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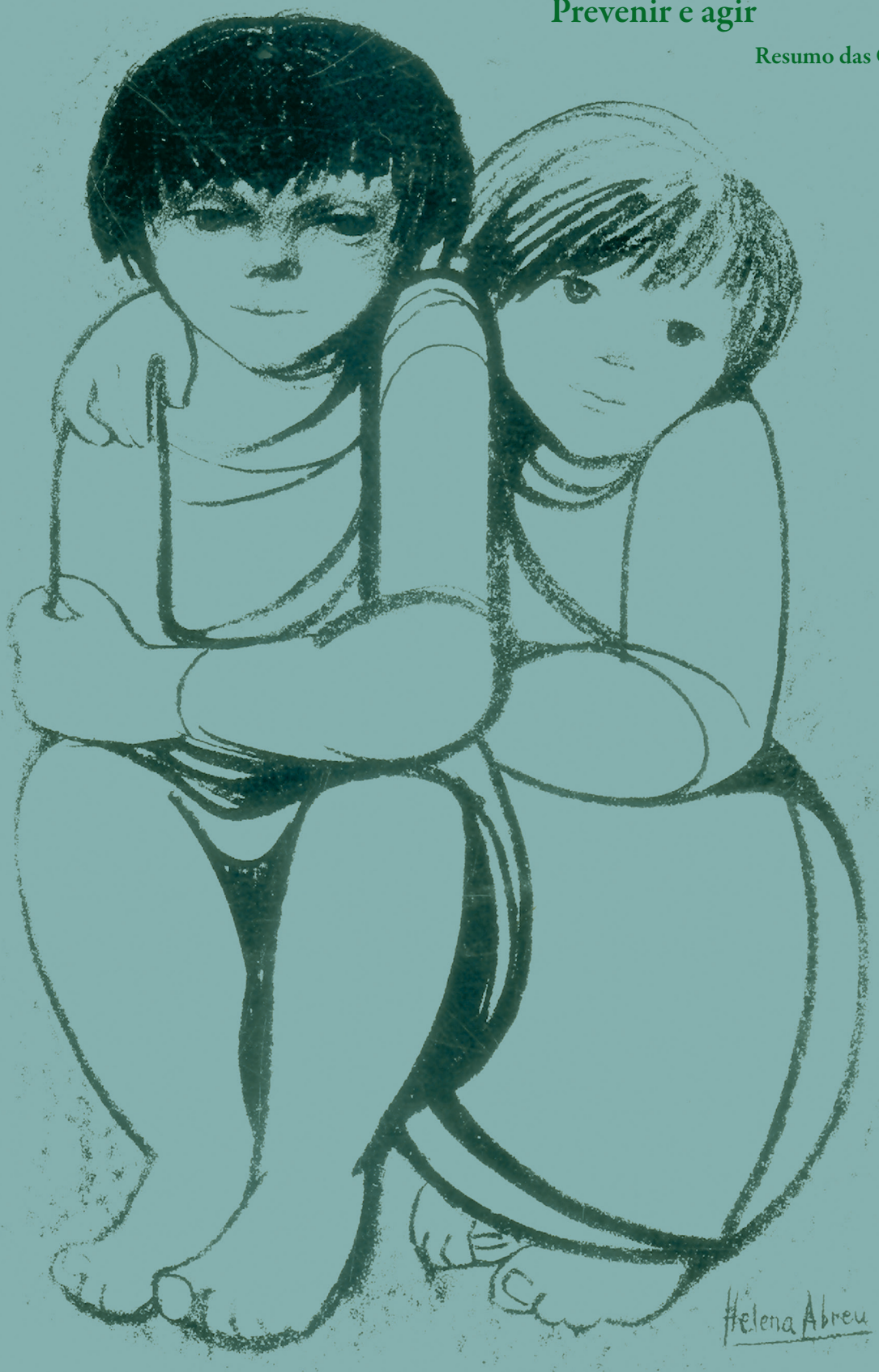

