar Faria Guimarães; ACeS Porto Oriental

Menção Honrosa em ex aequo

Cefalohematoma progressivo - um sinal de alarme a valorizar

Catarina Matos de Figueiredo[1], Jorge Abreu Ferreira[1], Catarina Valpaços[1], Sara Morais[2], Luísa Lopes[1], Elisa Proença[1], Ana Novo[1]

[1] Serviço de Neonatologia e Cuidados Intensivos Pediátricos, Unidade de Neonatologia, Centro Materno Infantil do Norte, Centro Hospitalar do Porto;
[2] Serviço de Hematologia Clínica, Centro Hospitalar do Porto

Hemangioma do cordão e persistência do úraco: uma associação Inesperada

Ana Lachado[1], Fábio Barroso[1], Rafael Brás[2], Mariana Alves[2], Maria do Céu Rodrigues[2], Pedro Roquete[3], Ana Coelho[4], Sofia Marinho[4], Fátima Carvalho[4], Elisa Proença[1], Céu Mota[1]

[1]Serviço de Neonatologia e Cuidados Intensivos Pediátricos, Unidade de Neonatologia, Centro Materno Infantil do Norte, Centro Hospitalar do Porto
[2] Serviço de Obstetrícia, Centro Materno Infantil do Norte, Centro Hospitalar do Porto
[3] Laboratório de Anatomia Patológica, HicisLab
[4] Serviço de Cirurgia Pediátrica, Centro Materno Infantil do Norte, Centro Hospitalar do Porto

Melhor Comunicação Oral

Gastroenterite Aguda: Abordagem num Hospital Central 2 anos após as recomendações da ESPGHAN

Rafael Figueiredo[1], Liliana Teixeira[1], Helena Moreira Silva[1], Ana Ramos[1]

[1] Serviço de Pediatria do Centro Materno Infantil do Norte, Centro Hospitalar do Porto

Menção Honrosa em ex aequo

Terapêutica por Perfusão Subcutânea Contínua de Insulina – A Experiência de um Centro Pediátrico Nível III

Catarina Matos de Figueiredo[1], Ekaterina Popik[1], Joana Freitas[1], Helena Cardoso[1], Helena Cardoso[1], Maria João Oliveira[1], Teresa Borges[1]

[1] Unidade de Endocrinologia Pediátrica, Serviço de Pediatria do Centro Materno Infantil do Norte, Centro Hospitalar do Porto

Comportamentos de Risco na Adolescência - Retrato de uma Unidade de Saúde Familiar

Inês Medeiros[1], Ana Ribeiro[2], Eloína Bravo[2]

[1] Serviço de Pediatria do Hospital de Braga
[2] Unidade de Saúde Familiar São João de Braga

NASCER E CRESCER
BIRTH AND GROWTH MEDICAL JOURNAL

Year | 2019 **Volume |** XXVIII **Number |** Supplement I

Editor-in-Chief | Sílvia Álvares; **Associated Editor |** Artur Alegria; **Executive Editor |** Luísa Lobato

President of the Administrative Council of Centro Hospitalar Universitário do Porto | Paulo Barbosa

Quarterly Publication, indexed and summarized by

Catálogo LATINDEX EMBASE / Excerpta Médica
DOAJ
REDIB
Repositório Científico do CHP:
http://repositorio.chporto.pt
SARC – Serviço de Alojamento de Revistas Científicas:
http://revistas.rcaap.pt/nascercrescer
SciELO

Graphic Designer

bmais comunicação

Graphic execution and layout

Papelmunde
V. N. de Famalicão

Editing

Joana Cavaco Silva

E-ISSN

2183-9417

Legal deposit

4346/91

Publisher

Departamento de Ensino, Formação e Investigação
Centro Hospitalar Universitário do Porto
Largo do Prof. Abel Salazar – 4099-001 Porto
Phone: (+351) 222 077 500
Mobile Phone: (+351) 915 676 516
nascerecrescer@chporto.min-saude.pt

APPDA-Norte, Associação Portuguesa para o Autismo – Norte; BRHC, Bristol Royal Hospital for Children; C.H.U. Insular-Materno Infantil, Complejo Hospitalario Universitario Insular-Materno Infantil; CHEDV, Centro Hospitalar Entre Douro e Vouga; CHMA, Centro Hospitalar Médio Ave; CHPVVC, Centro Hospitalar da Póvoa de Varzim-Vila do Conde; CHTMAD, Centro Hospitalar de Trás-os-Montes e Alto Douro; CHTS, Centro Hospitalar do Tâmega e Sousa; CHUC, Centro Hospitalar e Universitário de Coimbra; CHUCB, Centro Hospitalar Universitário Cova da Beira; CHUP, Centro Hospitalr Universitário do Porto CHUSJ, Centro Hospitalar Universitário São João; CHVNG/E, Centro Hospitalar de Vila Nova de Gaia/Espinho; CMIN, Centro Materno-Infantil do Norte; CMP, Centro Materno Pediátrico; EFCNI, European Foundation for the Care of Newborn Infants; ESS-PPORTO, Escola Superior de Saúde do Politécnico do Porto; FCS-UBI, Faculdade de Ciências da Saúde – Universidade da Beira Interior; FM-UFMG, Faculdade de Medicina da Universidade Federal de Minas Gerais; FMUP, Faculdade de Medicina da Universidade do Porto; HB, Hospital de Braga; HSMM, Hospital Santa Maria Maior; ICBAS-UP, Instituto de Ciências Biomédicas de Abel Salazar – Universidade do Porto; IPOPFG, Instituto Português de Oncologia do Porto, Francisco Gentil; ISPUP-UP, Instituto de Saúde Pública da Universidade do Porto; SPAP, Sociedade Portuguesa de Alergologia Pediátrica; UCIBIO - Applied Molecular Biosciences Unit; ULSAM, Unidade Local de Saúde do Alto Minho; ULSM, Unidade Local de Saúde de Matosinhos; UMIB, Unidade Multidisciplinar de Investigação Biomédica; UMinho, Universidade do Minho; UP, Universidade do Porto

Revista isenta de registo no ERC ao abrigo do Decreto Regulamentar n.º 8/99, de 9 de junho nos termos do artº 12, nº1, alínea a)

Índice/Summary

PEDIATRIA

COMUNICAÇÕES ORAIS

PED_0219 Attention deficit/hyperactivity symptoms and sleep habits among preschoolers: is there an association?
PED_0319 Left ventricular noncompaction in a pediatric population
PED_0619 Invasive meningococcal disease – retrospective study
PED_0719 Hospitalization for cystic fibrosis in a Portuguese tertiary hospital in the last years
PED_0919 Therapeutic usefulness of pediatric flexible bronchoscopy: a descriptive cross-sectional retrospective study
PED_1119 Autosomal recessive polycystic kidney disease: Clinical experience of a tertiary center
PED_2519 Congenital anomalies of the kidney and urinary tract: What is the outcome after pre-natal diagnosis?
PED_3519 Inpatient approach by palliative pediatric team in a tertiary hospital
PED_0519 Celiac disease in children: Opposite ends of the same disease spectrum
PED_0819 Continuous subcutaneous insulin infusion soon after type I diabetes diagnosis in preschool children
PED_1019 Growth hormone deficiency: Can a brain MRI predict response to growth hormone replacement therapy?
PED_2619 Maturity-onset diabetes of the young (MODY): disease Spectrum
PED_2719 Iron deficiency anemia – Presenting sign of different gastrointestinal disorders
PED_3019 Celiac disease: Clinical manifestations, diagnosis, and associated conditions
PED_3219 Recurrent *fructoholic* liver disease after liver transplantation in a patient with MSUD
PED_3419 A not-so-innocent vomiting in a newborn – case report

POSTERS

PED_0119 Human milk banks: An underrated solution?
PED_0419 Neonatal hyperbilirubinemia – An etiology to consider
PED_1519 Challenges of ovarian cyst management In neonates - A case report
PED_1819 Anterior mediastinal teratoma – Case report and surgical management
PED_1919 Congenital dacryocystocele
PED_2119 Giant ovarian serous cystadenoma – Case report and surgical management
PED_2219 Neurodevelopmental outcomes in children with periventricular leukomalacia: The role of infection
PED_2819 Caput medusae in a newborn infant
PED_3619 Cow's milk protein allergy with gastrointestinal manifestations in a newborn
PED_1419 Poststreptococcal glomerulonephritis presenting as posterior reversible encephalopathy syndrome: A case report
PED_1619 Acute wheezing in pediatric age – What is the diagnosis?
PED_1719 A case of wet laughs
PED_2019 A case of HHH syndrome – The importance of neurodevelopmental assessment
PED_2319 Lung abscesses complicating pneumonia
PED_2419 Pediatric Day Care Clinic – Experience of a tertiary hospital
PED_2919 *Mycoplasma pneumoniae*: An atypical agent with atypical clinical presentations – Three case series
PED_3119 Community-acquired pneumonia with atypical evolution – A double case report
PED_2819 Ventilation challenges in acute-on-chronic respiratory failure in neuromuscular adolescents: A sarcoglycanopathy case report
PED_3619 Hypoplastic right ventricle – A 16p11.2 duplication-associated phenotype?

GENECOLOGIA - OBSTETRÍCIA

COMUNICAÇÕES ORAIS

GO_0219 Surgical outcomes in patients submitted to laparoscopic surgery for endometriosis over three years in a referral centre in Porto, Portugal
GO_0319 Laparoscopic vessel occlusion at myomectomy
GO_1519 Prenatal diagnosis of urinary tract dilatation and postnatal outcomes
GO_1719 Adverse pregnancy outcomes at advanced maternal age
GO_2019 Behçet's disease and pregnancy
GO_0319 Intrahepatic cholestasis of pregnancy – Case-control study
GO_2819 Subcapsular hepatic hematoma in a pregnancy complicated by chronic hypertension

POSTERS

GO_0119 Tobacco abuse and pelvic inflammatory disease: ecological study in a northern Primary Health Care Grouping Centre in Portugal, 2014 – 2018
GO_0419 Pelvic xanthogranuloma, a diagnostic challenge – a clinical case report
GO_0519 Endometriosis-associated infertility – a case report
GO_0719 Recurrent pericondritis – a clinical case
GO_0819 CO2 Laser treatment for Skene's gland cyst: Case report
GO_0919 giant leiomyoma - clinical approach dilemma – clinical case report
GO_1019 Vulvar cancer: Challenges in disease surgical management – Case report
GO_1119 Struma ovarii – a case report
GO_1219 STUMP: a case report in a 20-year-old woman
GO_1319 Endometriosis: Challenging the gynecologist – A case report
GO_1419 Cesarean myomectomy – A controversial approach in modern obstetrics
GO_1819 arachnoid cyst: a rare antenatal diagnosis
GO_1919 Peripartum cardiomyopathy: Clinical history relevance
GO_2219 Umbilical vein thrombus – A non-fatal case
GO_2319 Placenta accreta spectrum: A case report
GO_2519 Pregnancy and postpartum managment in a patient with symptomatic hemophilia
GO_2619 Hemoperitoneum in a young woman – An unexpected ectopic pregnancy
GO_2719 Fetal anemia – A diagnostic challenge
GO_2919 Tubal reanastomosis: complete minilaparoscopic approach
GO_3019 post-partum pulmonary thromboembolism and pneumonia
GO_3119 Very advanced maternal age: A case-control study of obstetric outcomes in women with 45 years or older
GO_3219 CO_2 Laser treatment for superficial dyspareunia: Case report

ENFERMAGEM

POSTERS

ENF_0119 Warning signs for better care
ENF_0219 Non-pharmacological strategies for pain relief in Pediatrics

Comissão Organizadora | *Organizing Committee*

Alexandre Morgado
Ana Galvão
Ana Ramos
Ana Teixeira
Ângela Lopes Pinto
António Tomé Pereira
Caldas Afonso
Célia Amorim Costa
Cidade Rodrigues
Conceição Mota
Daniela Gonçalves
Esmeralda Martins
Helena Mansilha
Hélder Ferreira
Inês Nunes
Isabel Correia
João Moreira Pinto
Jorge Braga
José Polónia
Liane Correia Costa
Lúcia Fonseca
Luís Guedes-Martins
Manuel Magalhães
Maria da Luz Loureiro
Maria Joana Tavares
Maria Sameiro Faria
Paula Lopes
Rosa Lima
Sara Mosca
Sílvia Álvares
Sílvia Gaio
Sílvia Sousa
Teresa Temudo

Comissão Científica | *Scientific Committee*

Alexandre Morgado
Ana Ramos
Bebiana Sousa
Bercina Candoso
Caldas Afonso
Carla Machado
Carmen Carvalho
Catarina Prior
Conceição Mota
Esmeralda Cleto
Esmeralda Martins
Fátima Carvalho
Fernanda Teixeira
Helena Mansilha
Hélder Ferreira
Jorge Braga
José Cabral
José Polónia
Juvenália Tavares
Laura Marques
Luís Guedes-Martins
Mafalda Galego
Manuela Amaral
Márcia Barreiro
Maria Joana Tavares
Paula Cristina Fernandes
Rosa Lima
Sílvia Álvares
Teresa Borges
Teresa Guimarães
Teresa Temudo

Júri de Seleção de trabalhos | *Juri for the abstracts selection*

Ginecologia/ Obstetrícia
Obstetrics/ Gynecology
António Braga
Célia Costa
José Cabral
Luís Guedes Martins
Susana Marta

Pediatria/ *Pediatrics*
Ana Ramos
Carla Zilhão
Esmeralda Martins
João Moreira Pinto
Sílvia Álvares

Enfermagem/ *Nursing*
Bebiana Sousa
Juvenália Tavares
Mafalda Galego
Manuela Amaral
Teresa Guimarães

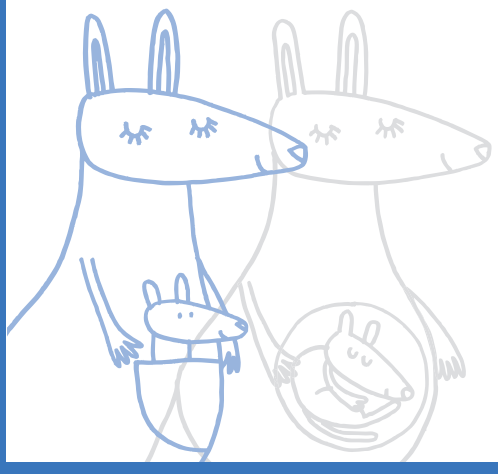
Júri de Prémio CO/ Poster | *Juri for the Oral Communication and Posters Awards*

Ginecologia/ Obstetrícia
Obstetrics/ Gynecology
Cristina Dias
Hélder Ferreira
Inês Nunes
Luísa Vieira
Susana Carvalho

Pediatria/ *Pediatrics*
Alexandre Fernandes
Catarina Prior
Cidade Rodrigues
Luísa Neiva
Marília Loureiro
Teresa Temudo

Enfermagem/ *Nursing*
Bebiana Sousa
Carla Machado
Paula Lopes
Sílvia Sousa

5 **Programa comum | *Joint program***
6 **Programa PEDIATRIA | *PEDIATRICS program***
10 **Programa GINECOLOGIA/ OBSTETRÍCIA**
14 **Programa ENFERMAGEM | *NURSING program***
19 **Cursos pré-congresso [PEDIATRIA]**
21 **Curso Pós-Congresso [PEDIATRIA]**
22 **Curso Pré-Congresso + Curso Pós-Congresso [GINECOLOGIA/ OBSTETRÍCIA]**
23 **Workshops [ENFERMAGEM]**



5 julho Auditório ICBAS

8.30 **Mesa Comum – A Natalidade em Portugal**
Natality in Portugal
Moderadores | *Chairs: António Tomé Pereira (CMIN-CHUP), Caldas Afonso (CMIN-CHUP)*

8.30 **Demografia: a realidade Portuguesa**
Demography: the Portuguese reality
Maria Filomena Mendes (U. Évora)

8.50 **Medidas pró-natalidade na realidade Portuguesa**
Pro-natalist policies
Ministério da Saúde

9.10 **A Família em Portugal I *The family in Portugal***
D. Manuel Linda (Diocese do Porto)

9.30 **Sessão de Abertura | *Opening Session***

5 julho sexta | *friday* [Salão Nobre]

9.45 **Doença Respiratória Crónica**
Chronic respiratory diseases
Moderadores | *Chairs: Ana Ramos (CMIN-CHUP), Augusta Gonçalves (H Braga), Conceição Silva (CHPVVC)*

9.45 **Apresentação de resultados de inquérito no norte do país**
Results from the Northern region survey
Colaboração e apresentação multicêntrica
Multicentric collaboration and presentation

10.10 **Doença Respiratória Crónica de apresentação precoce**
Early-onset of chronic respiratory disease
Joanna Ashworth (CMIN-CHUP), Manuel Magalhães (CMIN-CHUP)

10.35 **Doença Respiratória Crónica pós-infeciosa**
Post-infeccious chronic respiratory disease
Paula Vieira (CMIN-CHUP), Guilhermina Reis (CMIN-CHUP)

11.00 **Café | *Coffee-break***

11.30 **Simpósio Vertex – Fibrose Quística**
Cystic fibrosis
Moderadores | *Chairs: Telma Barbosa (CMIN-CHUP), Fabienne Gonçalves (CHUP)*

11.30 **Defeitos da proteína CFTR na fibrose quística – novas perspetivas I *CFTR protein defect in Cystic Fibrosis – new insights***
Carlos Farinha (U. Lisboa, Faculdade Ciências)

12.00 **Novas terapêuticas com aplicabilidade clínica na fibrose quística**
New therapies and real world applicability in Cystic Fibrosis
Carmen Luna (Hospital Universitario 12 de Octubre, Madrid)

12.30 **Almoço | *Lunch Break***

14.00 **Nefrologia: da clínica à histologia I *Nephrology: Clinical pathology cases***
Moderadores | *Chairs: Conceição Mota (CMIN-CHUP), Edite Tomás (CHTS)*
Painel de Discussão | *Panel Discussion: Sofia Santos (CHUP), Ramón Vizcaíno (CHUP)*

14.00 **Caso Clínico 1 I *Clinical case #1***
Inês Duro (CMIN-CHUP), Liliana Rocha (CMIN-CHUP)

14.20 **Caso Clínico 2 I *Clinical case #2***
Tiago Branco (CHTS), Liane Correia Costa (CMIN-CHUP)

14.40 **Caso Clínico 3 I *Clinical case #3***
Sofia Vasconcelos (CHAA), Ana Teixeira (CMIN-CHUP)

15.15 **Simpósio – Mecanismos imunes de doença renal glomerular | *Immune mechanisms of glomerular injury***
Ryszard Grenda (Children's Memorial Health Institute, Varsovia)
Moderadores | *Chairs: Caldas Afonso (CMIN-CHUP)*

16.00 **Café | *Coffee-break***

16.30 **Comunicações Orais | *Oral Communications***
Moderadores | *Chairs: Almerinda Pereira (H Braga), Eurico Gaspar (CHTMAD)*

16.30 **Posters | *Poster Session***
Moderadores | *Chairs: Goreti Lobarinhas (H Sta Maria Maior), Cidrais Rodrigues (ULSM)*

6 julho ... sábado | *saturday* [Salão Nobre]

8.30 **Comunicações Orais | *Oral Communications***
Moderadores | *Chairs: Águeda Matos (CHAA), Gonçalves Oliveira (CHMA)*

8.30 **Posters | *Poster Session***
Moderadores | *Chairs: Conceição Casanova (CHPVVC), Idalina Maciel (ULSAM)*

9.30 **Síndromes Epiléticos relacionados com a febre**
Fever-related epileptic syndromes
Moderadores | *Chairs: Catarina Magalhães (CHAA), Teresa Temudo (CMIN-CHUP)*

9.30 **Convulsões febris: o que há de novo?**
Febrile seizures: an update
Sónia Figueiroa (CMIN-CHUP)

9.50 **Síndrome de Dravet: quando suspeitar, que fazer e não fazer**
Dravet syndrome: when to suspect and how to manage
Teresa Temudo (CMIN-CHUP)

10.20 **FIRES: Síndrome de epilepsia relacionada com infeção febril**
FIRES: Febrile infection-related epilepsy syndrome
Ruben Rocha (CMIN-CHUP)

10.50 **Simpósio Biocodex – Encefalopatias Epiléticas**
Epileptic encephalopathies
Rima Nabbout (CHU Paris – Hôpital Necker-Enfants Malades)
Moderadores | *Chairs: Teresa Temudo (CMIN-CHUP), Ana Isabel Dias (HDE)*

11.30 **Café | *Coffee-break***

12.00 **Obstipação na Criança | *Constipation in children***
Moderadores | *Chairs: Rosa Lima (CMIN-CHUP), Miguel Costa (CHEDV)*

12.00 **Apresentação de resultados de inquérito no norte do país**
Results from the Northern region survey
Colaboração e apresentação multicêntrica
Multicentric collaboration and presentation

12.30 **Abordagem da obstipação na criança**
Current management of constipation in children
Helena Silva (CMIN-CHUP)

12.50 **Novas soluções terapêuticas**
New strategies for constipation in children
Marta Tavares (CMIN-CHUP)

13.15 **Melhor Artigo Original *Nascer e Crescer* 2018**
Best Original Paper 2018 Birth and Growth Medical Journal

13.30 **Distribuição de Prémios e Encerramento**
Prize distribution and closure

5 julho sexta | *friday* [Anfiteatro 2]

9.45 **Dor Pélvica crónica I *Chronic pelvic pain***
Moderadores | *Chairs: Teresa Mascarenhas (SPG), Alexandre Morgado (CMIN-CHUP), António Tomé Pereira (CMIN-CHUP)*

9.45 **Fatores de Risco para dor pélvica persistente ou recorrente após tratamento cirúrgico da endometriose**
Risk factors for persistent or recurrent pain after endometriosis surgical treatment | *Hélder Ferreira (CMIN-CHUP)*

10.10 **Truques e dicas para evitar dor pélvica ou dispareunia após cirurgia de prolapso genital I *Tips and Tricks to avoid Pelvic Pain and Dyspareunia after POP surgery***
João Alves (Hospital Luz, Lisboa)

10.35 **Estratégias para uma abordagem sistemática da dor pélvica refractária I *Strategies for a Systematic approach to Refractory Pelvic Pain Patients*** | *Dalila Veiga (CHUP)*

10.55 **Casos reais, dilemas - Como os mais experientes com dor pélvica crónica gerem as situações difíceis**
Real World Cases, Real World Dillemas – How Veterans of CPP Manage the Difficult
Jörg Keckstein, Hélder Ferreira, João Alves, Susana Fonseca, Dalila Veiga, Teresa Mascarenhas

11.15 **Café | *Coffee-break***

11.45 **Simpósio – Endometriose (uma das causas mais comuns de dor crónica) I *Endometriosis (as one the most common causes of Chronic Pelvic Pain***
Jörg Keckstein (Dpt OBGYN, University of Tübingen),
Moderador | *Chair: Hélder Ferreira (CMIN-CHUP)*

12.30 **Almoço | *Lunch Break***

14.00 **Microbioma em perinatologia**
Microbiome and perinatology
Moderadores | *Chairs: Ana Areia (CHUC), Graça Buchner (CMIN-CHUP)*

14.00 **O microbioma humano e os grandes síndromes obstétricos**
The human microbiome and the great obstetric syndromes
Luís Guedes Martins (CMIN-CHUP)

14.20 **A relação entre o microbioma vaginal e corioamnionite**
The relationship between vaginal microbiome and chorioamnionitis
Daniela Gonçalves (CMIN-CHUP)

14.40 **Febre intra-parto e suspeita de corioamnionite**
Intrapartum fever and suspected chorioamnionitis
Inês Nunes (CMIN-CHUP)

15.00 **Sepsis neonatal: a realidade em Portugal**
Neonatal sepsis: the reality in Portugal
Alexandra Almeida (CMIN-CHUP), Liliana Pinho (CMIN-CHUP)

16.00 **Café | *Coffee-break***

16.30 **Comunicações Orais | *Oral Communications***
Moderadores | *Chairs: Carla Marinho (CHTS), Emídio Vale Fernandes (CMIN-CHUP), Maria José Areias (CMIN-CHUP)*

16.30 **Posters | *Poster Session***
Moderadores | *Chairs: Andrea Lebre (CMIN-CHUP, Cláudia Lourenço (CMIN-CHUP), Rosa Zulmira (CMIN-CHUP)*

6 julho ... sábado | *saturday* [Anfiteatro 2]

8.30 **Comunicações Orais | *Oral Communications***
Moderadores | *Chairs: Cristina Oliveira (CHTS), Joana Santos (CMIN-CHUP), José Cabral (CMIN-CHUP)*

8.30 **Posters | *Poster Session***
Moderadores | *Chairs: Bercina Candoso (CMIN-CHUP), Cláudia Marques (CMIN-CHUP), Eugénia Fernandes (CMIN-CHUP)*

9.30 **Doenças autoimunes em Obstetrícia**
Autoimmune Diseases in Obstetrics
Moderadores | *Chairs: Luísa Vieira (CMIN-CHUP), João Bernardes (CHUSJ)*

9.30 **O que há de novo em 'autoimunidade'**
What's new in 'autoimmunity'
Carlos Vasconcelos (CHUP)

9.55 **Abordagem geral da doença autoimune na gravidez**
General approach of autoimune disease in pregnancy
António Braga (CMIN-CHUP)

10.25 **O papel fetal na (des)regulação autoimune materna**
Fetal role in maternal immune regulation
António Marinho (CHUP)

10.45 **Consulta de patologia autoimune: a realidade em dois hospitais centrais | *Immune Disease Outpatient Clinic in two tertiary care hospitals***
Fátima Serrano (MAC), António Braga (CMIN-CHUP)

11.05 **Simpósio GE - Ecografia 3D/4D/HDLive**
3D/4D/HD-live ultrasound
Moderadores | *Chairs: Luís Guedes Martins (CMIN-CHUP)*

11.30 **Café | *Coffee-break***

11.50 **Cancro da Mama | *Breast Cancer***
Moderadores | *Chairs: José Luís Fougo (CHSJ)*

11.50 **Estudos genómicos no cancro da mama**
Indications for Genomic Clinical Investigation
Noémia Afonso (CHUP)

12.10 **Consulta de risco em cancro da mama**
Risk Outpatient Clinic in Breast Cancer
José Miguel Preza (CHUP)

12.30 **Simpósio *Sysmex* – Marcação de lesões infraclínicas da mama com *Magseed* | *Breast lesions localization with magnetic seeds***
Cláudia Paiva (CHUP)

12.50 **De la Ultraestadificación molecular OSNA (One-step Nucleic Acid Amplification) en cancer de mama al cancer de endometrio. Estudio multicéntrico coordinado español ENDOOSNA**
One-step nucleic acid amplification (OSNA) for breast and endometrial cancer
M. Dolores Diestro Tejeda (H Universitário La Paz, Madrid)

13.15 **Melhor Artigo Original *Nascer e Crescer* 2018**
Best Original Paper 2018 Birth and Growth Medical Journal

13.30 **Distribuição de Prémios e Encerramento**
Prize distribution and closure

5 julho sexta | *friday* [Anfiteatro I]

9.45 **Cuidados baseados na evidência - reflexões**
Evidence-based care – reflections
Moderadores | *Chairs: Albertina Vieira (CMIN-CHUP)*

9.45 **Eventos críticos em Obstetrícia | *Critical events in obstetrics***
Paula Freitas (CMIN-CHUP)

10.10 **Riscos na gravidez**
Risk factors in pregnancy
Marlene Barbosa (HSA-CHUP)

10.35 **Sala de Partos, o que mudámos**
Delivery room, what has changed
Carla Ferreira (CMIN-CHUP)

11.15 **Café | *Coffee-break***

11.45 **Recém-nascido e lactente | *Newborn and Infant***
Moderadores | *Chairs: Ana Cristina Guerra (CMIN-CHUP)*

11.45 **Hipotermia induzida no tratamento da encefalopatia hipóxico-isquémica | *Therapeutic hypothermia in the treatment of hypoxic-ischemic encephalopathy***
Goreti Pereira (CMIN-CHUP), Ana Leite (CMIN-CHUP)

12.00 **Recém-nascido/ lactente no Bloco Operatório e pós-operatório: cuidados específicos | *Newborn and Infant in the surgical context: specific care***
Ana Silva (CMIN-CHUP), Nuno Costa (CMIN-CHUP)

12.15 **O regresso a casa: ensinar, instruir e treinar a família | *Homecoming: teaching, instructing and training the family***
Rosário Sousa (CMIN-CHUP), Raquel Abraão (CMIN-CHUP)

12.30 **Almoço | *Lunch Break***

14.00 **Natureza e Parto: Novos horizontes**
Childbirth: new perspectives
Moderadores | *Chairs: Fernanda Henriques (CMIN-CHUP)*

14.00 **Plano de parto, o que sabemos | *Birth plan, what we know***
Paula Prata (ESEP)

14.20 **Planos de nascimento em Inglaterra | *Birth plan in England***
Cecília Silva (HB)

14.40 **O poder do *Mindfulness* na Gravidez, Parto e Parentalidade**
Mindfulness in pregnancy, labor and childbirth
Sónia Soares (ACeS Feira)

15.45 **Café | *Coffee-break***

16.15 **Comunicações Orais | *Oral Communications***
Moderadores | *Chairs: Carla Machado (CMIN-CHUP), Sílvia Sousa (CMIN-CHUP)*

16.15 **Posters | *Poster Session***
Moderadores | *Chairs: Bebiana Sousa (CMIN-CHUP), Paula Lopes (CMIN-CHUP)*

...

6 julho sábado | *saturday* [Anfiteatro I]

8.30 **Comunicações Orais | *Oral Communications***
Moderadores | *Chairs: Mafalda Galego (CMIN-CHUP), Teresa Guimarães (CMIN-CHUP)*

8.30 **Posters | *Poster Session***
Moderadores | *Chairs: Isabel Correia (CMIN-CHUP), Lúcia Fonseca (CMIN-CHUP)*

9.30 **Criança e Adolescente com doença crónica**
Child and Adolescent with chronic disease
Moderadores | *Chairs: Manuela Aguilar (CMIN-CHUP)*

9.30 **Reabilitação e follow-up da criança e adolescente com Fibrose Quística: cuidados de Enfermagem**
Rehabilitation and follow-up of children and adolescentes with cystic fibrosis: Nursing care
Ana França (CMIN-CHUP), Carmen Cardoso (CMIN-CHUP)

9.45 **Doença renal crónica: integração de cuidados à criança e adolescente em diálise peritoneal | *Chronic Kidney Disease: support for children and adolescents on peritoneal dialysis***
Bárbara Viegas (CMIN-CHUP), Ilda Teixeira (CMIN-CHUP)

10.00 **UMAD-CMIN - Cuidados de Proximidade**
UMAD-CMIN - Proximity Care
Fátima Couto (CMIN-CHUP); Bonifácio Gouveia (CMIN-CHUP)

10.30 **Cuidar a Mulher**
Moderadores | *Chairs: Maria Joana Tavares (CMIN-CHUP)*

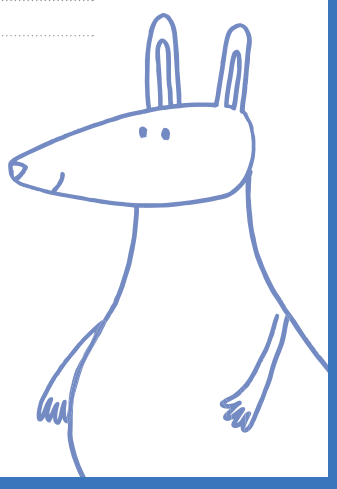
10.30 **Pavimento pélvico, a importância do fortalecimento ao longo da vida | *Strengthening pelvic floor during life***
Conceição Silva (CHUP)

10.50 **Cuidados perineais pós-parto | *Post-partum perineal care***
Joana Albuquerque (CMIN-CHUP)

11.10 **Estratégias facilitadoras pelo EESMO no luto neonatal**
Midwifes support after neonatal death
Mónica Silva (CMIN-CHUP)

11.30 **Café | *Coffee-break***

...



6 julho ...

12.00 **O Futuro da Enfermagem Pediátrica**
The future of Pediatric Nursing
Moderadores | *Chairs: Luísa Matos (CMIN-CHUP)*

12.00 **Transição do adolescente com doença crónica para serviços de cuidados de adultos | *Transition of the adolescent with chronic disease to adult care services***
Carla Rocha (CMIN-CHUP); Filipa Vieira (CMIN-CHUP)

12.30 **O fim de vida em Pediatria**
Pediatric End-of-Life and Palliative Care
Joana Machado (CMIN-CHUP), José Diogo (CMIN-CHUP)

12.50 **Together for short lives: a realidade britânica**
Together for short lives: the british reality
Sandra Miranda Marques (Royal Marsden, NHS Foundation, Jersey General Hospital, Londres)

13.15 **Melhor Artigo Original Nascer e Crescer 2018**
Best Original Paper 2018 Birth and Growth Medical Journal

13.30 **Distribuição de Prémios e Encerramento**
Prize distribution and closure

4 julho quinta-feira | *thursday*

ABC da Epilepsia Pediátrica

Data 4 de julho (todo o dia)
Local auditório Prof. Doutor Alexandre Moreira do CHUP
Coordenação Prof. Doutora Teresa Temudo (CMIN, CHUP)
Número limite de participantes : 80

Programa

9.15 Introdução | *Teresa Temudo*
9.30 Definições | *Cristina Garrido*
10.00 Classificação das crises epiléticas | Catarina Magalhães
10.30 Diagnósticos diferenciais | *Mafalda Sampaio*
11.15 Intervalo
11.30 Orientação da Iª crise epilética no SU | Joana Martins
12.00 Investigação em epilepsia | *Rui Chorão*
Almoço
14.30 Síndromes Epiléticos no Iº ano de vida | *Andreia Pereira*
15.00 Síndromes Epiléticos em idade escolar | *Paula Pires*
15.45 Intervalo
16.15 Síndromes Epiléticos na adolescência e particularidades desta faixa etária | *Cláudia Melo*
16.45 Estado do mal epilético | *Rúben Rocha*
17.30 Pausa
17.45 Avaliação

Workshop 'hands-on' em eFAST (Extended Focused Assessment with Sonography in Trauma)

Data 4 de julho (manhã)
Local auditório do Centro Materno Infantil do Norte (CMIN)
Realização Associação para a Formação em Emergência Médica (AFEMED)
Colaboração Faculdade de Ciências Médicas da Universidade Estadual de Campinas, Campinas, Brasil (Unicamp), CEFOLGEST - Formação e Consultoria, Lda.
Formadores José Mariz (SU, Hospital Braga/ Escola de Medicina da UM), Jorge Teixeira (SU, Hospital de Braga), José Pedro Pinto (Serviço Cirurgia Geral, Hospital de Braga)
Validação Externa Professor Marco António de Carvalho Filho (Unicamp), Professor Thiago Martins Santos (Unicamp), Dr.ª Paula Nocera (Unicamp, WINFOCUS São Paulo)
Número limite de participantes : 20

Programa

8.30 Pré-teste
9.00 Introdução teórico-prática
> Princípios básicos da utilização de Ultrasons à cabeceira do doente
> Descrição do protocolo Extended Fast (eFAST)
Elementos da janela torácica
Elementos da janela abdominal
10.30 Intervalo
11.00 Prática 'hands-on' em modelos humanos normais
13.00 Avaliação teórica (15 questões de resposta múltipla)

6 julho sábado | *saturday*

Fluidos e Electrólitos em Pediatria

Data 6 de julho (tarde)
Local CMIN
Coordenação Dra. Sofia Fernandes e Dra. Paula Fernandes (CMIN-CHUP)
Número limite de participantes : 30

Programa

14.00 Boas vindas | *Paula Cristina Fernandes*
14.05 Composição Corporal e Fisiopatologia | *Sofia Fernandes*
14.30 Fluidoterapia em Pediatria | *Tânia Martins*
15.00 Distúrbios electrolíticos mais frequentes *Sofia Fernandes*
> Distúrbios do Potássio
> Distúrbios do Sódio
> Distúrbios do Cálcio
> Distúrbios do Fósforo
15.45 Pausa
16.00 Particularidades da Fluidoterapia
Alzira Sarmento e Tânia Martins
> No período pós-operatório
> Na criança com cardiopatia
> Na criança queimada
17.00 Casos Clínicos -Discussão e Resolução
Distribuição por grupos
18.30 Pausa
19.00 Avaliação final com Prova Teórico-prática
19.45 Encerramento

22 **Curso Pré-Congresso + Curso Pós-Congresso [GINECOLOGIA/ OBSTETRÍCIA]**

27 junho quinta-feira | *thursday*

Workshop 'hands-on' de Sutura Laparoscópica

Data 27 de junho (tarde)
Local Centro de Cirurgia Experimental do CHUP
Número limite de participantes: 20

6 julho sábado | *saturday*

Monitorização fetal intraparto

Data 6 de julho (tarde)
Local auditório do Centro Materno Infantil do Norte (CMIN)
Coordenação Inês Nunes (CMIN-CHUP), Célia Amorim-Costa (CMIN-CHUP), João Bernardes (CHUSJ), Jorge Braga (CMIN-CHUP)
Número limite de participantes: 60
(Vagas disponibilizadas por rigorosa ordem de inscrição)

Programa

14.00 Introdução | *Jorge Braga (CMIN-CHUP)*
14.05 Objectivos | *Inês Nunes (CMIN-CHUP)*
14.15 Fisiologia da oxigenação fetal e principais objetivos da monitorização fetal intraparto | *Inês Nunes (CMIN-CHUP)*
15.00 Cardiotocografia – técnicas de aquisição *Célia Amorim Costa (CMIN-CHUP)*
15.20 Cardiotocografia – interpretação | *Inês Nunes (CMIN-CHUP)*
16.00 Coffee-break
16.20 Métodos adjuvantes de monitorização fetal intraparto *Célia Amorim Costa (CMIN-CHUP)*
16.50 Aspectos médico-legais – o que devemos saber *João Bernardes (CHUSJ)*
17.30 Casos clínicos | *Célia Amorim Costa e Inês Nunes (CMIN-CHUP)*
19.30 Encerramento

23 **Workshops [ENFERMAGEM]**

4 julho quinta-feira | *thursday*

O cuidar da nova Mãe: massagem, toque e rebozo

Data 4 de julho (manhã)
Local Sala de preparação para o parto, CMIN
É necessário a utilização de vestuário confortável para a prática dos exercícios
Número limite de participantes : 16

Programa

Cuidar Consciente
Quem cuida? Qual o foco do cuidar? O que move o cuidador? Como cuidar da nova mãe?

O corpo como palco da Maternidade
O corpo da nova mãe/ o corpo do bebé: dois seres em formação
A ligação corpo-mente: empoderar a mulher gestante e religa-la ao corpo (o sentir)

Trabalho corporal na gravidez: cuidar da mãe/ bebé/ família
Como? Toque terapêutico | Auto massagem (Do IN) | Massagem terapêutica | Óleo é amor | Rebozo | ...Práticas..

Desafios do pavimento pélvico na maternidade

Data 4 de julho
Local Sala de Reuniões do Piso 2, CMIN
Número limite de participantes : 30

Estomas em Pediatria - Boas Práticas: Estomas de alimentação e de eliminação

Data 4 de julho
Local Sala de Reuniões do Piso I, CMIN
Número limite de participantes : 15

Programa

Conceitos teóricos
Evidência Prática/Científica - "Mudar ou não os dispositivos"
Educação proativa vs Tratamento reativo
Identificação dos dispositivos
Identificação de complicações mais frequentes e tratamento
Treino com dispositivos

Apoios

PEDIATRIA

COMUNICAÇÕES ORAIS

PED_0219

ATTENTION DEFICIT/HYPERACTIVITY SYMPTOMS AND SLEEP HABITS AMONG PRESCHOOLERS: IS THERE AN ASSOCIATION?

Rita Gomes[I], Bebiana Sousa[I], Diana Gonzaga[II], Marta Rios[III], Catarina Prior[II], Inês Vaz Matos[II]

Introduction: Sleep-related problems and complaints are prevalent among children with attention deficit hyperactivity disorder (ADHD). Few studies have focused on a possible direct causal association between ADHD symptoms and sleep-related problems, but only some have focused nonclinical samples, namely preschoolers. The aims of this study were to investigate the prevalence of high levels of ADHD symptoms in a nonclinical sample of children aged 3 to 6 years old in Porto, characterize their sleep habits, and investigate the association between ADHD symptoms and sleep.

Methods: A cross-sectional study was conducted, by application of a questionnaire to caregivers of children attending a random sample of kindergartens at Porto. Data on sociodemographic characteristics, TV viewing duration, and outdoor activities was collected. ADHD symptoms and sleep habits were assessed by the Portuguese versions of the Conners' Parents Rating Scale Revised and the Children's Sleep Habits Questionnaire (CSHQ-PT), respectively. Statistical analysis was performed using SPSS Statistics, version 25. Pearson's chi-square and logistic regression models were employed, and a p-value <0.05 was considered significant.

Results: A total of 1047 questionnaires were delivered, 389 of which (37.1%) were returned. Cases with more than 20% missing values and cases of children taking medication with potential sleep impact were excluded. Final sample included 381 preschoolers (50.9% male). High levels of ADHD symptoms were found in 13.1% of children, with female predominance (14.4% vs 11.85%). Concerning sleep, 45.7% had a mean total CSQH-PT score >48, which is the validated cut-off for sleep disturbance screening in the Portuguese population. High levels of ADHD symptoms were significantly associated with lower maternal education level, lower sleep duration, and higher parasomnia and sleep disorder breathing scores at CHQH-PT subscales.

Conclusions: Both ADHD symptoms and sleep problems are prevalent among preschoolers in Porto, and this study suggests a clinical correlation between both. To date, although some studies have sought to characterize pediatric sleep habits in Portugal, none has focused on preschoolers or attempted to correlate those habits with ADHD symptoms. Since these interactions are complex and remain unclear, further studies will be key to provide guidance for earlier prevention and management strategies for young children at ADHD risk.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Neurodevelopmental Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Pediatric Pulmonology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_0319

LEFT VENTRICULAR NONCOMPACTION IN A PEDIATRIC POPULATION

Cláudia João Lemos[I], Filipa Vila Cova[II], Isabel Sá[III], Sílvia Álvares[II]

Introduction: Left ventricular noncompaction (LVNC) is a rare congenital cardiomyopathy (CMP) characterized by presence of prominent ventricular myocardial trabeculations in absence of other structural heart defects. This CMP has a heterogeneous clinical presentation and is associated with progressive myocardial dysfunction, thromboembolic events and dysrhythmia.

Methods: Review of medical records of patients diagnosed with LVNC followed at a Pediatric Cardiology clinic. LVNC diagnosis was performed through transthoracic echocardiography according to Jenni criteria and magnetic resonance imaging (MRI). Demographic and clinical data, including family history, physical examination, electrocardiogram (ECG), 24-Holter monitoring, and genetic testing were collected.

Results: Nine children were diagnosed with isolated LVNC, 8 of which were male. Median age at diagnosis was 9 years (4 months–16 years) and median follow-up was 5 years. Reasons for referral were positive family history (n=3), echocardiographic findings (n=3), sport evaluation (n=1), arrhythmia (n=1), and left ventricular hypertrophy criteria on ECG (n=1). Four patients had a family history of sudden death. All patients were NYHA class I at referral. Diagnosis was established by echocardiography and confirmed by MRI in 6/9 patients. One patient had depressed LV function at diagnosis. ECG/Holter alterations were present in 6 patients, through voltage criteria for left ventricular hypertrophy (n=3), atrioventricular block (n=2), long QTc (n=1), and supraventricular and ventricular extrasystoles (n=2). Genetic testing was performed in all patients, with LVNC genetic variants identified in 6 patients in MYH7 (n=4), ANKRD1 (n=1), and ANK2 (n=1) genes. Index patient family screening identified 3 parents with the same mutation of their child, 2 of which with cardiac phenotype. Treatment was instituted in 3 patients (beta-adrenergic blocking agents and/or ACE inhibitors), with no major complications registered during follow-up.

Conclusion: Early LVNC diagnosis allows to monitor patients for development of complications as ventricular dysfunction or arrhythmias, and promote lifestyle adaptations. At least three-generation family history should be carefully investigated, with echocardiographic and genetic screening recommended for first-degree relatives. In this review, the advantage of family screening was higher in patients with likely pathogenic and pathogenic variants identified in genes previously linked to LVNC.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Pediatric Cardiology, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Department of Cardiology, Centro Hospitalar Universitário do Porto.

PED_0619

INVASIVE MENINGOCOCCAL DISEASE – RETROSPECTIVE STUDY

Cláudia João Lemos[I], Alexandre Fernandes[I], Carla Teixeira[I], Paula Regina Ferreira[II], Lurdes Morais[I], Ana Ramos[I], Laura Marques[I]

Introduction: Although invasive meningococcal disease (IMD) is a rare entity, it remains a cause of morbidity and mortality among children. The aim of this study was to characterize clinical presentation, evolution, and outcomes of patients with IMD followed at a tertiary hospital.

Methods: Review of medical records of pediatric patients admitted to the Pediatric Service and Intensive Care Unit (ICU) of CHUP with *Neisseria meningitidis* (Men) infection from May 2010 to May 2019.

Results: During the considered 9-year period, 25 children were admitted with IMD. Median age at diagnosis was 2.4 years (2 months−15 years), with 9 (36%) children younger than 12 months. Ten patients were transferred from another hospital and 13 patients were admitted to the ICU. Median hospitalization time was 6 days. Acute meningococcal septicemia was associated with meningitis in 21 (84%) patients, 2 patients had meningitis and 2 patients had sepsis without meningitis.

The most frequent signs and symptoms were fever (96%), petechial exanthem (76%), prostration (72%), vomits (60%), hemorrhagic rash (52%), shock (40%), meningeal signs (28%), headache (24%), tense anterior fontanelle (20%), seizures (8%), and coma (4%).

Neisseria meningitidis was isolated from blood culture in 14 patients and from cerebrospinal fluid culture in 15 patients. Serogroup B was responsible for most cases (n=23: 92%), and serogroup W emerged in 2 patients admitted in the last 6 months. One death occurred and 2 patients presented sequelae hemiparesis. Only 1 child was previously vaccinated against Men B, having received 3 doses at 4, 7, and 10 months but no booster dose. In follow-up, one patient presented C9 deficiency.

Conclusion: As reported in the literature, young children are most affected by IMD, with one-third of reported cases younger than 12 months. A single case was reported in a 15-year-old adolescent. Serogroup B was responsible for the total number of cases until November 2018. In the last 6 months, serogroup W (cc11) emerged, illustrating the importance of close IMD epidemiological surveillance. No serogroup C cases were reported in this period, during which Men C vaccination was universal and high vaccination coverage was achieved in Portugal. IMD can be fulminant and one fatal case was reported in the ICU. Early diagnosis is crucial for optimal treatment and improved outcomes. Prevention of serogroup B infection through vaccination is the recommended strategy to reduce the number of new cases of this life-threatening condition.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Intensive Care Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_0719

HOSPITALIZATION FOR CYSTIC FIBROSIS IN A PORTUGUESE TERTIARY HOSPITAL IN THE LAST YEARS

Rita Gomes[I], Beatriz Teixeira[I], Manuel Magalhães[II], Guilhermina Reis[II], Ana Ramos[II], Telma Barbosa[II,III]

Introduction: Cystic fibrosis (CF) is a multisystemic progressive disorder caused by mutations in the cystic fibrosis transmembrane conductance regulator gene. Natural course is punctuated by severe pulmonary exacerbations or systemic complications, sometimes leading to hospitalization. Poor physical and psychosocial outcomes, failure to return to baseline lung function, and increased mortality have been reported following hospital admission. Authors' objective was to analyze CF patient hospitalization over a 4-year period at a tertiary Portuguese hospital.

Methods: A retrospective observational study was performed. All inpatients with CF admitted to the Paediatrics Department from January 1st 2015 to December 31st 2018 were included. Demographic variables, clinical data, and laboratory and pulmonary function test results were retrieved from electronic medical records. Statistical analysis was performed using SPSS Statistics version 25.

Results: A total of 34 hospital admissions were analyzed, the majority due to pulmonary exacerbation (67.6%) followed by gastrointestinal complications (14.7%). Mean length of stay was 13.76 days. Inpatient median age was 14.5 years, without gender predominance, and the most frequent mutation was homozygotic deltaF508 (83.3%). Most patients had moderately severe lung function (59.4%) and mean FEV1 was 51.73%. Most prevalent CF-related complications were pancreatic insufficiency (94.1%), osteopenia (52.9%), and low weight (35.3% with BMI <P3). Chronic and intermittent *Pseudomonas aeruginosa* infection were found in 38.2% and 20.6% of patients, respectively. *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *Stenotrophomonas maltophilia* were the most prevalent pathogens, and the most frequently used intravenous antibiotics were ceftazidin, amikacin, and tobramycin.

Discussion: These results agree with epidemiologic data in the literature for European countries. Earlier diagnosis, better monitoring with attention to therapeutic compliance, and therapeutic advances have allowed a better disease approach. Nonetheless, acute infection and chronic lung colonization by opportunistic pathogens remain common among CF patients. Further research is required to determine the impact of exacerbation on short-term outcomes − as lung function recovery and time to subsequent exacerbation − and long-term outcomes − namely FEV1 decline and mortality.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Pulmonology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Cystic Fibrosis Reference Centre, Centro Materno-Infantil do Norte, Centro Hospitalar do Porto.

PED_0919

THERAPEUTIC USEFULNESS OF PEDIATRIC FLEXIBLE BRONCHOSCOPY: A DESCRIPTIVE CROSS-SECTIONAL RETROSPECTIVE STUDY

Sara Monteiro[I], Inês Cascais[I], Catarina Menezes[I], Manuel Ferreira-Magalhães[I], Lurdes Morais[I], Telma Barbosa[I], Fernando Guedes[I], Ana Ramos[I]

Introduction: Flexible bronchoscopy (FB) has become widely used as a diagnostic and therapeutic tool. Progressively evolving FB (faster, more secure, and with easier access) broadened procedure indications and resulted in better clinical outcomes.

The aim of this study was to evaluate the usefulness of pediatric FB as a therapeutic tool.

Methodology: A cross-sectional retrospective study of FB in pediatric patients (0 to 17 years old, inclusively) was conducted in a tertiary hospital between February 2013 and May 2019.

Data collection was performed through electronic clinical records, specifically FB report and inpatient/outpatient medical records. Retrieved variables included demographic and clinical characteristics, FB indication, and FB-associated procedures and outcomes. A descriptive analysis of FB procedures performed with therapeutic purposes (TxFB) was performed using SPSS® (25th version).

Results: During study period, 222 FBs were performed, 43 (19.4%) of which TxFB. Of these, 54% were performed in females. Median age at procedure was 3 years (minimum 4 months, maximum 17 years). In 56% of cases, TxFB was performed in ambulatory setting.

Most patients submitted to TxFB had no previous chronic diagnoses (51%). Most prevalent chronic conditions were neuromuscular diseases (33%), followed by cerebral palsy (9%). The main indication for TxFB was persistent atelectasis (88%). In 26% of cases, pulmonary infection (with or without atelectasis) was also an indication for TxFB. Airway aspiration was suspected in two cases.

TxFB revealed airway structural changes in 26% of patients. In 33% of cases, a pathogenic microorganism was identified in bronchial aspirate and/or bronchoalveolar lavage, and in 77% of cases with pathogenic identification, a subsequent antibiotic change was performed. Bronchoscopic instillation of dornase alfa was performed in 59% of cases, and in 64% an improvement in pulmonary x-ray was observed after FB.

Conclusions: This study highlights the importance of FB with therapeutic purposes in management of several pulmonary conditions. Specifically, pulmonary infections or persistent atelectasis can be prevalent in pediatric ages and FB can be helpful.

The usefulness of TxFB can also be significant in previously healthy children or in those with chronic conditions. Half of patients did not have a previous chronic diagnosis, but most of the other half had muscular impairment (neuromuscular disease or cerebral palsy – 42%).

I. Pediatric Pulmonology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_1119

AUTOSOMAL RECESSIVE POLYCYSTIC KIDNEY DISEASE: CLINICAL EXPERIENCE OF A TERTIARY CENTER

Inês Pires Duro[I], Andreia Dias da Silva[II], Cristiana Maximiano[III], Tiago Branco[IV], Ana Teixeira[V], Liane Costa[V], Liliana Rocha[V], Teresa Costa[V], Maria Sameiro-Faria[V], Paula Matos[V], Conceição Mota[V], Alberto Caldas Afonso[I]

Introduction: Autosomal recessive polycystic kidney disease (ARPKD) is a recessively inherited disorder primarily involving the kidneys and biliary tract, with an estimated incidence of 1 in 20 000 live births. The clinical spectrum is variable and depends on age at presentation. For patients who survive the perinatal period, morbidities are frequent and include hypertension, chronic kidney disease, and portal hypertension.

Material & Methods: Clinical records of 8 patients with ARPKD born between 1987–2018 were retrospectively reviewed. Data obtained was descriptively analyzed regarding clinical presentation, evolution, and morbidities, as well as age of onset. Two cohorts with 4 patients each were considered for analysis, corresponding to a follow-up period inferior or superior to 10 years, repectively.

Results: Median age at diagnosis was 0 months, with a discrete preponderance of female patients (n=5). Six patients were submitted to genetic testing, and PKDH1 mutation was detected in 5 patients. No patient had a positive family history and parent consanguinity was found in 2 patients. Prenatal diagnosis was present in 5 cases, with sonographic examination as the main diagnostic modality used. No deaths were reported in the considered sample. Non-invasive ventilation was required in 1 patient (a premature newborn), but none developed chronic lung disease. Portal hypertension was present in 2, hepatic fibrosis in 4 and esophageal varices in 2 patients. Chronic kidney disease stage ≥2 was found in 6 cases. Hypertension was observed in other 6 cases, with a median age at diagnosis of 9 months. Splenomegaly was detected in 3 patients, with a median age at diagnosis of 9 months, and thrombocytopenia was detected in 2 cases. In the group of patients with follow-up longer than 10 years, growth retardation was diagnosed in 2 patients, and all presented progressive renal function deterioration. Two cases progressed to chronic kidney disease stage 4, and 1 case to stage 5. The latter was submitted to renal transplant at the age of 14.

Conclusions: ARPKD clinical presentation is variable but associated morbidities are common and frequently progressive. Renal function deterioration is almost invariable, with chronic kidney disease being the most frequently diagnosed morbidity, followed by hypertension and splenomegaly.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Nephrology, Centro Hospitalar Tondela-Viseu.
III. Department of Pediatric, Hospital de Braga.
IV. Department of Pediatrics, Centro Hospitalar do Tâmega e Sousa.
V. Pediatric Nephrology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_2519

CONGENITAL ANOMALIES OF THE KIDNEY AND URINARY TRACT: WHAT IS THE OUTCOME AFTER PRE-NATAL DIAGNOSIS?

Ana Raquel Mendes[I], Sofia Pina Rodrigues[II], Liliana Rocha[I], Paula Matos[I]

Introduction: Congenital anomalies of the kidney and urinary tract range from transient urinary tract dilation (UTD) to bilateral renal dysplasia. The aim of this study was to analyze the relationship between prenatal UTD grading and outcomes in our patient population.

Methods: Retrospective review of clinical records of all consecutive patients with prenatal UTD diagnosis followed at our pediatric nephrology outpatient clinic throughout a 24-month period.

Results: A total of 41 patients were analyzed (80% male), 34% of which with a family history of renal disease. Most patients (98%) were on prophylaxis, with a median age at onset of 1 month and an average age at cessation of 17 months.

Pre-natal anomalies were detected in 41 patients, corresponding to 55 renal units (51% on the left side). Units were stratified into 3 groups: normal (UTD <7mm) – 27%; low-risk (UTD 7–10 mm with normal or central calyceal dilation) – 24%; and high-risk (UTD ≥10 mm or less if: peripheral calyceal dilation, decreased parenchymal thickness or altered renal or vesical texture, oligohydramnios or ureteral dilation) – 49%.

Most first post-natal ultrasounds (87%) were performed between the 3rd and 60th days of life. In the normal pre-natal group (n=15), 93% of patients were classified as normal and 7% progressed to intermediate risk (7%). In the pre-natal low-risk group (n=13), 15% maintained a low-risk profile, 46% normalized, and 39% progressed to intermediate or high risk. In the pre-natal high-risk group (n=27), 41% maintained a high-risk profile, 33% normalized, and 26% regressed to low or intermediate risk.

Cystourethrography was prevented in 26 patients (37 renal units), 32% of which with vesicouretral reflux (VUR). Thirteen patients (16 renal units) performed a Mag 3 renogram, with abnormal results in 39%.

A DMSA renogram was performed in 22 patients diagnosed with VUR; 36% of cases had an altered renal function.

A total of 12 patients had a urinary tract infection; 10 were under prophylaxis.

The most common outcome in pre-natal normal- and low-risk groups was transient UTD (53% and 54%, respectively). VUR was more common in the high-risk group (19%). Posterior urethral valves were found in 11% of cases, and ureterovesical junction obstruction in 7%. Seventeen percent of patients required surgery.

Conclusions: Most patients classified as normal- or low-risk in pre- natal ultrasound had favorable outcomes. All patients requiring surgery were classified as high-risk in pre-natal ultrasound.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Gynecology and Obstetrics, Centro Materno-Infantil do Norte, Centro Hospitalar e Universitário do Porto.

PED_3519

INPATIENT APPROACH BY PALLIATIVE PEDIATRIC TEAM IN A TERTIARY HOSPITAL

Carolina Fraga[I], Ana Losa[I], Beatriz Teixeira[I], Joana Lorenzo[I], Ana Ramos[II], Lurdes Morais[III]

Introduction: Pediatric palliative care (PPC) in hospitalized patients requires a multidisciplinary approach. In-hospital PPC teams should be part of all Pediatric Departments to help children with chronic complex diseases (CCD) improve their quality of life and to provide grief support to children and their families. Optimized hospital care combined with domiciliary support can offer adequate home care and alleviate suffer in both settings. Herein, authors aim to describe the PPC team approach to inpatients at a tertiary hospital.

Methods: Descriptive retrospective study conducted by review clinical data of pediatric patients with chronic complex diseases admitted to the Pediatric ward of a tertiary hospital during the year of 2018.

Results: A total of 965 Pediatric ward admissions were registered, 159 of which from patients with CCD (58% males; median age at admission, 6 years). According to categories defined by the Royal College of Physicians Child Health, 50% of patients had category-2 diseases, defined as conditions for which premature death is inevitable, but with availability of therapies capable of prolonging life. The most frequent CCD types were neurologic (24%), metabolic (22%), and hematologic (27%). Average hospital length of stay was 9.7 days, with a median number of 2 hospitalizations per patient in 2018. Most frequent causes of admission were infection (28%), metabolic decompensation (21%), and respiratory failure (15%). Strategies provided by the PPC team during hospital stay to optimize respiratory symptoms (with non-invasive ventilation, tracheostomy, in-exsuflator cough machine, respiratory physiotherapy), nutritional status (introduction of nasogastric tube, gastrostomy, and nutritional support and supplementation), and functional ability (through physiatric therapy) were reviewed. For emotional support, referral to Psychiatry both for children and their families was analyzed. Orientation to domiciliary support services and grief support were also reviewed. Seven patients died until this study's date.

Discussion: The increasing number of patients with CCD and poor prognosis leads to an also increasing need for a multidisciplinary and organized approach by specialized PPC teams, both in the hospital and home settings. This individualized approach is key to optimize the course of disease and care at the end of life. PPC teams should also prepare home transition during hospital stay.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Pulmonology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Pediatric Palliative Care Team, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_0519

CELIAC DISEASE IN CHILDREN: OPPOSITE ENDS OF THE SAME DISEASE SPECTRUM

Catarina Menezes[I], Ana Losa[I], Gisela Silva[II], Ermelinda Santos Silva[II], Marta Tavares[II], Helena Moreira Silva[II], Rosa Lima[II]

Introduction: Celiac disease (CD) is a systemic autoimmune disorder triggered by gluten and related prolamines in genetically susceptible individuals. Gastrointestinal symptoms may be diverse, ranging from profuse diarrhea to protracted and severe constipation. In addition, extraintestinal signs, some of which subtle, can give important clues for diagnosis. Herein are reported two cases with predominant gastrointestinal manifestations, representing opposite ends of the same disease spectrum.

Case report: Case 1— A 22-month-old girl presented with failure to thrive since the age of 6 months, exacerbated in the last months, associated with diarrhea and abdominal distension. She was under a cow protein-free diet due to suspicion of cow milk protein allergy, without clinical improvement. Physical examination revealed a malnourished child with marked abdominal distension and dental enamel defects. Laboratory workup was unremarkable, except for the presence of CD autoantibodies (anti-tissue transglutaminase IgA 61U/mL, anti-deamidated gliadin IgG 133U/mL). Upper endoscopy showed scalloping of the duodenal mucosa with pathological features (severe villus atrophy, crypt hyperplasia, and intraepithelial lymphocytosis) that confirmed the diagnosis.

Case 2— A 3-year-old girl with von Willebrand disease (diagnosed through familial screening) presented with chronic unresponsive constipation associated with intermittent vomiting and weight loss for the last 3 months. Fatigue, difficulty sleeping, and lack of interest in usual activities were also predominant complaints. Physical examination revealed muscle atrophy, abdominal distension, and symmetrical dental enamel defects. Laboratory workup was positive for CD (anti-tissue transglutaminase IgA 680 U/mL), and small bowel biopsy revealed villous atrophy and increased intraepithelial lymphocytic infiltration.

A progressive and satisfactory clinical response was obtained in both patients once a gluten-free diet was started.

Discussion: CD may present with a wide range of gastrointestinal and extraintestinal signs and symptoms, challenging diagnosis. Diarrhea is a “classical” feature, but constipation has also been recognized as a predominant symptom that should be studied for diagnostic purposes. Extraintestinal symptoms are also increasingly described in association with CD, as in the present two cases with dental enamel defects and mood disorders, highlighting the importance of acknowledging its association with CD.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Gastrenterology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_0819

CONTINUOUS SUBCUTANEOUS INSULIN INFUSION SOON AFTER TYPE I DIABETES DIAGNOSIS IN PRESCHOOL CHILDREN

Liliana Teixeira[I], Vera Fernandes[I], Carla Rocha[I], Joana Freitas[II], Maria João Oliveira[II], Teresa Borges[II]

Introduction: Incidence of childhood type 1 diabetes is increasing worldwide, especially in young children. Preschool children with type 1 diabetes depend on others for all aspects of their care, making treatment a significant challenge. According to international guidelines, continuous subcutaneous insulin infusion (CSII) is the preferred method of insulin administration for preschool children. The purpose of this study was to evaluate efficacy and safety of CSII treatment in preschool children with type I diabetes. **Methods:** A retrospective study was performed from February 2016 to January 2019 including all preschool children who used CSII soon after type 1 diabetes diagnosis. Variables including gender, age at diagnosis, presentation form, C-peptide value and autoantibody detection at diagnosis, timing of insulin pump placement, HbA1C variation, and daily insulin dosage at diagnosis and for a 18-month- period follow-up were investigated.

Results: The cohort consisted of 11 patients (mean age of 2.23 years at diagnosis; range, 9 months–4.27 years; 54.5% females). Regarding presentation form, 18.2% (n=2) had mild diabetic ketoacidosis (DAK), and 18.2% (n=2) moderate DAK. A total of 81.8% (n=9) required hospital admission in the inaugural episode, with a median length of stay of 5.33 days (P25-4; P75-6.5). All patients had low C-peptide at diagnosis – mean 0.38 ± 0.21 ng/mL (range, 0.1–0.66). Regarding autoimmunity, all patients had at least one positive antibody. Islet cell cytoplasmic antibodies were present in 90.9% of patients (n=10), followed by islet antigen-2 antibodies in 72.7% (n=8). CSII treatment was started at a median of 3 days (range, 0–55). HbA1c decreased from 9.38 ± 1.52% at diagnosis to 7.36 ± 0.49% after 18-month follow-up. On the other hand, daily insulin dosage increased from

0.49 ± 0.07 to 0.75 ± 0.15 IU/Kg/day. During follow-up, no patient had ketoacidosis or severe hypoglycemia, and no local complications as lipodystrophy or infection at the catheter insertion site were observed. However, two hospital readmissions occurred due to ketosis without acidosis related to intercurrent illness.

Conclusion: Preschool children have low C-peptide values at diagnosis and increasing insulin needs during follow-up, reflecting a low pancreatic reserve soon after diagnosis, without the typical honeymoon period. CSII treatment was shown to be effective (allowing to reach HbA1c values lower than 7.5%), without an increase in adverse events. Besides minimizing the number of injections, use of CSII in this age also allows administration of small amounts of insulin and the possibility of splitting meal boluses, contributing to a better quality of life.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Endocrinology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_1019

GROWTH HORMONE DEFICIENCY: CAN A BRAIN MRI PREDICT RESPONSE TO GROWTH HORMONE REPLACEMENT THERAPY?

Liliana Teixeira[I], Vera Fernandes[I], Maria João Oliveira[II], Teresa Borges[II], Joana Freitas[II]

Introduction: Growth hormone deficiency (GHD) is a common endocrinological cause of pathological short stature in children. Etiology may be either congenital or acquired, although most cases have unknown cause and are termed idiopathic GHD. Brain magnetic resonance imaging (MRI) is the gold standard for assessing anatomic characteristics of the hypothalamic-pituitary axis. The aim of this study was to correlate response to growth hormone (GH) replacement therapy in the 1st and 2nd treatment years and final height with changes in brain MRI.

Methods: A retrospective study was performed between January 2006 and December 2016 including all children with GHD who received at least 2 years of GH replacement therapy. Children with dysmorphic syndromes, chromosome disorders, skeletal dysplasias, small for gestational age, and acquired GHD were excluded. Patients were divided into 2 groups, corresponding to those with abnormal (group 1) and normal (group 2) MRI findings.

Results: Among 45 enrolled patients, 29 (64.4%) were male, 39 (86.7%) had isolated growth hormone deficiency, and 11 (24.4%) had abnormal brain MRI findings (pituitary hypoplasia, n=10; ectopic neurohypophysis, n=8; thin pituitary stalk, n=8). Age at treatment start was lower in group 1: mean age 7.68 ± 5.13 vs 10.88 ± 3.24 years, without statistical significance. Height z-score variation between the beginning of GH treatment and after the 2nd treatment year was significantly higher in group 1: mean height z-score variation, 1.23 ± 0.54 vs 0.74 ± 0.61 (p=0.04). The same association was found for height z-score variation between the 1st treatment year and final height, but without statistical significance. IGF-1 values after stopping GH therapy were significantly lower in group 1: mean value, 75.30 ± 13.15 ng/mL vs 369.25 ± 160.47 ng/mL (p=0.028). This lower IGF-1 pattern in group 1 also occurred at therapy start, after the 1st and 2nd treatment years, but without statistical significance.

Conclusion: The main limitation of this study is the small sample size, especially concerning the abnormal MRI finding group. This fact may have conditioned some statistical results. The group with abnormal MRI findings showed better height z-core variation results and a good response to GH therapy. This study shows that brain MRI is a useful tool in assessing GHD pathogenesis and could be used to predict treatment response.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Endocrinology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_2619

MATURITY-ONSET DIABETES OF THE YOUNG (MODY): DISEASE SPECTRUM

Ana Lachado[I], Diana Bordalo[I], Joana Freitas[II], Maria João Oliveira[II], Teresa Borges[II]

Introduction: Maturity-onset diabetes of the young (MODY) includes a heterogeneous group of monogenic disorders with autosomal dominant inheritance, characterized by early-onset (<25 years) pancreatic beta cell dysfunction and autoantibody absence. Mutations in glucokinase (CGK) and hepatocyte nuclear factor 1-alpha (HNF1A) genes are the most common and confer a distinct clinical phenotype. This study aimed to describe the clinical, laboratory, and genetic spectrum of a group of patients diagnosed with MODY.

Methods: The authors conducted a retrospective review of clinical records of patients with MODY admitted to the Pediatric Endocrinology Department of a University Hospital.

Results: The study included 15 patients (53.3% female; 46.7% male) with a genetic study consistent with MODY diagnosis, with median age of 15.0 [10.0–18.0] years. Twelve patients had a family history of diabetes mellitus or hyperglycemia. Most presented with mild asymptomatic hyperglycemia in an occasional analytical study and one patient had polyuria, polydipsia, and weight loss. Two patients were obese.

Median age at diabetes diagnosis (n=13) was 8.0 [5.0–9.5] years. Median hemoglobin A1c at diagnosis was 6.1% [5.9–6.5]. Genetic study confirmed presence of mutations in all patients: CGK (11 patients), HNF1A (1 patient), HNF4A (1 patient), and HNF1B (2 patients). Healthy lifestyle changes were recommended in all cases, two of which also initiated pharmacologic treatment – one with sulfonylurea and another with insulin.

Discussion: Establishing the correct molecular diagnosis avoids misdiagnosing other type of diabetes and helps predict clinical course and choose the most appropriate management strategy for a singular patient. CGK-MODY patients are known for mild hyperglycemia, low risk of complications, and usually no need for treatment. In contrast, HNF1A, HNF4A, and HFN1B patients have progressive glycemic control deterioration with development of vascular complications. Most of these patients require pharmacological treatment with sulfonylureas and/or insulin. Moreover, diagnosis holds significant family implications, as it enables risk prediction in first-degree relatives or offspring, and frequently prompts diagnostic reclassification for family members with diabetes.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Endocrinology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_2719

IRON DEFICIENCY ANEMIA – PRESENTING SIGN OF DIFFERENT GASTROINTESTINAL DISORDERS

Ana Losa[I], Catarina Menezes[I], Emília Costa[II], Isabel Couto Guerra[II], Helena Moreira Silva[III], Marta Tavares[III], Gisela Silva[III], Rosa Lima[III]

Introduction: Iron deficiency anemia (IDA) is the most common nutritional deficiency and the leading cause of anemia in children. IDA causes can be diverse. Herein are highlighted gastrointestinal conditions causing iron malabsorption or gastrointestinal blood loss. **Case report:** Case 1: A previously healthy 14-year-old male child presented with fatigue and sporadic diarrhea. Laboratory workup revealed refractory IDA (minimum hemoglobin [Hb] 12.1g/dL). Etiological study showed positive transglutaminase IgA antibody, and histopathological findings of duodenal biopsies were compatible with celiac disease. Treatment with strict gluten-free diet was initiated, with symptomatic improvement and iron deficiency correction.

Case 2: A 12-year-old male child with Graves' disease and IgA deficiency presented with a 3-year history of refractory IDA (minimum Hb 10.9 g/dL). Laboratorial results revealed increased gastrin and positive anti-parietal cell antibodies. Histopathological findings of gastric biopsies showed moderate atrophy of the oxyntic mucosa, with presence of *Helicobacter pylori*. Diagnosis of autoimmune gastritis was established, and ferrous glycine sulphate was initiated. Eradication treatment for *Helicobacter pylori* was also performed.

Case 3: A previously healthy 14-year-old male child presented with fatigue and exercise intolerance, with no gastrointestinal symptoms. Laboratorial results revealed IDA (minimum Hb 8.1g/dL) responsive to oral iron therapy. Etiological study showed positive fecal occult blood test (FOBT) and increased fecal calprotectin, and lower gastrointestinal endoscopy showed multiple erosions adjacent to cecum and sigmoid colon areas with normally appearing mucosa. Crohn's disease diagnosis was established, and exclusively enteric nutrition and thiopurines were initiated. IDA treatment with ferric carboxymaltose was initiated.

Case 4: A 13-year-old male child with idiopathic growth hormone deficiency presented with recurrent IDA after intravenous iron therapy (minimum Hb 9.9 g/dL). Laboratorial results showed positive FOBT and a slight fecal calprotectin increase. Upper gastrointestinal endoscopy revealed a hiatus hernia and erosive esophagitis (Los Angeles grade C). Treatment with esomeprazole was recently initiated.

Conclusions: IDA can be the first and sole finding of different gastrointestinal diseases. This fact enhances the importance of including a protocol-based approach for these patients which includes the study of malabsorption disorders and gastrointestinal blood loss.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Hematology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Pediatric Gastroenterolgy Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_3019

CELIAC DISEASE: CLINICAL MANIFESTATIONS, DIAGNOSIS, AND ASSOCIATED CONDITIONS

Ana Losa[I], Catarina Menezes[I], Helena Moreira Silva[II], Gisela Silva[II], Marta Tavares[II], Ermelinda Santos Silva[II], Rosa Lima[II]

Introduction: Celiac disease (CD) is an autoimmune enteropathy caused by a permanent sensitivity to dietary gluten in genetically susceptible individuals. Treatment consists of a lifelong gluten-free diet. CD is a common chronic condition, which may present with a large variety of nonspecific signs and symptoms. The goal of this study was to characterize CD in pediatric patients in a tertiary hospital.

Methods: Medical records of patients under the age of 18 with CD followed as outpatients at our Center over the last 18 years were reviewed. Age at diagnosis, previous medical history, initial clinical manifestations, laboratory and serologic findings, and histological findings of small bowel biopsies were analyzed.

Results: From a total of 77 patients, 70% were female. Median age of the cohort was 4 years old. Regarding initial manifestation, 45% presented with poor weight gain, 36% with diarrhea, 31% with abdominal pain, and 17% with anemia. Eight cases were diagnosed by positive screening. Tissue transglutaminase IgA antibody (tTG- IGA) was tested in 73 patients, and was positive in 65 (in 39 cases, the value was 10 times above the normal). Anti-endomysium IgA antibody was analyzed in 51 patients, and was positive in 40.

Endoscopically, 63% of patients had flattening of duodenal folds, 50% had scalloping, and 38% had congestion of the duodenal mucosa. According to Modified Marsh Classification, 40% of patients were classified as 3b, 30% as 3a, and 23% as 3c. Concerning associated medical conditions, the distribution was as follows: autoimmune thyroiditis (n=7), diabetes mellitus (n=2), Down syndrome (n=1), cystic fibrosis (n=1), linear IgA dermatosis (n=1), and Turner syndrome (n=1).

Conclusion: CD encompasses a large spectrum of clinical presentations, including gastrointestinal and non-gastrointestinal symptoms. Serological CD tests are useful for screening and show a high diagnostic sensitivity. Although in 60% of cases, tissue tTG-IGA levels were very high, duodenal biopsies were performed in all patients. Characteristic histological findings remain the gold standard for diagnosis.

I. Pediatric Department, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Gastroenterolgy Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_3219

RECURRENT *FRUCTOHOLIC* LIVER DISEASE AFTER LIVER TRANSPLANTATION IN A PATIENT WITH MSUD

Inês Cascais[I], Carolina Fraga[I], Joana Correia[II], Júlio César Rocha[II], Manuela Almeida[II], Esmeralda Martins[II], Ermelinda Santos Silva[III]

Introduction: Maple syrup urine disease (MSUD) is an inherited disease of branched-chain amino acids (BCAA) metabolism, which presents early in the neonatal period and may progress to serious neurologic disability. Treatment consists of BCAA dietary restriction. Liver transplant is an option reserved for patients difficult to manage. If misused, an amino acid restricted diet may be too rich in carbohydrates and lipids, with fructose excess promoting liver injury similar to that caused by excessive alcohol consumption.

Case report: Herein is reported the case of a male adolescent with classic MSUD diagnosed through neonatal screening, under a BCAA restricted diet, with irregular compliance. Despite absence of decompensations requiring hospital admission, serum leucine levels were persistently elevated. The patient had a mild/moderate cognitive delay and developed obesity (BMI above the 97th percentile).

As reduction of leucine levels was not accomplished through dietary adjustments, by the age of 11 the boy was referenced to Hepatology consultation to be proposed for liver transplantation. He had persistently elevated transaminases and diffuse hepatic steatosis on abdominal ultrasound. Liver histology confirmed macro- vesicular steatosis and portal fibrosis. In the remaining study, no other steatohepatitis causes were identified beyond a heterozygous mutation for Wilson's disease.

The patient underwent liver transplantation at the age of 14 (young cadaveric donor, graft without steatosis). Two months later he showed elevated transaminases and 40% steatosis in graft histology. No apparent cause was identified, except for a high consumption of added sugars, particularly sugar-sweetened beverages (> 100g/ day). Seven months after transplantation, and after nutritional optimization with fructose reduction, the patient revealed an 85–97th percentile BMI, normal transaminases, and significant steatosis reduction to 15–30% in histology.

Discussion:

This case highlights the impact of obesity and a high fructose diet on fatty liver development in a patient with MSUD recurring after organ transplantation. More importantly, steatosis reversibility was demonstrated in liver histology after fructose reduction. Rapid development of graft steatosis suggests that metabolic dysregulation is capable of rapidly reproducing the disease in a healthy organ, and that only a permanent diet change can prevent disease recurrence.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Reference Center for Inborn Errors of Metabolism, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Pediatric Gastroenterology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_3419

A NOT-SO-INNOCENT VOMITING IN A NEWBORN – CASE REPORT

Beatriz Teixeira[I], Catarina Menezes[I], Márcia Tiazzini[II], Ana Ramos[III], Mónica Tavares[IV]

Introduction: Vomiting is a common sign of multiple disorders, ranging from mild/self-limited to severe/life-threatening conditions. Etiology differs with age and may or not be of gastrointestinal nature. History and physical examination are extremely important in identifying red flags, such as increased intracranial pressure (ICP) signs, so as to avoid misdiagnosing serious conditions.

Case report: Herein is reported the case of a 19-day-old female born from a 35-year-old primiparous mother at 39 weeks by spontaneous vaginal delivery with forceps. Pregnancy was unremarkable, with no evidence of congenital malformations or maternal infections. Apgar score was 9/10 and birth weight was 3130 g. The child was under breastfeeding and formula milk since birth.

At the 8th day of life, the girl was observed at the Emergency Department due to increased frequency of regurgitation and lower diuresis. Weight loss of 10.1% was noted, but urine dipstick was normal and the girl was discharged home under clinical surveillance.

At 18 days of life, the girl had progressively developed more frequent regurgitations and registered projectile nonbilious vomits after every attempted feeding on the day after. She did not seem hungry after vomiting. No other symptoms were reported. On admission, her weight remained lower than birth weight, and on physical examination the anterior fontanelle was normotensive, bowel movements were normal, abdomen was nontender, and no organomegaly or palpable masses were noted. No changes were observed in blood tests and no pyloric stenosis criteria was evident on abdominal ultrasound. Due to food refusal and persistent vomiting, the girl was admitted to the Pediatric Department. A persistent hyperextension of the neck and irritability were noted on the 1st hospitalization day. Vital signs were stable. Transfontanellar ultrasound was performed, describing an "intraventricular haemorrhage occupying a large part of the ventricles, including the 4th ventricle, and signs of intraventricular tension and clot development, suggestive of bleeding with 2 to 3 weeks of evolution".

Discussion: This case shows the non-specific clinical presentation of ICP and is a reminder that newborn brain can accommodate a big volume before ICP manifestations. Therefore, in cases of persistent vomiting, hyperextension, or irritability, a transfontanellar ultrasound should be considered even in neonates without bleeding risk factors, in order to promptly recognize and treat potential complications associated with the condition.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Departmet of Neurosurgery, Centro Hospitalar Universitário do Porto.
III. Pediatric Pneumology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
IV. Pediatric Nutrition Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto

PEDIATRIA

POSTERS

PED_0119

HUMAN MILK BANKS: AN UNDERRATED SOLUTION?

José Sousa Vale[I]; João Miranda[II]; Joana Sousa Nunes[III]; Mariana Veiga Magalhães[IV]

Introduction: Significant progress in perinatal and neonatal medicine has resulted in improved survival of low-birth weight (LBW) infants. An adequate nutrition influences both short- and long-term health outcomes. Not all mothers are able to provide enough milk, and infants admitted to a neonatal ward are less likely to be exclusively breastfed. Current recommendations are for use of mother's own milk (MOM), and pasteurized donor human milk (PDHM) is the next best choice. Human milk banks (HMBs) begin to re-emerge in some countries. The present work aims to provide a tool to study the optimal HMB organization and contribute to dissemination of breastfeeding culture and promotion. Additionally, it summarizes current best practices for PDHM handling.

Methods: PubMed, Embase, and Cochrane databases were searched using the search term combinations "human milk banks" OR "pasteurized donor human milk".

Results: HMBs are critical for human milk (HM) promotion, collection, processing, protection, quality control, distribution, and support. The quality of expressed HM is the result of adequate hygiene-sanitary conditions from expression to administration, and of nutritional, immunological, chemical, and microbiological evaluation. A multidisciplinary team is key to support a HMB.

Conclusion: After assessing barriers to full-feeding with MOM, healthcare workers should be encouraged to systematically consider the suitability of donor HM. In settings in which donor HM supply is limited, infant prioritization by medical status is key. Ways to invest in application of HM feeding should be targeted. Purchase costs of PDHM should be compared with those of other nutrition interventions routinely used in critically ill neonate care.

I. Unidade de Saúde Familiar Marginal.
II. Department of Pediatrics, Centro Hospitalar de Vila Nova Gaia e Espinho.
III. Department of Gynecology and Obstetrics, Hospital Senhora da Oliveira Guimarães.
IV. Department of Gynecology and Obstetrics, Hospital de Cascais Dr. José Almeida.

PED_0419

NEONATAL HYPERBILIRUBINEMIA – AN ETIOLOGY TO CONSIDER

Íris Santos Silva[I], Paula Manuel Vieira[II], Luísa Carreira[III], Cristina Godinho[III], Artur Alegria[III], Gilberta Santos[III]

Background: Neonatal hyperbilirubinemia is a common condition with several potential etiologies. Hemolysis is one possible etiology, and may result from genetic abnormalities or exogenous factors. When a common cause is not found, genetic problems must be investigated. Glucose-6-phosphate dehydrogenase deficiency, a recessive X-linked disease, is the most common glycolytic pathway enzyme deficiency causing persistent hyperbilirubinemia.

Case Report: A black neonate male was born at 38 weeks of gestation, with no relevant family history. Due to sepsis risk factors (maternal fever and artificial membrane rupture 23h before delivery), laboratory tests were conducted, confirming neonatal sepsis. Hemoglobin was 15.8 g/dL. Empirical antibiotics were started. Blood culture was positive for *Escherichia coli* and antibiotic therapy was completed for 14 days. Jaundice was noted on the second day of life, with total serum bilirubin of 11.5 mg/dL. Mother's blood group was O rhesus positive, and the child's blood group was B rhesus positive with negative direct Coombs test. Phototherapy was started and intermittently continued due to persistent bilirubin level raise. Hemoglobin values were consistently low, but within the normal range. Blood smear showed slight poikilocytosis. Transaminases and lactate dehydrogenase were normal. Red cell glucose-6-phosphate dehydrogenase activity was 3.3 U/g Hb. Glucose-6-phosphate dehydrogenase deficiency was diagnosed. At discharge, total serum bilirubin was 13 mg/dL and supplemental folic acid was prescribed.

Discussion: This case reinforces the importance of acknowledging cases of persistent jaundice, especially concerning non-Caucasian infants, as incidence of glucose-6-phosphate dehydrogenase deficiency is higher in African descents. This disease is generally asymptomatic and with favorable prognosis. Hemolytic episodes may be precipitated by infections, hypoglycemia, drugs, or fava bean ingestion.

I. Unidade Local de Saúde da Guarda, Hospital Sousa Martins, Portugal.
II. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Neonatology Unit, Department of Neonatology and Pediatric Intensive Care, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_1519

CHALLENGES OF OVARIAN CYST MANAGEMENT IN NEONATES - A CASE REPORT

Ana Lachado[I], Ariana Teles[I], Sofia Marinho[II], João Castro[II], Cidade Rodrigues[II], Liliana Pinho[I], Elisa Proença[I], Ana Novo[I]

Introduction: Fetal abdominal masses can include genitourinary or gastrointestinal cysts and lymphangiomas. Ovarian cysts are the most common abdominal cysts and arise from exposure to maternal and placental hormones in utero, with clinical approach lacking consensus. This case report aims to emphasize the delicate balance between risks and benefits underlying management options for ovarian cysts. **Case report:** Herein is reported the case of a female newborn with prenatal diagnosis of left pelvic cystic formation with 7.7 cm of larger diameter, born after a C-section at 34 weeks and 5 days, with good and appropriate-for-gestational-age adaptation to extrauterine life. No relevant findings were observed on physical examination, except for a palpable mass of elastic consistency in the hypogastric and left iliac region, which was mobile, painless, and without clearly well-defined limits.

At 2 days of age, abdominal x-ray revealed median opacity with shift to the right side of intestinal loops. Ultrasonography showed a 95x60-mm diameter lesion, predominantly anechoic, with a thin rounded septum in contents, apparently corresponding to cystic formation. α-fetoprotein and β-HCG assessment were normal. Following Pediatric Surgery evaluation, a watchful approach with ultrasonography surveillance was decided.

At 9 days of age, the girl presented clinical deterioration with skin pallor, poor peripheral perfusion, abdominal tension, and discomfort with palpation. Hemodynamic stability was maintained despite hemoglobin decrease to 7 g/dL, and the girl received intravenous fluids and red blood cell transfusion.

Cyst rupture with consequent hemoperitoneum was confirmed by emergency ultrasound, and a left salpingo-oophorectomy was performed without complications.

Histologic examination of the surgical piece was consistent with ovarian follicular cyst, with no other focal pathology.

Discussion: As described in the literature, a small, round, anechoic structure within a cyst ("daughter cyst") is pathognomonic for ovarian cysts, which was confirmed in the reported case. Most ovarian cysts remain asymptomatic and resolve spontaneously, supporting a conservative approach. Complications, such as cyst rupture or torsion, can occur, particularly with cysts larger than 5 cm (85% of which require oophorectomy). With this report, the authors intend to draw attention to this condition and promote discussion on its approach.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Pediatric Surgery, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_1819

ANTERIOR MEDIASTINAL TERATOMA – CASE REPORT AND SURGICAL MANAGEMENT

Joana Barbosa Sequeira[I], Ana Sofia Marinho[I], Catarina Carvalho[I], Catarina Sousa[I], Berta Bonet[I], Maria Guilhermina Reis[II], Fátima Carvalho[I]

Introduction: Mediastinal germ cell tumors (GCT) are a heterogeneous group of benign and malignant neoplasms of pluripotent germ-cell origin. Such lesions are rare in pediatric age, representing 3% of GCT in children and 6–18% of all pediatric mediastinal tumors. Mature teratomas comprise 34–57% of mediastinal GCT and are typically located in the anterior mediastinum. Clinical presentation significantly differs depending on volume and compression of adjacent structures. Most children present with respiratory symptoms, chest pain, or superior vena cava syndrome, although both nonspecific symptoms and asymptomatic cases may occur. Treatment standard is tumor resection using either minimally invasive or conventional surgery, with overall survival associated with complete surgical excision approaching 99%. The authors report their experience in surgical management of a mature cystic teratoma of the anterior mediastinum.

Case report: A previously healthy 15-month-old girl presented with a 7-day history of wheezing, mild cough, nasal discharge, and fever. Upon clinical examination, she showed no signs of respiratory distress and normal symmetrical respiratory sounds. Chest X-ray revealed a central high-density consolidation. Subsequent thoracic computed tomography revealed a large heterogeneous 52x52x70- mm-sized mass located in the anterior mediastinum, with both soft-tissue density and calcification areas suggesting a germ-cell tumor. The infant was submitted to a right lateral thoracotomy. Intraoperatively, the mass was located in the anterior mediastinum in an apical position extending to the right hemithorax and adherent to the pericardium in its medial aspect, compressing the cardia and great vessels. Complete excision was performed combining both blunt and harmonic dissection. Surgery and postoperative period were uneventful. Histological examination confirmed cystic mature mediastinal teratoma diagnosis. One month post-surgery, the child remains asymptomatic, with no clinical evidence of recurrence.

Discussion: Although anatomical relationship with adjacent vital structures poses a challenge to surgical resection, complete excision of a mediastinal teratoma is possible with minimal morbidity, allowing for curative treatment. Nevertheless, the potential for malignant transformation in cases of incomplete resection requires a close follow-up.

I. Department of Pediatric Surgery, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Pulmonology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_1919

CONGENITAL DACRYOCYSTOCELE

Catarina Freitas[I]; Ana Lia Gonçalo[I]; Marco Pereira[I]; Sofia Aroso[I]; Rui Almeida[I]

Introduction: Congenital dacryocystocele is a collection of amniotic fluid or mucus in the tear sac due to obstruction of distal and proximal levels of the lacrimal pathway, with subsequent dilation of the tear sac. Although it is a rare congenital anomaly, affecting only 0.1% of children with nasolacrimal duct obstruction, it should be promptly recognized to swiftly initiate appropriate measures (Crigler´s massage), which solve most cases. In newborns, the risk of infectious/respiratory complications is higher, reinforcing the need for an individualized approach.

Clinical Case: A female, Caucasian, term newborn presented at 25 days of age with a tense cystic lesion below the medial canthal tendon, of bluish colouration, with associated epiphora. According to parents, the lesion was noted since the first days of life and did not grow further. It was difficult to establish if the lesion *per se* was associated with respiratory distress, since the girl also developed acute bronchiolitis. The child was observed in Ophthalmology and diagnosed with congenital dacryocystocele, with recommendations for systemic and topic antibiotherapy, Crigler's massage, and warm compresses. At follow-up, lesion clinically resolved after 4 weeks.

Discussion: Diagnosis of congenital dacryocystocele is essentially clinical and, as in the present case, prognosis is favorable with conservative measures. Tear sac compressive massage and application of warm compresses must be started quickly and the need for antibiotic introduction should be individually assessed. This case highlights the role of the pediatrician in identification, diagnosis, and early intervention in this context.

I. Department of Pediatrics, Hospital Pedro Hispano - Unidade Local de Saúde de Matosinhos.

PED_2119

GIANT OVARIAN SEROUS CYSTADENOMA – CASE REPORT AND SURGICAL MANAGEMENT

Joana Barbosa-Sequeira[I], Ana Sofia Marinho[I], Catarina Carvalho[I], Berta Bonet[I], João Moreira-Pinto[I], Fátima Carvalho[I]

Introduction: Ovarian tumors are rare during childhood and adolescence, accounting for approximately 1% of all tumors at this stage. Most of these neoplastic masses are benign, with malignancy reported in approximately 10% of cases. Mature teratomas are the most frequent benign tumors in the pediatric population. Conversely, epithelial ovarian tumors are rare. They are estimated to represent around 15–20% of ovarian neoplasms before the age of 21, with serous cystadenoma being the most common subtype. Clinical presentation significantly differs depending on volume, ranging from small asymptomatic adnexal masses to large, abdominal, compressing lesions. Additionally, abdominal pain due to adnexal torsion may occur. Treatment standard comprises a conservative surgical approach aiming to preserve patients' fertility. Nevertheless, a careful diagnostic approach is of vital importance to understand malignancy potential, which may be an indication for more aggressive surgical approach.

Case Report: A previously healthy 17-year-old girl presented with a 12-month history of abdominal distention, pyrosis, early satiety, and anorexia. Abdominal ultrasound revealed a large cystic mass sized 28x12 cm causing right-sided pelvic distention. Upon physical examination, she presented with diffuse abdominal distention and a pliable, non-tender abdominal mass. A subsequent computer tomography described a large septate cystic mass sized 35x26x15 cm occupying all abdominal quadrants arising from the left adnexa, suggesting a mucinous/borderline ovarian tumor. The girl was submitted to exploratory laparotomy, which identified a well- circumscribed cystic mass occupying all abdomen, originating from the left ovary, without any apparent solid component. Left salpingo- oophorectomy was performed, followed by a surgical staging procedure. Surgery and postoperative period were uneventful. Histological examination confirmed ovarian serous cystadenoma diagnosis. Two months post-surgery, the patient remains asymptomatic, with no clinical evidence of recurrence.

Discussion: In this clinical case, suspicion of preoperative malignancy justified the decision for salpingo-oophorectomy and complete staging and argued against a conservative approach. Nevertheless, benign epithelial tumor recurrence is observed in approximately 11% of cases and should not be disregarded. A close follow-up with ultrasound and physical examination is warranted.

I. Department of Pediatric Surgery, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_2219

NEURODEVELOPMENTAL OUTCOMES IN CHILDREN WITH PERIVENTRICULAR LEUKOMALACIA: THE ROLE OF INFECTION

Sara Leite[I], Joana Matos[II], Joana Grenha[III], Ana Cristina Braga[IV], Ruben Rocha[V,VI]

Introduction: Periventricular leukomalacia (PVL) is an important cause of preterm newborn cerebral white matter disease. This study sought to correlate differences between ischemic and infectious risk factors and neurodevelopmental outcomes in children with PVL. **Methods:** Retrospective review of medical records of children with a diagnosis of PVL born at a tertiary center between 1996 and 2006. Subjects were divided in two groups according to most probable PVL etiology.

Results: A total of 34 newborns with a median gestational age of 29 weeks were selected. Fifty-six percent had predominantly ischemic risk factors (ischemic group), and 44%, predominantly infectious risk factors (infectious group). PVL was moderate or severe in eighty-six percent of cases. In this group, 79% ($p<0.05$) had cerebral palsy, 60.9% ($p=0.05$) had ophthalmic abnormalities, and developmental complications were significantly more common ($p<0.05$). Griffiths GQ at an average of 3 years showed a median in the average low group. In the moderate-to-severe PVL group, a statistically significant higher prevalence of infectious risk and placental changes were observed, suggesting infection/inflammation.

Discussion: In this report, the inflammatory etiological group presented more developmental complications, with higher incidence of cerebral palsy, which may be related to more severe white matter injury. Infection may be the most important factor for severe PVL forms.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Pediatrics, Centro Hospitalar do Tâmega e Sousa.
III. Department of Pediatrics, Centro Hospitalar de Vila Nova de Gaia e Espinho.
IV. Neonatology Unit, Department of Neonatology and Pediatric Intensive Care, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
V. Pediatric Neurology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
VI. Department of Anatomy, Faculty of Medicine, University of Porto.

PED_2819

CAPUT MEDUSAE IN A NEWBORN INFANT

Sara Soares[I], Ana Cristina Freitas[I], Sofia Marinho[II], Joana Barbosa[II], Duarte Rego[III], Cidade Rodrigues[II], Carmen Carvalho[I], Luísa Lopes[I], Sandra Pereira[I]

Introduction: Caput medusae in newborns is a rare condition, consisting of extensive abdominal wall venous collaterals. It can be an umbilical circulation variant with normal liver function or associated with congenital malformations. Blood flows from the umbilicus towards the thorax as a successful attempt to ensure blood flow from the placenta to the embryo.

Case report: Herein is reported the case of a term newborn boy without consanguineous parents or family history of malformations. No alterations were observed on prenatal ultrasounds. After eutocic delivery, a tortuous and twice-the-length umbilical cord was noticed, with centrifugal varicose large veins bulging under the skin and extending to the anterior abdominal wall. Physical examination was otherwise normal and Apgar score was 9/10.

The newborn was hemodynamically stable, with normal echocardiogram and liver function. Abdominal doppler ultrasound and computed tomography scan confirmed anterior abdominal collateral circulation with patent and normally located inferior vena cava, portal vein, and suprahepatic veins.

During the first days of life, umbilical cord volume gradually decreased, as did collateral circulation. The newborn was discharged on day 7. Umbilical stump fell on the 20th day of life. At one month, the boy had a small evidence of collateral circulation in the upper abdominal quadrants; a redundant skin at the umbilicus was noted. At the age of four months, no evidence of collateral abdominal circulation was present.

Conclusion: Caput medusae is a visually exuberant condition not frequently observed. Without prenatal diagnosis, it can surprise birth-attending neonatologists. Primary or secondary Budd-Chiari syndrome is the main differential diagnosis but, unlike in adults, an exuberant collateral abdominal circulation can be a benign situation in the neonatal period. With an expectant approach, collateral veins will gradually recede without sequels.

I. Neonatology Unit, Department of Neonatology and Pediatric Intensive Care, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Pediatric Surgery, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Department of Vascular Surgery, Centro Hospitalar e Universitário do Porto, Porto, Portugal.

PED_3619

COW'S MILK PROTEIN ALLERGY WITH GASTROINTESTINAL MANIFESTATIONS IN A NEWBORN

Carolina Castro[I]; Cláudia Correia[I]; Rui Almeida[I]; Sofia Aroso[I]

Introduction: Cow's milk protein allergy (CMPA) is the main cause of food allergy in infants, affecting 2–3% of children. The highest prevalence is reported during the 1st year of life.

Clinical manifestations can be IgE-mediated (symptom onset within 30 minutes after ingestion) or non-IgE-mediated (hours to days after ingestion), mostly involving the gastrointestinal system and skin. This report describes a case of CMPA in a newborn refractory to extensively hydrolyzed formula (eHF). This is a rare occurrence and presentation severity may require excluding other pathologies.

Case report: A female newborn with 35 weeks and 4 days presented on the 21st day of life with blood in the stools, without vomiting, fever, or other symptoms. She was exclusively breastfed except for the first 48 hours of life, when she received infant formula (IF). Physical examination revealed no alterations other than subicteric staining of the skin.

The girl underwent complementary diagnostic tests: abdominal ultrasonography revealed no images suggestive of intestinal invagination and analytical study (including bacteriological and virologic stool tests) showed no changes except for indirect hyperbilirubinemia. The girl remained hemodynamically stable, with good general appearance and adequate weight gain. Admitting a CMPA diagnosis, elimination of cow's milk protein (CMP) from maternal diet was recommended. However, due to persistence and exuberance of manifestation, the girl started eHF on day 2.

On day 10, she maintained moderate volume of bloody stools. Scintigraphy was performed, excluding Meckel's diverticulum. She started an amino acid formula (AAF), with good tolerance and total symptom resolution.

One month after discharge, the girl was asymptomatic and with good weight evolution in Pediatric Gastroenterology consultation, and started eHF-supplemented breast milk. One month after starting IF, the girl remains without intercurrences.

Discussion: CMP-induced proctocolitis in breastfed newborns is uncommon. Prematurity may be related with changes in development of intestinal flora – which may be a predisposing factor –, as well as with early IF exposure. The only proven therapy is CMP-eviction diet. AAF is the best option for infants reacting to eHF; although risk is estimated to be less than 10%, it may be higher in presence of severe enteropathy. CMPA is usually transient and tolerance is often acquired until the 3rd year of life.

I. Department of Pediatrics, Hospital Pedro Hispano, Unidade Local de Saúde de Matosinhos.

PED_1419

POSTSTREPTOCOCCAL GLOMERULONEPHRITIS PRESENTING AS POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME: A CASE REPORT

Mariana Ferreira[I], Juliana Cardoso[II], Sandra Ramos[III], Sónia Figueiroa[IV], Maria Sameiro Faria[V], Teresa Costa[V], Liliana Rocha[V], Ana Teixeira[V], Liane Costa[V], Paula Matos[V], Conceição Mota[V], Alberto Caldas Afonso[II]

Background: Posterior reversible encephalopathy syndrome (PRES) is a clinical syndrome with acute neurological findings resulting from blood-brain barrier disruption and with evidence of vasogenic edema on brain imaging. Although uncommon, it is increasingly recognized in the pediatric age group. Presenting symptoms include headaches, seizures, acute change in mental status, and visual acuity disturbances. Hypertension, use of immunosuppressive and cytotoxic medication, and nephrological and hematological diseases have been associated with PRES development.

Clinical case: A previously healthy 11-year-old girl was brought to the Emergency Department complaining of headache and malaise for 6 days. She started developing fever, vomiting, diarrhea, and brownish urine the night before admission. During that day, she evidenced imbalance, disorientation, incoherent speech, and visual disturbance (blurry vision with "bright yellow squares" on the temporal lower right field). Parents denied any consciousness loss or abnormal movements. On admission, she was afebrile, prostrated with periods of confusion, with gait ataxia and positive Romberg. She had a 150/100 mmHg blood pressure. After initial BP lowering with nifedipine, she was transferred to a level III hospital. Brain MRI revealed increased signal in the subcortical white matter involving the parieto-occipital and frontal lobes and both cerebellar hemispheres, suggestive of PRES. She had gross hematuria, very low C3 levels, normal C4 levels, elevated anti-streptolysin titer, and positive rapid streptococcal antigen test, suggesting post streptococcal glomerulonephritis. The girl started antihypertensive medication and amoxicillin, with a steady blood pressure decrease and complete neurological symptom resolution after two days. She was discharged home after 10 days, without daily anti-hypertensive medication. The girl remains normotensive and asymptomatic, with C3 level normalization after 5 weeks.

Discussion: An uncommon case of post infectious glomerulonephritis complicated by PRES with extensive lesions is described. This case is unusual because the patient developed neurological symptoms as first manifestation of acute post-streptococcal glomerulonephritis. Patients with PRES usually have complete neurological recovery and resolution of imagiological findings. Early hypertension recognition and treatment contribute to a favorable prognosis.

I. Department of Pediatrics, Centro Hospitalar Tondela-Viseu.
II. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Department of Pediatrics, Centro Hospitalar Póvoa de Varzim e Vila do Conde.
IV. Pediatric Neurology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
V. Pediatric Nephrology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_1619

ACUTE WHEEZING IN PEDIATRIC AGE – WHAT IS THE DIAGNOSIS?

Ana Lachado[I], Inês Cascais[I], Sofia Barroso[II], Sergio Campainha[II], Rosa Lima[III], Telma Barbosa[IV]

Introduction: Wheeze is a continuous, usually high-pitched whistling sound with a musical quality. It originates from turbulent airflow, when intrathoracic airways are partially blocked, and asthma is only one of its multiple causes. Acute onset of monophonic wheeze raises the possibility of foreign body aspiration (FBA).

With the following 2 case reports, the authors intend to bring awareness to acute wheezing management in pediatric age.

Case Report: Case 1: A 9-year-old female with asthma and attention deficit hyperactivity disorder was referred to the Emergency Department (ER) for having aspirated/ingested a pen cap the day before. During the episode, she described a brief difficulty breathing, and after that odynophagia and abdominal discomfort. Physical examination had no relevant findings, except for pulmonary bilateral expiratory wheezing, that improved mildly after bronchodilator administration. Chest radiography in inspiration revealed hyperinflation in the right pulmonary side. Rigid bronchoscopy enabled identification and removal of the foreign body in the left main bronchus.

Case 2: A previously healthy 21-month-old boy presented to the ER after a witnessed choking event with pork liver during lunch. The parents described cyanosis and respiratory distress that settled after stimulation and Heimlich maneuver attempt, although maintaining noisy breathing. On admission, the boy showed signs of mild respiratory distress without hypoxemia, persistent cough, and audible bilateral wheezing in auscultation. No improvement was observed with bronchodilatation. Chest radiography had no apparent pathological changes. Pursuing the foreign body aspiration hypothesis, the boy underwent bronchoscopy, which confirmed diagnosis. A piece of pork liver was found occluding the right main bronchus.

Discussion: FBA can obstruct airways and be potentially fatal. Although the condition most frequently occurs in infants younger than 3 years, it can occur at any age. An episode reported by the child or a choking event witnessed by an adult allows more prompt diagnosis. Normal chest X-rays findings are reported in at least 30% of cases, and hence do not rule out FBA, as observed in patient 2. The authors emphasize that clinical history is the main determinant for whether to perform a bronchoscopy.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Pulmonology, Centro Hospitalar de Vila Nova de Gaia e Espinho, Vila Nova de Gaia.
III. Pediatric Gastroenterology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
IV. Pediatric Pulmonology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_1719

A CASE OF WET LAUGHS

Patrícia Graça Silva[I]

Introduction: Giggle incontinence (GI) is a rare form of daytime incontinence, characterized by involuntary, unstoppable, and large-volume voids with complete bladder emptying during or immediately after laughing. It is more frequent in females and may be associated with a family history of the condition. GI pathogenesis is uncertain, but the theory that laughter associated with central inactivation (cataplexy) results in incontinence is currently accepted. It is an exclusion diagnosis and usually established based on clinical history. Currently available treatment strategies include lifestyle changes, bladder/pelvic floor retraining with biofeedback techniques, and pharmacotherapy with methylphenidate or oxybutynin. This case report highlights the importance of a good clinical history for diagnosing this syndrome.

Case report: A 15-year-old girl presented at the family health unit with concerns of involuntary bladder leakage only when laughing, starting approximately 2 years before. Most of times, leakages where massive with total bladder emptying. Episodes occurred with a frequency of around 2–3 times a week and happened at school, home, or wherever laugh was triggered. She denied involuntary urinary loss while coughing, sneezing, or straining, as well as nocturnal enuresis. She also had no complaints of dysuria or pollakiuria, or constipation. Patient's medical history was unremarkable. At physical examination, her growth was adequate, and her pubertal development was at Tanner stage 3. The patient was not considered overweight and no other significant alterations were present. A urine analysis was requested, as well as urine culture and renal-vesical ultrasound, which were all normal. The patient was referred to the pediatric outpatient clinic of a secondary hospital. One month later, she was observed and GI diagnosed. As initial treatment, urotherapy measures were recommended, including decreasing soft drink consumption and increasing daytime urination frequency.

Discussion: GI is a well-defined clinical syndrome with potentially underestimated incidence due to lack of symptom recognition by patients, their families, or even health professionals. Family doctor, due to its close relationship to patients, should be aware of the condition's symptoms. GI prognosis is usually favorable, with spontaneous resolution during adolescence, although sometimes persisting during adulthood.

I. Unidade de Saúde Familiar Navegantes, ACeS Grande Porto IV Póvoa de Varzim/Vila do Conde.

PED_2019

A CASE OF HHH SYNDROME – THE IMPORTANCE OF NEURODEVELOPMENTAL ASSESSMENT

Joana Lorenzo[I], Joana Correia[II], Diana Gonzaga[III], Anabela Bandeira[II], Cristina Garrido[IV], Dulce Quelhas[II], Ermelinda Silva[V], Esmeralda Martins[II]

Background: Neurodevelopmental assessment is essential in any Pediatric field. Findings can point towards a definitive diagnosis, with prognostic impact. The authors present a case of hyperornithinemia-hyperammonemia-homocitrullinuria (HHH) syndrome, a rare urea cycle disorder for which neurodevelopmental features are key for diagnosis.

Clinical Case: This report describes the case of a 12-year-old male, son of consanguineous Chinese parents. From the first year of life, the boy evidenced global development delay, but the first referral to a Pediatric consultation was only at the age of nine due to relocation to China. He was evaluated with the Wechsler Intelligence Scale for Children – Third Edition (WISC-III) and the diagnosis of intellectual development disorder (Global IQ 69, verbal IQ 73 and performance IQ

76) was established. During evaluation, the boy was also diagnosed with language disorder, attention-deficit/hyperactivity disorder, and developmental coordination disorder. He was under inclusive education and started methylphenidate. At the age of ten, the boy had a vomiting episode, transient incoherent speech and ataxia, with no other neurological signs. Blood tests (without ammonia) and brain CT scan were normal. At this point, he was referred to the Neuropediatric consultation and subsequently to the Neurodevelopment Unit. His neurologic exam and etiologic study (brain MRI and CGH array) were normal. Isolated mild hypertransaminasemia (3 times normal) was later detected, and an aversion to protein-rich foods was noted in his dietary history. Increased serum ornithine and urinary excretion of homocitrulline were detected, associated with postprandial hyperammonaemia (322 µmol/L), suggestive of HHH syndrome, which was confirmed by c.815C>T (p.T272I) mutation (homozygous) identification. The boy started a low-protein diet and arginine supplementation with good metabolic control. At 12 years, he presents with lower limb spasticity and motor incoordination, with marked learning difficulties.

Discussion: Little is known about HHH syndrome prognosis. Despite prevention and control of hyperammonemic episodes, neurocognitive findings may aggravate over time, with progressive pyramidal signs and cognitive deterioration. Neurocognitive and school performance monitoring are crucial for diagnosis and follow-up, since intellectual disability and gait abnormalities/spasticity are predominant in late presentations, as in the present case.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Reference Center for Inborn Errors of Metabolism, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.
III. Neurodevelopmental Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
IV. Pediatric Neurology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
V. Pediatric Gastroenterology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_2319

LUNG ABSCESSES COMPLICATING PNEUMONIA

Cláudia Correia[I]; Carolina Castro[II]; Sofia Aroso[III]; Rui Almeida[III]

Introduction: Lung abscesses are uncommon in the pediatric population. These thick-walled cavities contain purulent material and result from acute pulmonary infection leading to suppurative necrosis and destruction of the involved lung parenchyma.

This report describes a case of pneumonia complicated by a primary abscess and highlights the importance of a high level of suspicion for this diagnosis.

Clinical case: An 8-year-old boy with asthma (treated with budesonide) and full anti-pneumococcal vaccination was admitted to the Emergency Room (ER) with a 5-day-fever (39.5ºC maximum temperature) associated with a progressively worse cough, appetite loss, and vomiting on the 3rd and 4th days.

He had been x-ray evaluated on the 3rd day of disease, showing no consolidation.

On admission, the boy presented with diminished breath sounds on the right side, and a 2nd x-ray displayed extensive upper lobe consolidation. Blood tests exhibited relative neutrophilia with no leucocytosis and elevated CRP. The boy was subsequently started on antibiotic therapy with iv ampicillin.

Despite (clinical and analytical) improvement signs, the boy remained febrile 4 days after antibiotic start. A 3rd x-ray showed no apparent complication signs, as pleural effusion, and ceftriaxone was started.

As the boy remained febrile forty-eight hours after changing treatment (even with further inflammatory parameter reduction), a thoracic CT-scan was performed, showing pulmonary consolidation on the upper and middle right lobes complicated with 4 lung abscesses on the upper right lobe. Clindamycin was added, resulting in sustained apyrexy after 48-hour treatment. No agent was identified on blood culture, nasal secretion aspirate, or serology. The boy completed 15 days of iv therapy, continuing treatment at home with an additional 2 weeks of oral amoxicillin-clavulanate.

At follow-up, he remained well, with almost complete consolidation clearance on control x-ray.

Discussion: Primary lung abscesses occur in previously healthy children with predisposing factors, such as pneumonia in the present case. In these cases, etiology can be broad (including both aerobic and anaerobic agents). Good response to clindamycin suggests that either *S. aureus* or anaerobes may be etiologically implicated (despite no evidence of an hematogenous dissemination cause or aspiration episode).

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Pediatrics, Hospital Pedro Hispano, Unidade Local de Saúde de Matosinhos.
III. Department of Pediatrics, Hospital Pedro Hispano, Unidade Local de Saúde de Matosinhos.

PED_2419

PEDIATRIC DAY CARE CLINIC – EXPERIENCE OF A TERTIARY HOSPITAL

Bebiana Sousa[I], Paula Manuel Vieira[I], Laura Marques[II]

Introduction: A Pediatric Day Care Clinic (PDCC) is a unit where scheduled hospital care is provided to children and adolescents under medical and nursing supervision for a less-than-12-hour period. The aim of this study was to investigate the population attending a non-oncological PDCC at a tertiary hospital.

Methods: Retrospective longitudinal study of patients attending our PDCC from January 1st to December 31st, 2018. Dialysis sessions were excluded, since they occur at a different facility (Pediatric Nephrology Unit). Statistical analysis was performed using SPSS 25.0, with a $p<0.05$ considered statistically significant.

Results: A total of 2170 PDCC sessions were performed in 2018 in 740 patients. A slight male predominance was observed (57%; n=1246), with a median cohort age of 12 years (minimum 8 days, maximum 23 years). An average of 181 sessions per month (minimum 148, maximum 199) were registered, with a higher number of sessions in July and August. Median session duration was 4.5 hours (minimum 1, maximum 10). Approximately 68% of patients (n=505) had a single visit. The most common reason for single visits was diagnostic procedures (87%; n=440). One third of cases were chronic patients with multiple visits, with an average of 6 sessions per patient (minimum 2, maximum 60). Distribution by pediatric subspecialties showed that most sessions involved Gastroenterology, Hematology, Immunodeficiencies and Infectious Diseases, Metabolic Disorders, and General Pediatrics. Most common diagnoses were Crohn's disease (Gastroenterology), immune thrombocytopenia (Hematology), immunodeficiencies with hypogammaglobulinemia (Immunodeficiencies and Infectious Diseases), mucopolysaccharidosis VI and VII (Metabolic Disorders), and Juvenile Idiopathic Arthritis (General Pediatrics). Most frequent treatments were intravenous immunoglobulin (15.3%, n=531) and monoclonal antibodies (10.4%, n=225).

Conclusion: PDCC allows patients to receive in-hospital treatment without the need for ward admission. Literature is scarce for pediatric non-oncologic patients. In our level III hospital, a large proportion of chronic patients receiving regular scheduled treatment is reported. Most common treatments were intravenous immunoglobulin infusions for immunodeficiencies or autoimmune disorders, and intravenous monoclonal antibody infusions for autoimmune diseases.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Immunology and Immunodeficiency Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_2919

MYCOPLASMA PNEUMONIAE: AN ATYPICAL AGENT WITH ATYPICAL CLINICAL PRESENTATIONS – THREE CASE SERIES

Joana Filipe Ribeiro[I], João Virtuoso[I], Íris Santos Silva[I], Pedro Fernandes[I], Sónia Santos[I], Pedro Guerra[I], António Mendes[I]

Introduction: Atypical bacteria are a group of Gram-negative microorganisms. *Mycoplasma pneumoniae* (MP) is part of this group of agents and often has unusual clinical presentation.

Cases:

1) A 15-year-old female presented with clinical history of progressive fever for 2 days, associated with headache, vomiting, and lethargy on admission. She had a history of dry cough episodes three weeks before. Physical examination showed positive Brudzinski sign. Septic screening displayed elevation of inflammatory markers; CSF was clear, normotensive with low glucose and high protein levels, and negative for encapsulated antigens. Empiric treatment for meningoencephalitis was initiated. Blood and CSF cultures were negative, as well as virus PCR screening in liquor. Acute MP infection was diagnosed based on positive plasma IgM and negative IgG serology.

2) A 16-year-old male presented with a clinical history of oral ulcers during the previous week and no additional symptoms or recent medication intake. Physical examination detected numerous mucosal ulcerative lesions, presence of fibrinoid exudate in the tongue, and bilateral conjunctival injection with no eye discharge. Larynx or cornea lesions were excluded. Ulcer biopsy revealed a mixed inflammatory perivascular infiltrate. Analytic study was remarkable for negative IgG and positive IgM MP serology. Treatment with clarithromycin and prednisolone was initiated, with clinical resolution.

3) A 17-year-old male with a relevant medical history of atopic dermatitis and asthma presented with numerous painful erythematous nodules in the inferior limbs, with confluent areas originating a towel-like pattern. These findings had started 5 days earlier and showed a progressive evolution. Additionally, the boy displayed asthenia, anorexia, and night sweeting episodes. Past medical and family history were unremarkable for infectious or rheumatic diseases, animal contact, or recent travelling. Laboratory study revealed an IgG-negative and IgM-positive serology for MP, with negative IGRA test and immune evaluation. Skin lesions showed a clear regression after benzathine penicillin and clarithromycin treatment.

Discussion: These cases illustrate MP relevance as a causative disease agent during adolescence. MP should therefore be considered during diagnostic approach and for early institution of optimal therapy.

I. Department of Pediatrics, Hospital de Sousa Martins, Unidade Local de Saúde da Guarda.

PED_3119

COMMUNITY-ACQUIRED PNEUMONIA WITH ATYPICAL EVOLUTION – A DOUBLE CASE REPORT

Ana Losa[I], Inês Cascais[I], Inês Falcão[II], Isabel Couto Guerra[III], Lurdes Morais[IV], Ana Ramos[IV]

Introduction: Community-acquired pneumonia (CAP) in children is an important cause of morbidity in the developed world, with a significant proportion of severe cases requiring inpatient treatment. Parapneumonic effusion and empyema are possible CAP complications, most commonly among young children. Presence of loculated effusions or empyema usually require more aggressive therapy.

Case reports: Case 1: A 4-year-old healthy female child who had received 3 doses of pneumococcal conjugate vaccine presented with high-grade fever, productive cough, serous rhinorrhea, and vomiting. She was diagnosed with CAP and admitted to the hospital due to hypoxemia. On the 3rd day of ampicillin, worsening of clinical status, fever, and respiratory distress prompt investigation, which revealed a parapneumonic effusion of moderate-to-large volume. Pleural fluid drainage revealed a simple effusion. Therapy was changed to ceftriaxone and clindamycin. Respiratory secretion culture identified *Klebsiella pneumoniae* and a carbapenem was added. The patient showed clinical improvement and was discharged after 14 days of therapy.

Case 2: A 2-year-old healthy female child who had previously received 3 doses of pneumococcal conjugate vaccine presented with high-grade fever, abdominal pain, and partial food refusal starting 8 days earlier. On admission, she presented with respiratory distress and hypoxemia. Chest X-ray revealed consolidation and thoracic ultrasound revealed a loculated large-volume pleural effusion. A thoracic drain was inserted, and alteplase was administered. Empirical antibiotic therapy with ampicillin and clindamycin was initiated. Pleural fluid culture identified *Enterococcus faecium* and *Klebsiella pneumoniae*, and pleural fluid PCR revealed *Streptococcus pneumoniae*. Thoracic CT was performed due to lack of clinical improvement and an apical abscess was identified, leading to imipenem, clindamycin, and vancomycin initiation. On the 18th day of treatment, the girl was diagnosed with severe neutropenia (170 µl), spontaneously recovering 11 days later.

Discussion: These cases illustrate CAP complicated by uncommon bacterial agents in healthy children under the age of 5. In the first case, respiratory secretion culture results identified the causative agent of pneumonia. In the second case, three different agents were identified (two on pleural fluid culture and one by PCR), all of which were identified as CAP causative agents in the considered patient.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Allergy and Clinical Immunology, Centro Hospitalar Universitário do Porto.
III. Pediatric Hematology Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
IV. Pediatric Pulmonology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_2819

VENTILATION CHALLENGES IN ACUTE-ON-CHRONIC RESPIRATORY FAILURE IN NEUROMUSCULAR ADOLESCENTS: A SARCOGLYCANOPATHY CASE REPORT

Catarina Menezes[I], Sara Monteiro[I], Carolina Fraga[I], Manuel Ferreira-Magalhães[II], Ana Ramos[II], Lurdes Morais[II]

Background: Sarcoglycanopathy is a rare muscular dystrophy with proximal limb-girdle muscle involvement and progression to chronic respiratory failure. Obesity risk is increased in these patients, worsening alveolar hypoventilation and leading to faster respiratory distress. Impaired cough ability further promotes acute respiratory events.

The use of non-invasive ventilation (NIV) and mechanical insufflation-exsufflation can prevent the need for invasive ventilation in acute-on-chronic respiratory failure, improving quality of life and survival.

Case presentation: The case of a 15-year-old adolescent with gamma sarcoglycanopathy, tetraparetic, class-III obese, who was transferred from another hospital with acute respiratory failure triggered by a respiratory infection is reported.

On admission, the boy was on a Venturi mask with FiO2 0.85 and SpO2 92–94%, with progressive hypercapnia. Intravenous ciprofloxacin was empirically started.

On D3 of hospital stay, he was transferred to the Pediatric Intensive Care Unit (PICO) due to progressive hypercapnia and hypoxemia despite high-flow nasal cannula (HFNC) – 60L/min; FiO2 0.95–1. At PICU, he started NIV (Philips-Respironics V60®) with nasal-oral mask, in AVAPS mode. Adaptation was good and the boy was transferred back to the Pediatric ward on D5.

On D6, antibiotics were escalated to piperacillin/tazobactam and amikacin due to fever, purulent sputum, and raised inflammatory markers. On D10, fever stopped, and oxygen requirement started to decrease. The patient was weaned off to HFNC when awake and to NIV during sleep. NIV was subsequently also weaned off, always with AVAPS mode: Philips-Respironics V60® until D14 and domiciliary ventilator afterwards. The boy was oxigenotherapy-independent since D19. He was discharged home on D28, on spontaneous ventilation on room air and NIV during sleep. He lost 5 Kg during hospitalization due to nutritional adjustment.

Discussion: This case report evidences difficulties associated with respiratory failure management in a progressive neuromuscular disease and severe obesity setting. Pediatric guidelines for optimal NIV titration and mechanical insufflation-exsufflation are lacking.

NIV reduces breathing effort and oxygen consumption, and consequently respiratory muscle fatigue. Therefore, compared with prolonged hospitalization, home NIV seems a better approach, with quality of life gains and lower costs, although relying on adequate social and family conditions. This case additionally raises awareness for the need of early evaluation and intervention, even before exacerbations occur.

I. Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Pediatric Pulmonology and Sleep Unit, Department of Pediatrics, Centro Materno-Infantil do Norte, Centro Hospitalar Universitário do Porto.

PED_3619

HYPOPLASTIC RIGHT VENTRICLE – A 16P11.2 DUPLICATION-ASSOCIATED PHENOTYPE?

Maria Abreu[I]; Gabriela Soares[I]; Sílvia Álvares[II,III]

Introduction: Congenital heart defects (CHD) are the most frequent congenital malformations. Most CHDs occur as isolated malformations, but approximately 25–30% are associated with extracardiac anomalies in the context of large or submicroscopic chromosomal anomalies, Mendelian disorders, or malformation associations. Neurodevelopmental problems are more often observed in children with CHD than in the general population. Multiple risk factors contribute to CHD-associated neurodevelopmental abnormalities (eg. neonatal surgery), but unidentified genetic abnormalities should also be considered.

Clinical case: Herein is reported the clinical case of a 17-year-old boy with prenatal diagnosis of right ventricle (RV) hypoplasia and severe pulmonary valvular stenosis at 25 weeks of gestation, with no family history of CHD. He was born at 38 weeks of gestational age with adequate anthropometry. Post-natal echocardiography confirmed a hypoplastic right ventricle, critical pulmonary stenosis, and patent ductus arteriosus (PDA). The boy underwent atrioseptostomy, pulmonary valvotomy, and PDA closure on D3. At the age of 3 months, he was submitted to pulmonary valvoplasty, with RV obstruction relief. He maintained clinical stability, NYHA class I, with transcutaneous oxygen saturation ranging from 87 to 92%. The boy displayed learning difficulties with a global IQ score of 85 (low-average), and neurodevelopmental problems. Genetic evaluation included karyotype and 22q11.2 region FISH, which were normal, and array-CGH, which showed a 574-kb duplication in 16q11.2 region.

Discussion: CHDs are rarely described in individuals with 16p11.2 duplication, who are most often tested for developmental delay and behavior disorders. Literature reports mention few cases: transposition of the great arteries, Fallot tetralogy, hypoplastic right ventricle, and single ventricle. CHD is a genetically heterogeneous disease. Clinical genetic testing using genome-wide technologies (e.g., chromosomal microarray analysis) is increasingly employed in prenatal, pediatric, and adult settings. Discovery of copy number variation in CHDs have translated into clinical strategy and prognostic changes, and genetic counselling. Given the impact of genetic diagnosis on patient management, an increased use of genetic evaluation in CHD populations is desirable.

I. Department of Medical Genetics, Centro de Genética Médica Jacinto de Magalhães (CGMJM), Centro Hospitalar Universitário do Porto.
II. Department of Pediatric Cardiology, Centro Materno-Infantil do Norte - Centro Hospitalar Universitário do Porto.
III. Unit for Multidisciplinary Research in Biomedicine (UMIB), ICBAS-UP.

GINECOLOGIA - OBSTETRÍCIA

COMUNICAÇÕES ORAIS

GO_0219

SURGICAL OUTCOMES IN PATIENTS SUBMITTED TO LAPAROSCOPIC SURGERY FOR ENDOMETRIOSIS OVER THREE YEARS IN A REFERRAL CENTRE IN PORTO, PORTUGAL

Saloni Maria Deepti Pinto Rosario[I]; Neeraj Kulkarni[I]; Andres Vigueras Smith[I]; Rok Sumak[I]; Helder Ferreira[I,II]

Introduction: Endometriosis refers to the presence of endometrial-like tissue outside the uterine cavity, inducing a chronic inflammatory reaction. Prevalence of this condition is estimated to be 2–10% in the general population, but as high as 50% in sub-fertile women. Symptoms include dysmenorrhea, non-cyclical pelvic pain, dyspareunia, subfertility, chronic pelvic pain, dyschezia, and rectorrhagia. Endometriosis impacts a woman's physical, social, and mental well-being and poses a substantial economic burden. Definitive treatment with symptom relief and quality of life restoration is imperative.

Objective: To evaluate surgical and clinical outcomes of women undergoing surgery for endometriosis.

Materials and Methods: This study was a retrospective review of patients undergoing surgery for endometriosis between January 1st 2016 and March 31st 2019 at Centro Materno-Infantil do Norte (CMIN), a tertiary endometriosis referral center in Porto, Portugal. Data collection included patients' demographics, baseline characteristics, and intraoperative and postoperative details. Follow- up data was available for up to 36 months following surgery.

Results: Analysis was carried out for 202 patients undergoing laparoscopy for endometriosis. Most patients (n=193, 95.5%) had a normal body mass index (BMI), with only 8 patients (3.9%) classified as obese, and 2 patients (0.98%) as underweight. Most patients (n=198, 98.01%) were in the reproductive age group (18–45 years), and the remaining (n=4, 1.97%) in the perimenopausal age group (45–55 years). Nulliparous women comprised 52.9% of the cohort. The main reported complaint was dysmenorrhea (n=187 [92.5%], followed by dyspareunia [71.2%], dyschezia [32.6%], subfertility [27.7%], and rectorrhagia [10.8%]). Most patients (n=168, 83%) were classified by laparoscopy as AFS stage IV disease.

Among the 202 patients, 195 (96.5%) had radical laparoscopic surgery for all visible endometriotic lesions (including deep infiltrating endometriosis), five (2.4%) required conversion to laparotomy, and two patients (0.9%) had surgery deferral or limitation due to unanticipated disease severity or anesthetic complications.

Fifty-four patients (26.7%) had predominately bowel disease – 24 of which (11.8%) had bowel resection +/- protective ileostomy –, 27 patients (13.3%) had rectal shaving, and one patient (0.49%) underwent discoid resection. Four patients (1.98%) had predominately bladder disease and underwent endometriotic nodule resection and repair. One patient (0.49%) had appendix and bladder disease and underwent bladder resection and repair together with appendicectomy. Five patients (2.4%) had ureteral disease, requiring either ureteral excision with uretero-ureterostomy and JJ stenting (n=3, 1.48%) or peri-ureteral disease excision (n=1, 0.49%). One patient had unanticipated severe disease encasing the lower third of ureter and involving the sigmoid colon, requiring surgery deferral. Twenty-six patients (12.8%) had ovarian disease requiring cystectomy. Twenty-four patients (10.8%) had uterine endometriosis, 22 of which (10.89%) had hysterectomy +/- adnexectomy, and 2 (0.99%) were submitted to uterine endometrioma excision. One patient (0.49%) had a frozen pelvis, and surgery was deferred. Thirteen patients (6.4%) had uterosacral disease with excision, while nine patients (4.4%) had surgery for peritoneal disease.

No major intraoperative complications were registered, except for one case of iatrogenic injury to the ureter. Mean follow-up was 11.08 months. Most patients (n=181, 89.6%) were symptom-free at follow-up. Twenty-one patients (10.3%) reported severe symptoms, 5 of which had disease recurrence on MRI.

Conclusion: Radical laparoscopic surgery with multidisciplinary care at a tertiary care center setting results in low complication rates and good clinical outcomes.

I. University of Porto.
II. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_0319

LAPAROSCOPIC VESSEL OCCLUSION AT MYOMECTOMY

Neeraj Kulkarni[I]; Deepti Pinto Rosario[I]; Rok Sumak[I]; Andres Vigueras Smith[I]; Hélder Ferreira[I,II]

Introduction: Fibroids are the most common uterine tumors in women of any age, with a 30% lifetime prevalence. They can be asymptomatic or affect quality of life by causing heavy menstrual bleeding, pain, and subfertility. Very large myomas can compress the urinary system, resulting in frequent micturition, urinary retention, or hydroureteronephrosis. Treatment options include pharmacological treatment, MRI-guided focused ultrasound (MRgFUS), uterine artery embolization (UAE), minimally invasive surgery (hysteroscopic myomectomy or laparoscopic myomectomy), and open surgery (myomectomy or hysterectomy). Among these options, laparoscopic myomectomy is considered the best choice for women with symptomatic fibroids who wish to preserve their child- bearing capabilities. Compared to open myomectomy, a laparoscopic approach has the advantages of less post-operative pain and fever and shorter hospital stay.

Limiting blood loss during myomectomy has been attempted using pre-operative gonadotrophin-releasing hormone (GnRH) analogues/ selective progesterone receptor modulators (SPRM), vasoconstrictive agents, and tourniquets during surgery. These methods have associated drawbacks.

Transient occlusion of the uterine artery (TOUA) during laparoscopic myomectomy has proven effective for limiting blood loss. Extensive anastomoses exist between the uterine and ovarian arteries. The authors propose the additional transient occlusion of bilateral infundibulopelvic and round ligaments to further limit blood loss without significantly increasing operative time during laparoscopic myomectomy.

Objective: To demonstrate occlusion of three areas – uterine artery, round ligament, and infundibulopelvic ligament – during myomectomy as a blood-sparing technique during laparoscopic myomectomy.

Design: Stepwise procedure demonstration, with explanation and surgical video.

Setting: Centro Materno-Infantil do Norte (CMIN), an academic medical centre in Porto, Portugal.

Patient: Study case was a patient undergoing laparoscopic myomectomy for a 10-cm myoma. Bilateral uterine arteries, infundibulopelvic ligaments, and round ligaments were occluded prior to first uterine incision.

Intervention(s): Before starting myomectomy, a stepwise temporary devascularisation of the uterus was undertaken:

(1) bilateral occlusion of uterine artery using the most feasible approach (posterior approach was used in the index case),

(2) bilateral clipping of infundibulopelvic ligaments;

(3) bilateral clipping of round ligaments.

Laparoscopic technique: The patient was placed under general anesthesia with endotracheal intubation. The procedure was carried out in low lithotomy position. A Foley catheter was placed in the urinary bladder and left in situ for 24 hours. A uterine manipulator was fixed for uterine manipulation. With an umbilical incision, direct trocar entry was undertaken, and pneumoperitoneum achieved. A video laparoscope was introduced through this port. Three 5-mm trocars – two lateral and one suprapubic – were placed under direct laparoscopic vision. After survey, lateral approach to uterine artery occlusion was chosen. Landmark was identified through medial umbilical ligament traction. Peritoneum was incised, and ureter and uterine artery were exposed with careful blunt dissection. Temporary surgical clips were placed on bilateral uterine arteries. Subsequently, bilateral IP and round ligaments were similarly occluded.

With devascularisation achieved, a linear incision was made over myoma using a unipolar hook and carried through the serosa directly to the myoma. Enucleation was completed with the aid of tooth forceps. Few bleeders were coagulated with bipolar forceps. Myometrium was repaired in two layers by a continuous suture using baseball technique for the superficial layer. Electro-morcellation was employed for myoma removal through a left lateral port.

Surgical clips were successfully removed from the uterine arteries and both IP and round ligaments. Peritoneal lavage was carried out, and Interceed barrier (Ethicon, Johnson & Johnson, Neuchatel, Switzerland) was placed over the incision site. Blood loss was estimated by subtracting the instilled rinsing volume from the volume of fluid collected in suction drain at the end of the procedure. No intraoperative or immediate post-operative complications were reported.

Discussion: Limiting blood loss during myomectomy clears operative field, decreases operative time required for myomectomy, decreases post-operative anemia, and hastens recovery. Use of preoperative GnRH analogues can distort anatomy, making surgical planes harder to dissect. Vasopressin, although widely used, has associated disadvantages, as inability to control effectiveness duration, excessive bleeding if operative time exceeds effectiveness time, and systemic effects if incorrectly injected. Permanent laparoscopic occlusion of the uterine artery with/without laparoscopic myomectomy has been described. TOUA method provides a controlled action duration, significantly reduces blood loss, has no systemic side effects, is completely reversible, and has no long-term effects. Postoperative uterine doppler indices remain unchanged.

Mean operating time has been found to be 74.8 minutes, with

13.9 minutes required for uterine artery occlusion. Another study reported a mean of 6–40 minutes to put both uterine artery clips in place. This is a wide interval, which can be explained by the fact that this procedure is technically challenging; operative times will predictably decrease as surgical expertise increases. It can also depend on anatomical factors, as fibroid size, associated pelvic disease as endometriosis, and individual anatomic variation. In this study, time required for complete procedure was 19 minutes and time taken to occlude both uterine arteries was 12 minutes and 45 seconds. Complications as ureter, nerve, or uterine artery damage can occur, but the procedure seems safe in experienced hands. No intra or postoperative complications were noted in this patient. Surgery can be further complicated by large myomas. Kwon et al described an 8-cm upper limit beyond which larger myomas decreased pelvic space and hampered visualisation necessary for posterior/lateral uterine artery ligation. The present patient had a 10-cm myoma, showing that, despite size, dissection and isolation of the uterine artery is possible in experienced hands. An anterior, posterior, or lateral approach of uterine artery occlusion can be safely used in accordance with patient

individual anatomy. Posterior approach was employed in the present case. As extensive anastomoses are present between the uterine and ovarian arteries, additional ligation of the ovarian and Sampson's arteries within infundibulopelvic and round ligaments may further limit blood loss and ease surgery. Occlusion of the infundibulopelvic and round ligaments does not require complex surgical techniques, does not significantly alter surgical time, is easily reversible, and may further limit blood loss when performed in addition to uterine artery occlusion. This may shorten overall operative times and hasten recovery. Contrarily to leiomyomas, adenomyosis of the uterus often does not present clear cleavage places, and bleeding can be greater and more difficult to control. Thus, application of this method for excision of uterine adenomyosis may deserve a closer look.

Conclusion: Occlusion of both infundibulopelvic and round ligaments prior to laparoscopic myomectomy is a simple and reversible procedure, not significantly increasing operative times. When used in conjunction with transient uterine artery occlusion, it may further limit blood loss during surgery and hasten recovery. Larger studies are required to investigate surgical outcomes and recognize short- and long-term complications, if present.

I. University of Porto.
II. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_1519

PRENATAL DIAGNOSIS OF URINARY TRACT DILATATION AND POSTNATAL OUTCOMES

Sofia Rodrigues[I], Ana Mendes[II], Liliana Rocha[II], Paula Matos[II], Cristina Dias[I], Jorge Braga[I]

Introduction: Congenital abnormalities of kidneys and urinary tract (CAKUT) are the most common malformations in prenatal period, with UT dilatation (UTD) identified in 1–2% of fetuses. Although the condition is mostly benign, it may be associated with significant renal disease (RD) in a small number of cases. Prenatal diagnosis (PD) improves outcomes, since early recognition and treatment of critical obstructions and UT infections prevent further renal damage. The purpose of this study was to correlate prenatal findings with postnatal outcomes in patients with UTD.

Methodology: Retrospective study of postnatal follow-up of children with PD of UTD, born at Centro Hospitalar Universitário do Porto (CHUP) in 2014/15.

Results: A total of 151 children (180 renal units) were included, 73% of which male. Mean gestational age at diagnosis was 27 weeks. On 2nd trimester ultrasound (US), 35% of cases presented UTD. On 3rd trimester US, maximum anterior-posterior renal pelvic diameter (APRPD) was <7 mm in 38% of cases (normal prenatal group), 7–10 mm in 38% of cases (UTD A1: low risk), >10 mm or with other UT anomalies (calyceal dilation, diminished thickness or abnormal parenchymal appearance, ureteral dilatation, decreased amniotic fluid) in 17% of cases (UTD A2-3: increased risk group), and not quantified (NQ group) in 7% of cases. First postnatal US was performed between days 3–60 in 141 children and prompt reclassification of prenatal risk groups as follows: APRPD <10 mm (normal postnatal group), APRPD 10–15 mm (UTD P1: low risk), APRPD >15 mm (UTD P2: intermediate risk), APRPD >15 mm, and parenchyma anomalies (UTD P3: high risk group).

Normal postnatal group comprised 94% of normal prenatal group and 88% of UDT A1. Only 4 fetuses (5 renal units) were recategorized as UTD P2 and UTD P3, which had been previously assigned to UTD A1, UTD A2, and NQ groups.

A total of 126 children were on antibiotic prophylaxis, 47% of which were from the normal, 83% from the low-risk, 78% from the increased-risk, and 88% from the NQ group. During follow-up, 13 children had UT infection (10 were under prophylaxis).

The most common outcome was transient UTD, reported in 77% of renal units. Thirty renal units from all prenatal groups (53% of which from UTD A2–3, with $p<0.005$) had a diagnosis of CAKUT: duplex kidney, dysplastic kidney, posterior urethral valves, ureteropelvic junction obstruction, kidney agenesis, ectopic kidney, and others. Seven of these children underwent surgery.

Conclusion: In this population, a good correlation was found between prenatal findings and postnatal outcomes. Most prenatal low-risk UTDs were postnatally transient. Children with severe CAKUT requiring surgical treatment were prenatally correctly identified as increased risk.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_1719

ADVERSE PREGNANCY OUTCOMES AT ADVANCED MATERNAL AGE

Patrícia Gomes Ferreira[I]; Inês Reis[I]; Carolina Carneiro[I]; Vânia Ferreira[I]; Teresa Paula Teles[I]

Introduction: Advanced maternal age is a rising trend, with increased risk of pregnancy complications. Several studies have reported the association between advanced maternal age and adverse pregnancy outcomes, including gestational hypertension, preeclampsia, gestational diabetes, fetal growth restriction, preterm birth, low birth weight, fetal mortality, and cesarean section. This study aimed to compare adverse pregnancy outcomes between women aged 40 years or more and younger women.

Methods: This was a case-control study in 234 pregnant women aged 40 years or more at time of delivery, who gave birth from January 2016 until December 2018 at a secondary-level hospital (case group). This group was compared with 444 pregnant women aged 15 to 39, who delivered immediately before and after cases (control group). Clinical data was collected from ObsCare® software. Chi-square and Fisher's exact tests were applied.

Results: Mean age was 41.4 ± 1.5 years in case group and 30.1 ± 5.2 years in control group. Pregnant women aged 40 years or more presented higher parity than younger women (1.22 ± 1.0 vs 0.60 ± 0.7, p <0.0001) and higher number of chronic arterial hypertension (6.4% vs 1.4%, p <0.0001). No statistically significant differences were found concerning previous diabetes mellitus, body mass index (BMI), smoking habits, and assisted reproductive techniques. In case group, a significantly higher incidence of gestational diabetes (20.9% vs 7.7%, p <0.0001), gestational hypertension (4.7% vs 0.9%, p=0.001), preterm delivery (15.0% vs 7.4%, p=0.007), low birth weight (15.0% vs 7.4%, p=0.008), and cesarean delivery rate (37.6% vs 26.4%, p=0.002) was observed. No statistically significant differences were found concerning preeclampsia, placenta previa, placental abruption, postpartum hemorrhage, fetal growth restriction, Apgar score, and fetal mortality.

Conclusion: Women giving birth at advanced maternal age have increased risk of a range of pregnancy complications. Some studies suggest that obesity, multiple parity, or use of assisted reproductive techniques may partially explain risk increase. However, in this study no differences were found between groups regarding BMI and assisted reproductive techniques. Present results are in line with most studies in the literature regarding pregnancy-associated disease rates in women aged 40 and over, including gestational diabetes, gestational hypertension, preterm delivery, low birth weight, and cesarean delivery rate.

I. Centro Hospitalar de Entre Douro e Vouga.

GO_2019

BEHÇET'S DISEASE AND PREGNANCY

Tânia Barros[I]; António Braga[I]; Jorge Braga[I]

Introduction: Berçet's disease (BD) is a rare systemic vasculitis of unknown etiology. It usually occurs between the 2nd and 4th decades of life, making its association with pregnancy not unusual. The aim of this study was to characterize pregnancy evolution in a group of pregnant women with BD, as well as the impact of this pathology in embryo-fetal morbidity.

Methods: This descriptive and retrospective case-control study included 41 pregnancies in women suffering from BD followed at our institution. SPSS 25.0 was used for statistical analysis, and a p-value <0.05 was considered statistically significant.

Results: Forty-one pregnancies from 27 BD patients were included. Patients' median age at diagnosis was 26.93 ± 6.15 years. A total of 9.8% of pregnant women had an association with other autoimmune diseases – Sjögren Syndrome being the most frequent –, and 39% were primigravidae. BD flares occurred in 14.7% of pregnancies, with no association with obstetric complications. BD flares were reported in 17.7% of postpartum women. Most frequent clinical manifestations were oral ulcerations (85.7%). Complications were observed in 34.2% of pregnancies. No statistically significant differences were observed between both groups regarding preterm delivery (PD) rate (p=0.140), gestational diabetes (p=0.509), and hypertensive disease. In BD pregnant group, a higher miscarriage rate in the first trimester and intrauterine growth restriction (IUGR) were found (p <0.05). Twenty-two percent of pregnant women required systemic treatment with corticotherapy. Caesarean rate was higher in the BD group (p=0.288) and no significant differences were found in median gestational age at delivery (p=0.124). Significant differences were observed in newborn birth weight, being BD women's children lighter. No association was found between BD and maternal morbidity or neonatal complications.

Discussion and conclusion: Most pregnant BD women in this study did not show pathology clinical exacerbation. IGR and miscarriage rates were significantly higher in the study group, but no differences were observed in rates of hypertensive pathology, PD, or embryo-fetal severe morbidity and mortality. BD exacerbation during pregnancy was not associated with adverse obstetric outcomes.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_0319

INTRAHEPATIC CHOLESTASIS OF PREGNANCY – CASE-CONTROL STUDY

Tânia Barros[I]; António Braga[I]; Cristiana Moreira[I]; Jorge Braga[I]

Introduction: Intrahepatic cholestasis of pregnancy (ICP) is the most common liver disease in pregnancy, and its incidence ranges from 0.2 to 2%. It predominantly manifests during the third trimester and rapidly resolves after delivery. Maternal prognosis is frequently favorable, but occasionally associated with fetal complications. Therefore, early diagnosis allows a better follow-up. The aim of this study was to characterize pregnancy evolution in a group of pregnant women with ICP, as well as the pathology impact in embryo-fetal morbidity.

Methods: This descriptive and retrospective case-control study included 49 pregnancies complicated by ICP in women monitored at our institution. For statistical analysis purposes, SPSS 25.0 was used, and a p-value <0.05 was considered statistically significant.

Results: A total of 49 pregnant women with ICP were included, with a mean gestational age at diagnosis of 31.9 ± 4.4 weeks. Mean maternal age was 32.6 ± 6.5 years, with 32.7% of women over the age of 35. A total of 46.9% of women were primigravidae, 12.2% had an obstetric history of ICP, and 6.1% had a history of chronic liver disease. All pregnant women received ursodeoxycholic acid. Incidence of preterm delivery (PD) was 26.5%, with 30.8% of cases submitted to induced labor due to condition worsening.

Compared with the control group, women with ICP had a significantly higher prevalence of multiple gestations and medical- assisted procriation (p<0.05). There were no statistically significant differences between the two groups regarding incidence of gestational diabetes (p=0.648) or preeclampsia (p=0.801). Mean gestational age at delivery and mean newborn birth weight were significantly lower in ICP women (p<0.05). Infants in the ICP group were more likely to have a low (<7) 1-minute Apgar score and require hospitalization in Neonatology (20.4%). C-section rate was higher in the ICP group (38-8%) (p<0.05). Six percent of puerperae maintained altered liver profile with normal bile acids.

Conclusion: In this study, women with ICP had a significantly higher prevalence of multiple gestations and medical-assisted procriation, in agreement with reports in the literature. A significant increase in PD and hospitalization incidence in Neonatology was observed, but no differences in incidence of other obstetric complications and fetal severe morbidity were found.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_2819

SUBCAPSULAR HEPATIC HEMATOMA IN A PREGNANCY COMPLICATED BY CHRONIC HYPERTENSION

Diana Rodrigues-Martins[I], Cristiana Moreira[I], Luis Guedes-Martins[I], Hélder Ferreira[I], Sandra Soares[I], Jorge Braga[I]

Introduction: Although subcapsular hematoma of the liver is a rare complication during pregnancy, it represents a life-threatening event for both the mother and fetus. It is usually associated with pre- eclampsia and HELLP syndrome, but a wide range of presentations can occur. Given its consequences, the obstetrician should be able to recognize the condition and implement early management accordingly.
Case report: A 39-year-old female presented to the local hospital at 30 weeks of gestation with a history of right upper quadrant abdominal pain since that morning. Pregnancy was diagnosed two weeks before. She had a history of chronic hypertension (under medication) and a previous non-complicated pregnancy. On admission, she referred severe continuous pain. Lab tests reported only a slight AST and ALT elevation (63/61), but abdominal ultrasound raised suspicion of a hepatic hematoma. Due to potentially severe clinical picture and fetus prematurity, the woman was transferred to our tertiary center.

On admission, she experienced continuous pain and had a blood pressure of 143–64 mm Hg. Computed tomography (CT) scan supported diagnosis of a 16-cm-long hepatic hematoma, without rupture signs. After multidisciplinary discussion, patient underwent an emergency cesarean section, followed by an exploratory laparoscopy at the same surgical act. Diagnosis of an extensive subcapsular hematoma was confirmed, with no bleeding evidence.

While in the intensive care unit, the woman had a hypertensive crisis which demanded prompt anti-hypertensive endovenous therapy and magnesium sulphate prophylaxis. She gradually recovered, and spontaneous hematoma absorption was confirmed by CT before discharge. Infant was discharged alive and well.

Conclusions: This case illustrates how clinical features should be considered in differential diagnosis, particularly when the most typical presentation is absent. Prompt diagnosis and early management carried out by a multidisciplinary team are key to improve prognosis of such highly complex obstetric scenario.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GINECOLOGIA - OBSTETRÍCIA

POSTERS

GO_0119

TOBACCO ABUSE AND PELVIC INFLAMMATORY DISEASE: ECOLOGICAL STUDY IN A NORTHERN PRIMARY HEALTH CARE GROUPING CENTRE IN PORTUGAL, 2014 – 2018

Sofia Silva-Rocha[I]; Rita Areias[I]; Joana Vidal-Castro[I]; Mariana Ferreira[I]

Pelvic inflammatory disease (PID) is defined as any inflammation and infection of the female upper genital tract affecting mostly sexually active women between the ages of 15 and 24. PID may be detected later in a woman's life and the main causes are sexually transmitted infections (STI). Smoking is also a risk factor. The aim of this study was to investigate the association between tobacco abuse (TA) and PID in women of childbearing age (15–49 years) adjusted for number of intrauterine contraceptive devices (IUCD) and STI at the Primary Health Care Grouping Centre (ACES) Espinho/Gaia, between 2014 and 2018.

Methods: PID data was retrieved from the Regional Health Administration Information System, through selection of specific code (X74 – PDI) from the International Classification of Primary Care 2nd edition. TA data was based on P17 (tobacco abuse) registries. Annual averages were calculated for all variables. To examine the association between TA and PID, Pearson's correlations and adjusted linear regressions were calculated using IBM SPSS Statistics, version

25.0. For all associations, a result was considered significant if $p<0.05$. **Results:** Between 2014 and 2018, an average of 39 annual cases of PID were registered in women aged 15-49 years. Concerning tobacco abuse, 1000/year registries were retrieved during this period, as well as an average of 187 IUCD/year. Average annual cases of STIs ranged from 3 cases/year for gonorrhoea and chlamydia to 190 cases/year for candidiasis. Annual average PID cases had a strong positive linear relationship with average number of annual TA registries ($r=0.960$; $p<0.001$). Annual average IUCD cases also had a positive linear relationship with PID ($r=0.697$; $p<0.001$). All bivariate correlations between PID and STI cases were statistically significant; the weakest correlation was found with condylomata acuminate ($r=0.488$; $p=0.003$), and the strongest with genital trichomoniasis ($r=0.935$; $p<0.001$). All variables were included in the adjusted regression model. Using a stepwise approach, the only variable included in the final regression model was TA ($R2=92,1\%$; $p<0.001$). **Conclusion:** Considering that this is an ecological study, inferences cannot be withdrawn from populational to individual level. However, a strong correlation at the ecological level may provide enough evidence to develop individual studies. The association found between TA and PDI leverages the development of future public health interventions.

I. Unidade de Saúde Pública do ACES Espinho/Gaia.

GO_0419

PELVIC XANTHOGRANULOMA, A DIAGNOSTIC CHALLENGE – A CLINICAL CASE REPORT

Sara Bernardes da Cunha[I]; Carolina Carneiro[I]; Inês Reis[I]; Cátia Rasteiro[I,II]; Susana Leitão[I]; Soledade Ferreira[I]; Teresa Teles[II]

Introduction Xanthogranuloma is a rare condition. It is characterized by massive tissue infiltration with histiocyte-containing lipids simultaneously with lymphocytes, plasma cells, polymorphonuclear leucocytes, and proliferative fibrosis causing parenchymal destruction of the involving organ. Etiology is unknown, but several associated factors have been described. It most frequently involves the urinary tract, and less commonly the genital tract.

Objective: To describe a case of pelvic xanthogranuloma mimicking an ovarian neoplasm.

Results: A 50-year-old woman was admitted due to lumbar and low abdominal pain. Besides a firm and tender mass on low abdomen, clinical examination was normal. Ultrasound examination revealed a heterogeneous adnexal mass with ill-defined irregular borders with 13x16x6 cm. Tumor markers were negative. Magnetic resonance imaging confirmed the presence of a cystic lobulated adnexal mass with 13x17x7 cm, interpreted as an ovarian neoplasm.

Exploratory laparotomy was performed and a mass with purulent drainage without cleavage plane was found in right adnexa. The patient underwent unilateral salpinges-oophorectomy. Extemporaneous examination revealed an inflammatory pseudotumor, confirmed on definitive report. The patient was closely followed with clinical and imaging surveillance.

Two years later, due to mass growth, a hysterectomy and salpingo-oophorectomy were performed, with maximum tissue removal. Histological report revealed xanthogranuloma with fibrous pyomyometritis. No relapses were identified since the last surgery, 5 years ago.

Conclusion: Pelvic xanthogranuloma is a rare pelvic pseudotumor, for which differential diagnosis with malignant carcinoma can be challenging. Although clinical and imaging findings may lead to malignancy suspicion, xanthogranuloma must be kept in mind. This clinical case illustrates the difficulty in establishing diagnosis.

The best treatment is yet to be defined. In the present case, more extensive surgery was initially avoided, but clinical evolution was mandatory to determine the need for reintervention.

I. Department of Obstetrics and Gynecology, Centro Hospitalar de Entre o Douro e Vouga, Santa Maria da Feira, Portugal.
II. Faculty of Health Sciences, University Beira Interior, Portugal.

GO_0519

ENDOMETRIOSIS-ASSOCIATED INFERTILITY – A CASE REPORT

Ângela Encarnação Sousa Silva[1], Vera Costa[1], António Baptista Vilaça[1], Sara Azevedo[1], Angelina Pinheiro[I]

Abstract: Endometriosis is a benign disease, in which endometrial- like tissue persists outside of the uterus, causing infertility, pelvic pain, menstrual abnormalities, and dyspareunia. It is a very common debilitating disease occurring in 6–10% of the general female population. Approximately 25–50% of infertile women have endometriosis, 30–50% of which are infertile.

Herein is reported the case of a 35-year-old woman presenting a 12-month history of secondary infertility. Patient's medical and surgical history was uneventful, with a vaginal delivery 5 years before. Pelvic transvaginal ultrasonogram showed a 70×64 mm hypoechoic cystic mass located in the left ovary. Full blood count, inflammatory markers, and CA125 (22.8 U/mL) were normal. Exploratory surgery revealed a dense 6-cm mass in the left ovary, with adhesions to the uterine wall, rectum, and tube. Adhesion lysis, salpingectomy, and cystectomy were performed. Surgery also showed a 3-cm cyst in the right ovary, that was successful excised. Multiple endometriosis foci were observed. Tissue histology confirmed an endometrioma. Right fallopian tube permeability was confirmed. The patient had an unremarkable postoperative recovery. The patient spontaneously conceived four months later, reporting an uneventful antenatal period. She gave birth by vaginal delivery at 38 weeks of gestation to a 2955-gr female baby. Endometriosis is defined as presence of endometrial-like tissue outside the uterus. The most common sites are the pelvic peritoneum and pelvic organs. In normal couples, fecundity is in the range of 0.15 to 0.20 per month and decreases with age. Women with endometriosis tend to have a lower monthly fecundity, of approximately 0.02 to 0.1 per month.

Several mechanisms have been proposed to explain the association between endometriosis and infertility. These mechanisms include distorted pelvic anatomy, endocrine and ovulatory abnormalities, altered peritoneal function, and altered hormonal and cell-mediated endometrial function. Endometriosis is characterised by cyclical pain that is exacerbated during menstruation. However, it can be asymptomatic among infertile women, and sometimes only identified during an infertility evaluation. Current treatment options for endometriosis-associated infertility include surgery, superovulation with intrauterine insemination, and in vitro fertilization.

I. Centro Hospitalar do Médio Ave.

GO_0719

RECURRENT PERICONDRITIS – A CLINICAL CASE

Ana Isabel Redondeiro[I]; Mariana Silva[I], Eliana Sousa[II]

Abstract: Recurrent perichondritis is a rare and often undiagnosed multisystem condition, characterized by episodes of painful and destructive inflammation of the cartilage and other connective tissues in several organs. Herein is reported a clinical case illustrating this pathology and its difficult diagnosis.

A healthy 42-year-old woman with irrelevant personal and family history presented with complaints of pain, edema, and flushing of the auricle since 2016.

Due to symptom persistence, she had previously consulted the family doctor multiple times and been consecutively diagnosed with an inflammatory process and/or allergic reaction to insect bites.

In 2018, due to suspicion of recurrent perichondritis and after analytical study showing RA and ANA positivity, the woman was referred to Rheumatology, where diagnosis was confirmed, and therapy initiated.

In conclusion, due to its rarity and difficult diagnosis, recurrent perichondritis may become severe and potentially life-threatening when affecting the respiratory tract, heart valves, or other vital organs.

I. Unidade de saúde da Ilha de São Jorge, Centro Saúde Vela.
II. Unidade de saúde da Ilha de São Jorge, Centro Saúde Calheta.

GO_0819

CO2 LASER TREATMENT FOR SKENE'S GLAND CYST: CASE REPORT

Rafael Brás[I]; Mª Lúcia Moleiro[I]; Helena Veloso[I]; Mª João Carinhas[I]; José Cabral[I]; Alexandre Morgado[I]

Introduction: Skene's (or paraurethral) glands are found on both sides of the urethra. They are the female homologues of the male prostate and arise from the urogenital sinus. Ailments of the Skene's glands are relatively rare, but include infection or abscess, cyst, and neoplasm. The exact incidence of these conditions is unknown. Cysts or abscesses of Skene's glands most commonly present in the third to fourth decades of life.

Case report: Herein is reported the case of a 17-year-old healthy woman, 0G0P, referred to our center due to vulvar discomfort and dyspareunia with 5 days of evolution. She had no medical history of previous diseases and was under oral estroprogestative contraception. During gynecological exam, a 1-cm cyst was apparent in the right Skene's gland, with no signs of infection. CO2 laser marsupialization of the cyst was proposed. Surgical procedure was performed with local anesthesia, with prompt hospital discharge and no surgical complications. The woman remains asymptomatic.

Discussion: Skene's gland cyst is a relatively rare condition, and management depends on woman's symptoms. Treatment options for symptomatic cysts include surgical excision, marsupialization, or simple needle aspiration. The use of CO2 laser therapy for cyst

marsupialization has relevant advantages, as it is a rapid procedure that can be performed in ambulatory setting with local anesthesia, with low rate of surgical complications.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_0919

GIANT LEIOMYOMA - CLINICAL APPROACH DILEMMA – CLINICAL CASE REPORT

Marta Moreira[I], Helena Veloso[I], Mariana Coroado[I], Tânia Barros[I], Alexandre Morgado[I]

Introduction: Uterine leiomyomas are frequent benign tumors. Rarely, these tumors may prolapse through uterine cervix into the vagina.

Clinical Case: Herein is described the case of a 35-year-old woman with previous cesarean section, hypothyroidism, and obesity, who was referred to Gynecology appointment due to abnormal uterine bleeding with 6-month evolution. The patient reported regular interludes, with 7-day catamenia and abundant menstrual flow. Gynecological examination revealed a scarce active blood loss and enlarged uterus, which was not very mobile. Transvaginal ultrasound revealed a nodular myometrium formation compatible with transmural leiomyoma, with 80 mm of greater diameter and cystic degeneration areas. Given the clinical picture, treatment with ulipristal acetate was proposed. Analytical study prior to therapy revealed a small microcytic and hypochromic anemia − 8.5 g/dL Hb − and normal hepatic function. Supplementation with intravenous iron was performed, and hemoglobin normalization was achieved at the 1st month of ulipristal acetate.

Two months later, the patient resorted to the emergency room (ER) with persistent blood loss and severe pelvic pain. Gynecological examination revealed a fetid-smelling discharge with a large, broad- based nodular formation of approximately 6−7 cm diameter exteriorizing from the uterine cervix. Lesion biopsy was performed to exclude uterine sarcoma. The anatomopathological examination revealed leiomyoma. In view of a benign lesion, surgical treatment was scheduled.

Approximately 2 weeks after procedure, the patient returned to the ER with sustained complaints and worsening pelvic pain, smelly discharge, and fever with 2 days of evolution. Examination showed smelly discharge and a massive nodular formation of about 9 cm, compatible with previously described myoma.

At this point, an urgent total abdominal hysterectomy was proposed. During surgery, a large uterus with dilated isthmic region, deformed by a submucous myoma with approximately 15 cm was found. Due to technical difficulty, subtotal hysterectomy was performed at the isthmus level. The patient remained clinically stable. Anatomopathological examination revealed a uterine leiomyoma.

Conclusion: Symptomatic relief is the main goal of leiomyoma treatment, and timing and type of intervention should be patient-tailored.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_1019

VULVAR CANCER: CHALLENGES IN DISEASE SURGICAL MANAGEMENT – CASE REPORT

Mariana Coroado[I], Joana Dias[I], Rafael Brás[I], Célia Amorim Costa[I], Cristina Pinto[II], Manuela Leal[I], Cláudia Marques[I], Alexandre Morgado[I]

Abstract: Vulvar cancer represents 5% of gynecological malignancies. About 90% of vulvar cancers have squamous cell carcinoma histologic features. Due to its accessible location, they should be promptly diagnosed and treated. However, that does not always happen, mainly because of associated stigma or confounding series of topical treatments given when lesions are misdiagnosed as inflammatory dermatosis.

This report describes the case of an elderly woman who was intermittently followed at our hospital for 17 years after diagnosis of squamous cell vulvar cancer stage IB in a primary lesion located at the internal edge of the left major labia at the age of 72. She underwent modified radical vulvectomy with bilateral inguinofemoral lymphadenectomy. Lymph nodes were negative, and surgical border negativity was proven. Between 2011 and 2016, the patient was twice submitted to broader surgical excision of vulvar lesions due to local recurrence. In March 2018, local excision of a small lesion in the posterior fourchette was performed. Pathological exam revealed carcinoma in situ/high-grade vulvar intraepithelial neoplasia 3 (VIN 3). At follow-up visit, the patient complained of increasing pain and scarce blood loss. The affected area was re-evaluated when she was readmitted for surgery, and an exophytic red lesion in the right hemivulva involving the introitus with a mirror contralateral smaller lesion was observed. Early in 2019, punch biopsy confirmed invasive epidermoid vulvar cancer. After discussion in Oncology group meeting, radical excision of the vulvar lesions was decided. Non-free tumor surgical margins determined a new surgery with even broader margins after 1 month. Multiple surgeries and radical excision of the tumor resulted in a large defect without sufficient coverage tissue. Plastic surgery department was asked to collaborate in the (hopefully) last surgery. Vulvar reconstruction with bilateral gluteal fold V-Y advancement flaps was successfully performed. The patient was hospital discharged 1 month later and remains in follow-up.

The use of skin flaps for vulvar reconstruction after recurrent vulvar malignancy removal has been associated with good clinical outcomes and short hospital stays. Although recurrence rate is a problematic feature in vulvar cancer, a significant proportion of patients are submitted to radical resection, and reconstructive surgery seems to improve outcomes.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Plastic Surgery Unit, Centro Hospitalar Universitário do Porto.

GO_1119

STRUMA OVARII – A CASE REPORT

Matilde Martins[I], Sara Cunha[I], Inês Reis[I], Susana Leitão[I], Soledade Ferreira[I], Cristina Costa[I], Teresa Teles[I]

Introduction: Mature cystic teratoma accounts for most germ cell tumors and 20% of ovarian tumors. It is often incidentally discovered on physical or sonographic examination, and may contain hair, teeth, or bone and fatty material. Thyroid tissue is rarely found on histological examination, but if thyroid tissue predominates (>50%), struma ovarii diagnosis is assumed. Depending on histologic features, struma ovarii can be classified as benign or malignant.

Struma ovarii is a very rare histological diagnosis found in just 3% of ovarian teratomas, 2% of all germ cell tumors, and 0.5% of all ovarian tumors. Malignant transformation is uncommon (only about 5% of struma ovarii). It is most common between the ages of 40 and 60 years. Hyperthyroidism clinical and biochemical features are uncommon in women with struma ovarii, occurring in less than 5–8 percent of cases.

Case Report: A 59-year-old postmenopause woman, gravida 2, para 2, with diabetes, hypertension, obesity (31 kg/m2 BMI), and no history of thyroid disease was admitted to our hospital for further investigation of a right ovarian tumor.

The patient was asymptomatic. Physical and pelvic examinations were normal. Transvaginal ultrasound revealed a heterogeneous right ovarian mass with 29 mm, suggestive of teratoma. CA-125 was normal. The patient underwent a right laparoscopic salpingo- oophorectomy and left salpingectomy, without complications. Intra- operative findings revealed an enlarged right ovary (4 cm), with normal uterus and left ovary. Anatomopathological examination showed a 5-cm right ovary with mature cystic teratoma lesions, associated with struma ovarii lesions. Thyroid function tests were normal. One-year follow-up revealed no complications.

Discussion: Struma ovarii is a rare, often asymptomatic condition, for which diagnosis is difficult due to clinical and imagiological similarities to other ovarian tumors. Diagnosis usually consists of an incidental histological finding, with important therapeutic and prognostic repercussions. Surgery is the primary management modality. Conservative surgery (cystectomy and oophorectomy) is recommended for struma ovarii, especially if there is fertility potential, and laparoscopic approach should be the preferred route owing to obvious advantages. Benign struma ovarii and malignant forms without metastasis have good prognosis and survival, without significant long-term problems.

I. Centro Hospitalar Entre o Douro e Vouga, E.P.E..

GO_1219

STUMP: A CASE REPORT IN A 20-YEAR-OLD WOMAN

Joana Portela Dias[I], Mariana Coroado[I], Bruna Vieira[II], Susana Marta[I], Alexandre Morgado[I]

Introduction: STUMP is a rare uterine tumor with insufficient management and prognostic evidence. A rare case presentation of an apparently prolapsed and necrotic myoma in a young nulliparous woman is reported.

Case report: A 20-year-old nulliparous woman with menstrual irregularities was admitted to our outpatient clinic. After gynecological examination, a mass protruding through the cervical ostium with extensive necrosis was found. Transvaginal ultrasound confirmed presence of a heterogeneous mass with a 6.4-cm largest diameter. The woman was operated under anesthesia, and lesion was excised by fragmentation of the exteriorized portion with electric scalpel.

Anatomopathological examination revealed characteristics suggestive of uterine smooth muscle of uncertain malignant potential (STUMP), but was unable to exclude leiomyosarcoma. Thoraco- abdominopelvic computerized tomography and pelvic magnetic resonance showed no relevant findings. Diagnostic hysteroscopy

4 months later revealed clots enclosing fragments of secretory endometrium and fragments of endometrial polyp. The woman remains under clinical and imagiological surveillance.

Discussion: STUMP is a rare tumor sub-classified between benign and malignant in uterine smooth muscle tumor criteria. It often presents with symptoms consistent with benign leiomyoma, but little is known regarding specific predisposing risk factors and demographic data is limited, hampering preoperative diagnosis. In general, these tumors often grow slowly and metastasize later compared to leiomyosarcomas. Nevertheless, STUMP has been shown to recur, metastasize, and evolve to leiomyosarcoma. Due to the paucity of literature available, management is not consensual, and clinicians are required to model further management and follow- up based on limited, observational data. Hysterectomy has been suggested as the treatment of choice. However, in young patients who pretend fertility preservation, frequent monitoring should be offered.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Centro Hospitalar do Médio Ave, Portugal.

GO_1319

ENDOMETRIOSIS: CHALLENGING THE GYNECOLOGIST – A CASE REPORT

Susana Oliveira[I], Rita Dinis[I], Ana Isabel Sousa[I], António Pipa[I]

Introduction: Endometriosis is a chronic inflammatory disease defined by presence of endometrial glands and stroma outside the uterine cavity. It occurs in 6–10% of women of childbearing age and presents in widely distinct forms, ranging from asymptomatic to markedly debilitating.

Case report: A 44-year-old Caucasian female patient was referred to our hospital at the age of 30 due to chronic pelvic pain with progressive exacerbation, including deep dyspareunia and secondary dysmenorrhoea associated with long-term combined oral contraceptive use. These symptoms were associated with primary infertility and suspected adnexal mass. A retroverted fixed painful uterus at palpation, with mobilization, was detected in pelvic assessment, leading to clinical suspicion of endometriosis.

Diagnostic laparoscopy was performed (endometriosis stage III), followed by chromotubation test (positive), with excision of an endometriosis cyst at left adnexa. The patient started triptorelin treatment and had a full-term birth in the following year. Eight years later, a diagnosis of essential thrombocythemia requiring antiaggregation limited effective contraception, and the patient decided for definitive contraception (laparoscopic right salpingectomy and left tubal ligation). Due to persistence of debilitating painful complaints and endometriomas on ultrasound, dienogest was introduced without symptomatic improvement or ultrasonographic mass reduction, prompting the patient to request definitive surgical treatment. Preoperative pelvic MRI reported bilateral endometriomas, multiple endometriotic foci in the left ovary, and a 6-cm serpinginous image suggestive of tubal endometriosis. Surgery was postponed due to increased prothrombin time, with immune- hematological analysis revealing peripheral factor V deficit. Some months later, total hysterectomy with left salpingectomy and bilateral oophorectomy by laparotomy were performed. It was a laborious surgery, with a totally immobile uterus due to multiple adhesions involving the ovaries and the sigmoid colon. A hemoperitoneum complicated the surgery in D1, requiring exploratory laparotomy and mass transfusion protocol. On follow-up, the patient had no significant pain.

Discussion: Endometriosis represents a challenge for the gynecologist, particularly if other comorbidities are present. Hysterectomy and adnexectomy remain controversial and can be options for intractable pelvic pain associated with persistent adnexal masses.

I. Centro Hospitalar Tondela-Viseu.

GO_1419

CESAREAN MYOMECTOMY – A CONTROVERSIAL APPROACH IN MODERN OBSTETRICS

Andreia Fontoura Oliveira[I]; Joana Portela Dias[II]; Sandra Soares[II]; Luís Guedes Martins[II]; Jorge Braga[II]; Helder Ferreira[II]

Introduction: Fibroids are the most frequent gynecological benign tumors, affecting 20–40% of women in reproductive age. Prevalence is increased between the ages of 30 and 39 years. Nowadays, with increased maternal age and postponed pregnancies, the likelihood of fibroids during pregnancy is increased, and its management represents a relevant and challenging topic in current obstetric practice. Performing myomectomy during cesarean section remains controversial due to potentially associated complications − such as uncontrollable hemorrhage −, especially with large myomas. However, recent studies have shown that, in selected cases, it does not seem to increase morbidity or transfusion rates and appears to be a safe procedure. The aim of this study was to describe a case of myomectomy performed during cesarean section at our Center and to share the investigators' experience.

Case Description: A 37-year-old female patient was admitted to our institution at 40 weeks of gestation in spontaneous onset of labor. It was the woman's fourth pregnancy, who had a previous history of two miscarriages and one induced abortion due to trisomy 21. Her general and systematic evaluation was normal, including all antenatal investigations. A cesarean delivery was performed due to protracted second stage of labor without conditions for operative vaginal delivery (fetal presentation above the first plane of Hodge), resulting in the birth of a male newborn with 3555g, AI 9/10. During procedure, the uterus was exteriorized to facilitate hysterorrhaphy, revealing a 9-cm subserous myoma in the right side of the posterior uterine wall. Intravenous oxytocin was administered, and decision made to perform myomectomy. During the procedure, two sutures surrounding the myoma basis and a longitudinal incision in the capsule were performed, with complete myoma enucleation and minor bleeding. A fibroid was removed and the cavity was obliterated with delayed absorbable suture. Postoperatively, the patient had an uneventful recovery.

Conclusion: As previously described by other groups, cesarean myomectomy appears to be a safe procedure, especially when assessed on a case-by-case basis and performed by experienced surgeons at a Center with appropriate facilities. Therefore, this approach is a reasonable option to avoid a second surgery in the near future, reducing costs and associated complications.

I. Department of Gynecology and Obstetrics, Centro Hospitalar Médio Ave.
II. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_1819

ARACHNOID CYST: A RARE ANTENATAL DIAGNOSIS

Mariana Coroado[I], Joana Dias[I], Cristiana Moreira[I], Gonçalo Inocêncio[I], Maria do Céu Rodrigues[I], Jorge Braga[I]

Arachnoid cysts represent fluid collections within the arachnoid membrane leaflets, with no communication with the subarachnoid space. As they seem to represent a development variant, their clinical significance essentially correlates with the ability to exert mass effect in surrounding structures. This fact highlights the importance to adequately characterizing and differentiating these entities from posterior fossa anomalies.

Herein is reported the case of a pregnant woman who was referred to our Prenatal Diagnosis Department due to cystic formation on the posterior fossa detected on morphologic ultrasound at 21 weeks of gestation. It was her first pregnancy, uneventful until that time. A new ultrasound was performed at 23 weeks of gestation for further investigation, and a cystic formation without vascular flow and approximately 10 mm of larger diameter was noted next to the right cerebellar hemisphere, with left cerebellar hemisphere and vermis apparently complete, suggesting an arachnoid cyst. Remaining cephalic structures were unaffected. Serologic testing was normal. Fetal magnetic resonance performed at 23 weeks of gestation confirmed ultrasound results: a retrocerebellar arachnoid cyst, compressing and molding the right cerebellar hemisphere. The woman refused invasive testing at 24 gestational weeks but maintained ultrasound surveillance; no additional anomalies were detected, despite the growing arachnoid cystic. At 28 weeks of gestation, fetal growth was appropriate and arachnoid cyst had grown to 19 mm of larger diameter. Fetal cardiac ultrasound at the time was also normal. Arachnoid cyst had 28 mm of larger diameter at 32 weeks and 34 mm at 36 weeks. On no occasion was the entity associated with ventriculomegaly. Prognosis of posterior fossa anomalies depends on malformation extent and associated morphologic and genetic anomalies. Although cerebellum integrity and absence of ventriculomegaly/hydrocephalus and other extracranial malformations offer better prognosis, normal development cannot be secured.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_1919

PERIPARTUM CARDIOMYOPATHY: CLINICAL HISTORY RELEVANCE

Cristiana Moreira[I]; Tânia Barros[I]; Rita Dunkel[II]; Filomena Taborda[I]; Jorge Braga[I]

Introduction: Peripartum cardiomyopathy is a rare cause of heart failure, particularly occurring during the third trimester of pregnancy or in early puerperium. Treatment is similar to that of other types of heart failure with ventricular function depression, although cardiac transplant is usually not required. 2-year mortality rate is approximately 10%. The authors present a case of postpartum cardiomyopathy in a woman with no history of cardiac pathology.

Clinical case presentation: A 37-year-old pregnant woman was evaluated at our Center during her second pregnancy. She had a previous first-trimester spontaneous abortion, with history of septate uterus and inguinal hernia and no pre-conception abnormal findings. Gestation was uneventful. Labor was induced with vaginal misoprostol at 41 weeks of gestation to prevent post- term delivery. Delivery eventually occurred by caesarean section due to induction failure. At the third day of puerperium, woman was hypotensive, with bradycardia and hypoxemia, diminished bilateral basal respiratory sounds, and bilateral peripheral edema. She was admitted to the Intensive Care Unit with acute pulmonary edema. Transthoracic echocardiogram showed left ventricular mild disfunction and troponin elevation. The condition evolved and the patient was discharged from the hospital on the fourth day after admission.

Discussion: Although more common in women with a history of cardiac or respiratory disease, postpartum acute heart failure may also affect women with no risk factors. In this clinical case, the patient had a sister with a similar episode after pregnancy. Differential diagnosis is particularly relevant. In absence of risk factors, venous thromboembolism, Takotsubo's syndrome, acute coronary disease, atherosclerotic disease, and arterial dissection must be excluded. Management and follow-up of this clinical entity should include a multidisciplinary team than enables an early diagnosis and management of possible complications.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Gynecology and Obstetrics Unit, Department of Woman and Child, Centro Hospitalalr Baixo Vouga.

GO_2219

UMBILICAL VEIN THROMBUS – A NON-FATAL CASE

Rita Dunkel[I], Andreia Oliveira[II], Cristiana Moreira[III], Tânia Barros[III], António Braga[III], Jorge Braga[III]

Introduction: Umbilical cord usually contains one vein and two arteries, which are vital for gas exchange, nutrient supply, and metabolic waste excretion between the mother and fetus. Umbilical vein thrombosis is an extremely rare complication during pregnancy. It has a poor prognosis and is associated with increased rates of perinatal morbidity, including intrauterine growth restriction (IUGR) and fetal mortality. Herein is reported a case of umbilical vein thrombosis diagnosed by ultrasound at 37 weeks of fetal gestation.

Clinical case presentation: A 48-year-old woman, pregnant after an in-vitro fertilization treatment with spermatozoid donation, was followed at our Center. She had been previously diagnosed with antiphospholipid antibody syndrome and was accordingly medicated with enoxaparin 40 mg and acetylsalicylic acid 100 mg daily. Gestation occurred with no complications. During a routine ultrasound evaluation at 37 weeks of pregnancy, a 20-mm thrombus was diagnosed in the intra-amniotic umbilical vein. Although fetal biophysical profile was normal, an urgent caesarean section was performed. A baby girl was born with 3090 gr and APGAR 9/10 in 1st and 5th minutes, respectively. On macroscopic observation, a thrombus was found in the umbilical cord, which had a velamentous cord insertion. Puerperium occurred with no incidents and the patient and baby were discharged 3 days later.

Discussion: Umbilical vein thrombosis usually has a poor prognosis and frequently occurs in association with fetomaternal conditions, as additional umbilical cord abnormalities, obstetrical complications, or systemic fetal disorders. However, no clear underlying pathology was identified in this case. Thrombosis diagnosis should be suspected when focal dilation is observed in any umbilical vessel. Since umbilical vein thrombosis is rare, no clear management guidelines exist for patients with this condition. However, time and mode of delivery should take into account prematurity-associated fetal morbidity, possible fetal intolerance to labor (fetal distress), and sudden adverse event risks. Therefore, umbilical vein thrombosis management may include planned elective delivery by cesarean section following antenatal corticosteroid therapy for fetal lung maturation.

I. Gynecology and Obstetrics Unit, Department of Woman and Child, Centro Hospitalar Baixo Vouga.
II. Gynecology and Obstetrics Unit, Centro Hospitalar Médio Ave.
III. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_2319

PLACENTA ACCRETA SPECTRUM: A CASE REPORT

Luís Castro[I], Ana Andrade[I], Mariana Coroado[I], Alexandre Morgado [I], Luísa Ferreira[I], Inês Nunes[I], Jorge Braga[I]

Introduction: Placental accreta spectrum (PAS) is the term used to describe an abnormal adherence of placental trophoblast to uterine myometrium. Three categories of PAS disorders are currently recognized: placenta accreta, when villi simply adhere to myometrium; placenta increta, when villi invade myometrium; and placenta percreta, when villi invade the full myometrium thickness, including the uterine serosa and occasionally adjacent pelvic organs. Incidence of this pathology has increased over the last decades due to the increasing number of cesarean deliveries. PAS is associated with high maternal morbidity and mortality among pregnancy disorders, being a common indication for peripartum hysterectomy, either to prevent or control postpartum hemorrhage. **Case report**: A 31-year-old pregnant woman with three previous cesarean sections, HIV-positive, and with late pregnancy surveillance was hospitalized in the Fetal Maternal Medicine Unit after ultrasonography diagnosis of central placenta previa at 33 weeks of gestation. Other placental ultrasonographic findings included abnormal lacunae with high-velocity feeder vessels, vanishingly thin myometrium, and loss of clear zone between placenta and posterior bladder wall, related with a high PAS risk. A cesarean section was scheduled for 36 weeks of gestation. During laparotomy, a bulging of the uterine wall was found, compatible with placental invasion through the uterine serosa, without adjacent organ invasion. At this point, hemorrhagic control through hysterectomy was decided.

Discussion: The most important risk factor for PAS development is the combination of previous cesarean delivery and placenta previa. Obstetric ultrasound at 2nd and 3rd pregnancy trimesters is the best PAS screening exam. Obstetric sonographers should be able to detect PAS imaging signs, and these should be included in a clinically- based diagnostic scheme able to predict surgical findings and plan the optimal surgical strategy for these patients. In this particular case, the clinical team was aware of high antenatal PAS risk due to clinical and ultrasound findings, which was critical to develop a preoperative management plan. Evidence shows that a planned delivery at a tertiary care unit, with multidisciplinary management, may effectively reduce massive hemorrhage risk, as well as associated morbidity and mortality.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_2519

PREGNANCY AND POSTPARTUM MANAGMENT IN A PATIENT WITH SYMPTOMATIC HEMOPHILIA

Diana Rodrigues-Martins[I]; Joana Dias[I]; Mariana Coroado[I]; Graça Buchner[I]; Sara Morais[II]; Jorge Braga[I]

Introduction: Despite being an X-linked disorder, symptomatic haemophilia A is rare in females. Paucity of data exists on how to prevent hemorrhage and associated complications during pregnancy. Therefore, antepartum to puerperium management is challenging in these women. The aim of this case report was to further investigate this subject, in order to improve care for both mother and infant.

Case report: A 29-year-old primigravida female with moderate hemophilia A (1.1% factor VIII activity) presented at the first pregnancy trimester. She had been diagnosed in early childhood. An F8 gene mutation was identified, but the mechanism underlying its clinical manifestations remained unclear. The woman was receiving lifelong care through the comprehensive hemophilia treatment centre at our institution. After male gender diagnosis by noninvasive fetal DNA test, a management plan from antepartum through peripartum was designed by multidisciplinary team. The woman was maintained on 2000 U of intravenous recombinant factor VIII concentrate (Advant®) three times a week, with good response (97% factor activity). Although pregnancy was uncomplicated by hemorrhage, the woman was admitted at 35 weeks and 5 days due to tensional elevation. Recombinant factor three times a week was maintained, with an extra 1000 U dose before intramuscular procedures. An elective cesarean section was performed secondary to suspicious fetal heart rate at 36 weeks and 4 days. Since last factor administration had occurred >24 hours ago, 2000 U were administered immediately before entering the operation room. Consequently, there was no contraindication for epidural use. Procedure was uneventful, but a hemophilic newborn was delivered. The patient received 2000 U twice a day for the following 2 days and once a day afterwards. Discharge took place 3 days after delivery as planned. However, the woman was readmitted a few hours later with report of abdominal pain, prompting diagnosis of abdominal wall hematoma without active bleeding. As factor VIII activity was 124%, no correlation was assumed between hemophilia and this complication. Hematoma had a benign course, with no complaints at puerperal appointment.

Discussion: The present case was challenging due to its rarity. Development of a more standardized approach is required for such cases, which is particularly important for successful multidisciplinary planning and case management, with care coordination and timely communication within the team.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Hematology Unit, Centro Hospitalar Universitário do Porto.

GO_2619

HEMOPERITONEUM IN A YOUNG WOMAN – AN UNEXPECTED ECTOPIC PREGNANCY

Maria Lúcia Moleiro[I], Helena Veloso[I], Rafael Brás[I], Márcia Barreiro[I], Susana Marta[I], Alexandre Morgado[I]

Introduction: Ectopic pregnancy (EP) refers to blastocyst implantation outside the uterine cavity and accounts for approximately 2% of all pregnancies. Given the widened access to transvaginal sonography, early entity recognition has greatly reduced associated mortality. Nevertheless, it remains the main cause of maternal mortality during the first pregnancy trimester, even in developed countries.

Although ectopic pregnancies in levonorgestrel intrauterine device (LNG-IUD) users have been previously reported − even with IUD in place −, they are rare, given the device high efficacy in avoiding pregnancy.

This report describes the case of a woman with hemoperitoneum with intrauterine LNG-IUD in place and negative qualitative β-human chorionic gonadotropin (β-HCG), which turned out to be tubal pregnancy.

Case report: A 34-year-old woman, G2P1, with acute hypogastric pain, nausea, and vomiting was observed at our Emergency Department. She had subclinical hyperthyroidism, no chronic medication use, and was carrying an LNG-IUD. She was amenorrhoeic since device introduction, a year before. Physical examination showed no fever, low blood pressure, an acute abdomen, and normal gynecological exam. Complementary study revealed normal hemogram, reactive C-protein, and negative qualitative urinary β-HCG. Transvaginal (TV) and abdominopelvic sonography evidenced a large peritoneal effusion in all quadrants, a hemorrhagic cyst on the right ovary, and an adnexal heterogenous structure with 5x3 cm on the left iliac fossa. Given clinical instability, exploratory laparotomy was decided. As it revealed a large hematoperitoneum and left tubal 5-cm tumefaction with active bleeding, left salpingectomy was performed. Given macroscopic EP resemblance, blood quantitative β-HCG was performed (6.5 UI/L). Histologic exam confirmed EP diagnosis.

Discussion: EP risk factors include previous tubal surgery, genital infection, miscarriage or induced abortion, infertility, smoking habits, and IUD use. Typical EP symptoms include vaginal bleeding and abdominal pain associated with amenorrhea.

When LNG-IUD fails, one in every two such pregnancies is ectopic. The present case had a typical clinical presentation but negative urinary β-HCG which, together with presence of IUD and ultrasound findings prompt consideration of a differential diagnosis complicated by inflammatory pelvic disease or bleeding haemorrhagic cyst. Histologic exam confirmed EP diagnosis, supporting the high level of suspicion that should be raised when IUD is in place.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_2719

FETAL ANEMIA – A DIAGNOSTIC CHALLENGE

C. Carneiro[I], P. Ferreira[I] S. Bernardes da Cunha[I], I. Sá[I], C. Araújo[I], T. Teles[I].

Introduction: Fetal anemia is a rare and serious event. Red blood cell (RBC) alloimunization is the most common cause, followed by non-immune causes such as parvovirus B19 infection, hemoglobinopathies, fetomaternal hemorrhage (FMH), and monochorionic twin pregnancy complications.

FMH affects 1/300 to 1/1500 pregnancies and can cause acute or chronic anemia with different clinical presentations. Acute anemia may present as deterioration of fetal heart tracing, diminished biophysical score, decreased cord pH, and increased cord base deficit levels. Chronic anemia may present as right fetal heart enlargement, increased middle cerebral artery (MCA) end-diastolic velocity, and elevated immediate neonatal erythrocyte and nucleated RBCs. This clinical case aims to discuss the diagnostic approach for suspected fetal anemia.

Clinical case: A 24-year-old female, primipara, A-positive blood type, with no relevant clinical history and a previous uncomplicated pregnancy presented at the Emergency Room at 37 weeks of pregnancy with decreased fetal movements. Fetal heart monitoring showed a nonreassuring fetal heart rate tracing, initially with decreased variability and afterwards with sinusoidal pattern. Ultrasound revealed hydramnios and normal resistance indices and diastolic velocities in MCA, as well as normal cerebroplacental ratio. An urgent cesarean section was decided, with birth of a newborn with adequate weight for gestational age and Apgar score of 1/6/7. During early neonatal period, the newborn presented with skin paleness and hypotonia, requiring resuscitation and intubation. Neonate's initial hemoglobin values and reticulocyte count were 4.2 g/dL and 15.0%, respectively. After two RBC transfusions, hemoglobin improved and the newborn was discharged home on day 9. Anemia study showed a Kleihauer test with 8.7% of fetal red cells suggestive of 433 mL fetal blood in maternal circulation, with flow cytometry confirming FMH. Favorable clinical evolution was registered in subsequent neonatal period.

Discussion: FMH is a potentially fatal condition, in which a high degree of suspicion is required. Although there was no precipitating factor in this case, interpretation of fetal heart rate pattern allowed to anticipate unfavourable obstetric outcomes.

I. Centro Hospitalar entre Douro e Vouga.

GO_2919

TUBAL REANASTOMOSIS: COMPLETE MINILAPAROSCOPIC APPROACH

Diana Rodrigues-Martins[I], Rok Sumak[I], Hélder Ferreira[I], Alexandre Morgado[I]

Introduction: Tubal ligation is a highly effective, user-independent contraceptive method. However, it is historically non-reversible. Efforts currently employed seek to reverse the procedure in women who desire to have more biological offspring despite previous sterilization. Minimally invasive surgery is the gold standard in tubal reversal. The purpose of this video is to demonstrate a mini laparoscopic tubal reanastomosis procedure.

Case report [VIDEO CONTENT]: A 38-year-old woman presented at our Center with the desire to get pregnant despite having performed a Pomeroy tubal ligation after the second cesarean section. She had no comorbidities and preoperative workup exams were normal. After discussion with the medical team, the woman agreed to undergo a mini laparoscopic tubal reanastomosis.

A 6-mm optical trocar with a 5-mm zero-degree endoscope and three additional 3-mm trocars were used for the procedure. One was placed suprapubically, and two laterally. Tubal stumps were identified. One 2/0 polyglactin suture was placed at mesosalpinx level to approximate proximal and distal stumps and reduce tissue tension. Mesosalpinx was infiltrated with diluted vasopressin for hydrodissection and bleeding prevention. Scar tissue in the mesosalpinx and tubal stumps were resected using grasper and cold scissors. Proximal and distal stumps were transected at the obstruction point, and tubal opening was identified. Finally, muscle layer of the two stumps was sutured with four simple interrupted sutures using a 4/0 poliglecaprone suture placed at three, six, nine, and twelve o'clock. Contralateral tube was operated in the same way.

Conclusion: Mini laparoscopy is a feasible and safe approach for tubal reanastomosis.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_3019

POST-PARTUM PULMONARY THROMBOEMBOLISM AND PNEUMONIA

Ana Andrade[I], Tânia Barros[I], Luís Castro[I], Ana Galvão[I], Filomena Taborda[I], Jorge Braga[I]

Introduction: Pulmonary embolism (PE) is a leading cause of death during pregnancy and postpartum. The risk of a first venous thromboembolism (VTE) during pregnancy has a 14-fold rise during puerperium. This case report aims to raise awareness to PE and to the relevance of prophylaxis and immediate diagnosis and treatment of these patients.

Clinical report: This report describes the case of a 32-year-old Caucasian woman (body mass index, 29 kg/m2), G2P0010. Pregnancy was uneventful. Labor was induced at 40w+6d with misoprostol and lasted for thirteen hours. Delivery occurred after application of a ventouse, with the birth of a 3510-gr female newborn. Patient had no relevant medical history and denied history of tobacco, alcohol, or drug abuse. She was allergic to penicillin. No postpartum VTE prophylaxis was initiated.

At D3 post-partum, the patient presented with fever, dyspnea at rest, and cough with blood-streaked sputum. On physical exam, she was alert, with a 38.7ºC temperature, 28 cpm respiratory rate, 102 bpm heart rate, 103/62 mmHg blood pressure, and 85–91% oxygen saturation (FiO2 21%). Pulmonary auscultation revealed bilaterally symmetrical vesicular murmur with bilateral bronchospasm.

Moderate bilateral edema of the lower extremities was observed. Arterial blood gas analysis (FiO2 21%) revealed type 1 respiratory insufficiency. Laboratory analyses showed leucocytosis with anemia (Hg 10-8 g/dL) and increased C-reactive protein (66 mg/dL). A thoracic angio-CT was performed, confirming the suspected diagnosis of intermediate pulmonary thromboembolism.

Patient was transferred to the Intermediate Care Unit with PE and community-acquired pneumonia diagnosis. Levofloxacin and enoxaparin 180 mg/day were instituted. Ten days after delivery, she was discharged from the hospital with indication to maintain enoxaparin 1 mg/kg 12–12h for a minimum of 3–6 months. On reevaluation two months later, the patient was clinically asymptomatic. **Discussion:** No widely accepted scoring system has been prospectively validated in the obstetric population, and most scoring systems extrapolate from the relative VTE risk. Furthermore, it is not always possible to identify VTE risk factors that allow prophylaxis institution. Therefore, recognition of PE early signs and symptoms and swift action to establish a definitive diagnosis and start treatment are crucial.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

GO_3119

VERY ADVANCED MATERNAL AGE: A CASE-CONTROL STUDY OF OBSTETRIC OUTCOMES IN WOMEN WITH 45 YEARS OR OLDER

Cristiana Moreira[I]; Tânia Barros[I]; Helena Veloso[I]; Andreia Fontoura Oliveira[II]; Joana Lima Santos[I]; Jorge Braga[I]

Introduction: There is currently no agreement on the definition of advanced maternal age (AMA). Women of 35 years or older are commonly considered to have AMA, as that is the time when aneuploidy risk overcomes the risk of fetal loss due to invasive pre- natal testing. In fact, the Portuguese law states that AMA begins at the age of 35. However, nowadays women become pregnant later in life and studies show that, due to healthcare improvements, maternal and fetal outcomes in developed countries do not significantly vary until the 40th decade of life. The authors present a case-control study of obstetric outcomes in women with 45 years of age or older.

Methods: A retrospective case-control study was conducted including all pregnant women with ≥45 years of age who delivered at our healthcare Center between 2015 and 2018. Controls were defined as pregnant women with less than 45 years (n=62). The aim of the study was to investigate different obstetric outcomes in these women. Statistical analysis was performed using SPSS 25.0, considering a p-value <0.05 as statistically significant.

Results: Between 2015 and 2018, a total of 32 women with ≥45 years of age delivered at our Center. First-trimester screening was performed in all controls and in 26 cases and was positive in 46.2% of cases (n=12) and 6.5% of controls (n=6; p <0.001). Mean pregnancy-associated plasma protein A (PAAP-A) was 0.83 ± 0.13 for cases and 1.39 ± 0.13 for controls (p=0.017). Six positive-screening cases performed amniocentesis, and 3 performed non-invasive prenatal testing (NIPT). Among women with ≥45 years, 54.8% (n=17) had pregnancy-related complications (vs 27.4% [n=17] of controls; p=0.013), although no individual differences were found in incidence of gestational diabetes (p=0.099), hypertensive disorders (p=0.340), or intrauterine growth restriction (p=0.340). Post-partum complications were more frequent in cases (p<0.001). C-section was more frequent in women with ≥45 years (46.9% [n=15] vs 25.8% [n=16] in controls), but this difference was not statistically significant (p=0.068).

Conclusion: Aging is associated with comorbidities, influencing obstetric outcomes. Because risk of aneuploidy is higher, first-trimester screening is key for correct management of these women. The small number of cases included in this study is a limitation. As strengths, the study was performed at a tertiary care center, in a diversified population, easily reflecting the national population. Multicentric, prospective studies would be useful in establishing pregnancy guidelines for women with AMA and very AMA.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.
II. Gynecology and Obstetrics Unit, Centro Hospitalar Médio Ave.

GO_3219

CO_2 LASER TREATMENT FOR SUPERFICIAL DYSPAREUNIA: CASE REPORT

Rafael Brás[I]; Mª Lúcia Moleiro[I]; Helena Veloso[I]; Mariana Coroado[I]; Marta Moreira[I]; José Cabral[I]; Alexandre Morgado[I]

Introduction: Female sexual pain has a significantly negative impact on women's health, self-esteem, relationships, quality of life, and work productivity. It is unclear whether sexual pain is a sexual disorder, a pain disorder, or both. It can be difficult to identify a definitive pain cause. Etiologies range from simple anatomic problems to complex biopsychosocial issues.

Case report: Herein is reported the case of a 30-year-old healthy woman, 1G1P, referred to our Center with new-onset severe dyspareunia after vaginal delivery, two years before. It was a forceps-assisted vaginal delivery with episiotomy, complicated with postpartum wound infection.

During gynecological exam, a tense vulvar vestibule was apparent. Palpation of vulvar vestibule was painful, and elasticity and "compliance" to digital manipulation was reduced. CO2 laser treatment was proposed. The surgical procedure was performed with general anesthesia, and five 1-cm-length

CO2 laser incisions were performed in vulvar vestibule (01h; 04h; 06h; 08h; 11h). No surgical complications were reported. The woman remains asymptomatic after the procedure.

Discussion: Trauma, including obstetric perineal injury, obstetric surgery, gynecological surgery, and traumatic perineal injury, can result in female sexual pain.

In some women, perineal pain after episiotomy and obstetric laceration repair persists well beyond postpartum period. Reports suggest that 7–30% of women have dyspareunia at 12 months postpartum. Anatomy distortion, persistently inflamed granulation tissue, and development of a trigger point are possible causes.

Use of CO2 laser therapy in selected cases has proven effective, with low rate of complications.

I. Department of Women and Reproductive Medicine, Centro Materno Infantil do Norte, Centro Hospitalar Universitário do Porto.

ENFERMAGEM

POSTERS

ENF_0119

WARNING SIGNS FOR BETTER CARE

Liliana Teixeira[1]; Vera Rodrigues[I]

Introduction: In Portugal, respiratory diseases are the main reason for attending pediatric emergency services and for admission to intensive care units, since children's clinical deterioration is rapid and easily progressive. It is relevant to optimize respiratory care for pediatric patients, providing the Nursing team with differential skills and knowledge towards a better care in the emergency setting. Respiratory distress – characterized by abnormal respiratory rate and by the child's effort to maintain gas exchange – should be acknowledged as an early sign that the child's clinical condition may rapidly progress to respiratory failure (American Heart Association, 2011). Main clinical manifestations are nasal flaring, head balance, tachypnea with retractions (infra and intercostal, suprasternal), apnea, and gasping.

Methodology: Descriptive and explanatory study, based on scientific guidelines of the American Heart Association.

Conclusion: Training actions were carried out on anatomophysiological characteristics of the pediatric respiratory system, in order to train health professionals for quality interventions. Topics as primary evaluation – Triangle of Pediatric Evaluation, airway cleaning, oxygen therapy management, inhaled therapy administration, as well as therapy and advanced ventilatory support were addressed.

I. Hospital de Braga.

ENF_0219

NON-PHARMACOLOGICAL STRATEGIES FOR PAIN RELIEF IN PEDIATRICS

Anabela Gomes[I]; Cristiana Saramago[I]; Marylen Mortágua[I]

Pain is a complex and multidimensional phenomenon with a physiological, sensorial, affective, cognitive, behavioral, and sociocultural component, that we perceive in an underlying way to our experiences of pain and to our own personal experience. Each person has its own definition of pain, which is marked by particularities and uniqueness of one's being. It is the nurse´s role to diagnose cases of pain in children in urgency and hospitalization settings and to implement pharmacological or non-pharmacological measures to control pain, as well as to evaluate the efficacy of such measures.

In this study, the authors performed a bibliographic review to approach non-pharmacological pain control strategies in children. Some non-pharmacological measures to decrease or eliminate pain in newborns, children, and teenagers will be presented. As non- pharmacological interventions in newborns, therapeutic massage, swaddle, eye contact with parents, breastfeeding, non-nutritive suckling, and reduction of light and noise in surrounding environment will be addressed.

Concerning non-pharmacological interventions to reduce pain in children and teenagers, these will be subdivided in behavioral and cognitive interventions, as well as physical methods and other strategies. Behavioral strategies include distraction and relaxation; cognitive strategies include early information, positive reinforcement, guided imagination, simulation or modulation; and physical strategies include cold/heat application, positioning, and massage. Considering other strategies, music therapy, aromatherapy, and humor will be addressed.

For each intervention, the authors will present theoretical and scientific bases substantiating their use.

Non-pharmacological interventions are an important resource for pain relief, either alone or in combination with pharmacological measures. Their use is also crucial in potentially painful situations.

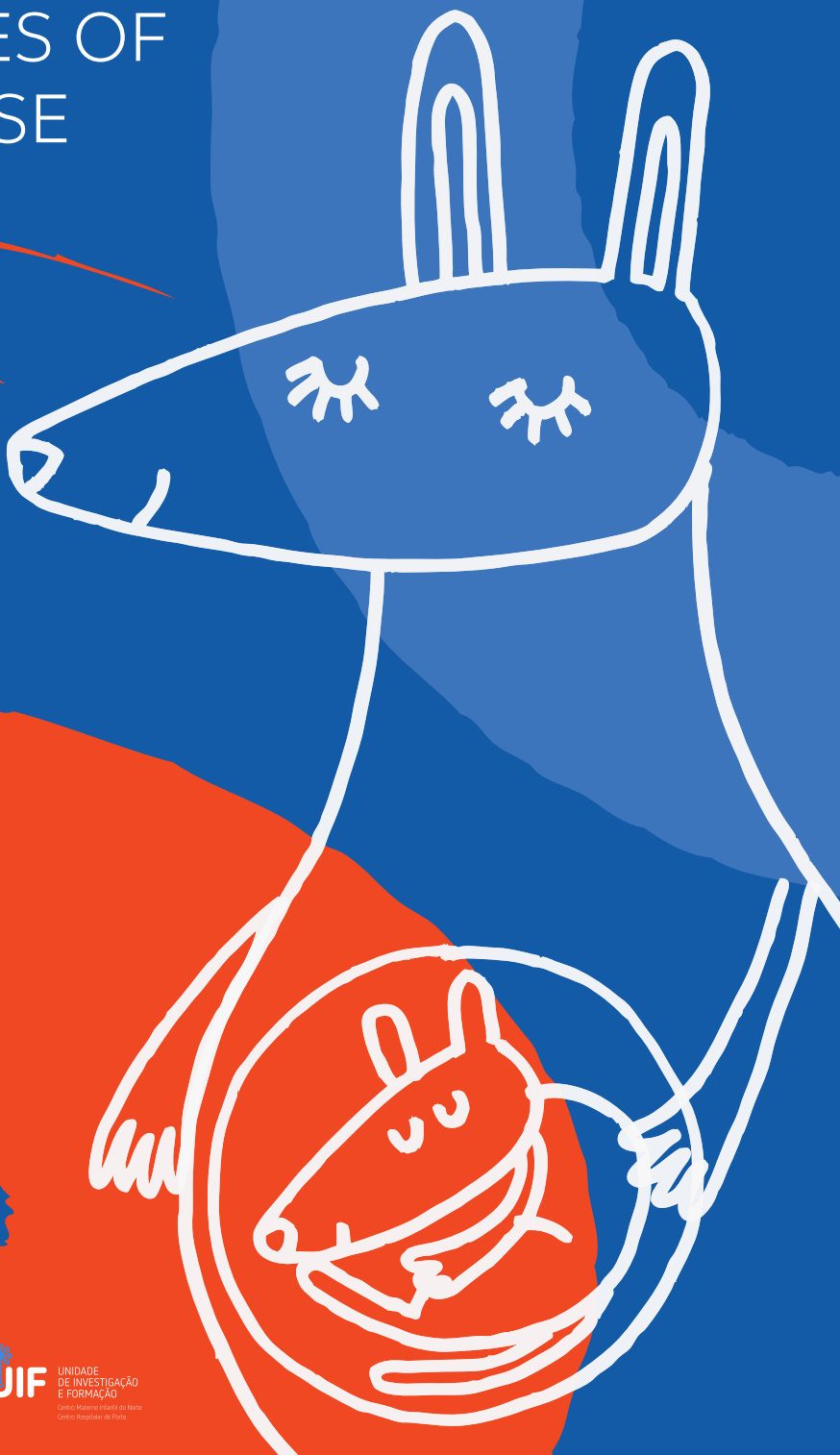
I. Centro Hospitalar Entre Douro e Vouga.

CMIN SUMMIT '19

5 | 6 julho
ICBAS, Porto

DESAFIOS DA DOENÇA CRÓNICA

THE CHALLENGES OF CHRONIC DISEASE



Chair
Alberto Caldas Afonso

Co-chair
António Tomé Pereira

Pediatria | Salão Nobre
Ginecologia
Obstetrícia | Anfiteatro 2
Enfermagem | Anfiteatro I

Organização

centro hospitalar do Porto

CMIN
CENTRO MATERNO INFANTIL DO NORTE C.H.PORTO

ademi

UIF UNIDADE DE INVESTIGAÇÃO E FORMAÇÃO
Centro Materno Infantil do Norte
Centro Hospitalar do Porto