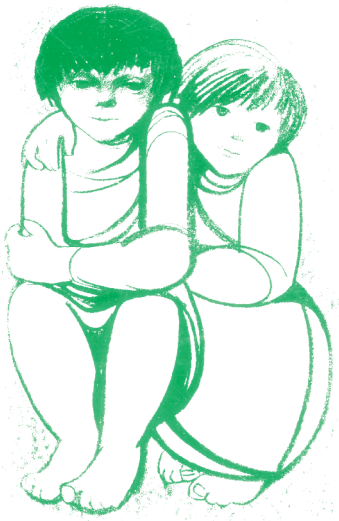

PEDIATRIA

COMUNICAÇÕES ORAIS

(19143)

UNPEELING THE LAYERS OF POLLEN-FOOD SYNDROME: APPROACH TO DIAGNOSIS AND MANAGEMENT

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Introduction: Pollen-food syndrome (PFS) is characterized by type I hypersensitivity reactions which occur upon ingestion of certain plant-derived foods in individuals primarily sensitized to homologue plant pollen proteins. Profilins, frequently associated pan-allergens, are responsible for oropharynx symptoms, mostly limited in time and extension, immediately after raw plant food ingestion. Other associated protein families, such as lipid-transfer proteins, may also elicit systemic symptoms. A high index of suspicion is crucial for diagnosis, combining an anamnesis suggestive of clinical pollinosis and food- induced symptoms, and evidence of IgE sensitization to the relevant allergens.

Case Presentation: A 13-year-old female, with family history of atopy, presented with persistent dry cough, predominantly nocturnal and worsened by physical activity, starting two years before, persistent all-year-round nasal obstruction and sneezing, and occasional conjunctival erythema. Moreover, she reported self-limited and isolated mild oropharyngeal pruritus immediately upon ingestion of several fresh fruits. Our investigation through aeroallergen prick testing identified sensitization to Gramineae, Betula L., Parietaria, Plantago and Platanus. Prick tests with commercial food extracts were negative; however, prick-prick tests were positive to all tested fresh fruits - papaya, blackberry, blueberry, grape, plum, and melon. Investigation of specific molecular allergens involved revealed high sensitization to grass pollen (Phl p 1 and 2) and cross-reactive sensitization to profilins (Bet v 2, Heb v 8, Mer a 1, Phl p 12).

Profilin-induced PFS was assumed and avoidance of suspected fruits in their raw state was recommended. A daily inhaled corticosteroid, along with an emergency relief inhaler and an intranasal corticosteroid, led to symptomatic control, avoiding the need for allergen immunotherapy (AIT).

Discussion: PFS management is still a matter of debate. The traditional approach recommends avoiding consumption of the offending unprocessed/uncooked plant foods, depending on the severity of the reaction/allergen involved. These can be cautiously consumed if cooked or in other processed states. Selected patients with systemic symptoms should carry an epinephrine autoinjector. While pollen AIT may help reduce symptoms according to some studies, its use for PFS management is not recommended, unless clinically indicated for the treatment of respiratory symptoms.

Palavras-chave: Pollen-Food Syndrome, Allergen Immunotherapy, Allergy Diagnosis, Cross-Reactivity

(19233)

EXPLORING THE LINK BETWEEN CHRONIC SPONTANEOUS URTICARIA AND AUTOIMMUNE THYROID DISEASE IN PEDIATRICS: IMPLICATIONS FOR DIAGNOSIS

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Introduction: Chronic spontaneous urticaria (CSU), characterized by the occurrence of spontaneous wheals, angioedema or both lasting more than 6 weeks, is an infrequent condition in the pediatric population. In most studies, concurrent thyroid autoimmunity (TA) among CSU patients is less common in children (0-17.5% vs 4.2-53.6%), and associated thyroid disfunction is even rarer, affecting 0-1.1% of these patients. Its role in CSU's pathophysiology remains uncertain.

International guidelines suggest a diagnosis based on anamnesis and blood work, which should include IgG anti-thyroid peroxidase (TPO).

We describe two adolescents with CSU whose diagnostic work up revealed thyroid abnormalities.

Case Report: *Case 1* – A 14-year-old female was evaluated following 5 episodes of exuberant labial edema and facial pruriginous erythema, over a two-month period, one with possible laryngeal involvement. There were no identifiable triggers and complete resolution was achieved in 3 days, regardless of medication. She denied family history of urticaria, angioedema or autoimmunity. Analytically, she presented with positive IgG anti-TPO; other parameters including thyroid hormones and complement study were normal. An ultrasound (US) revealed an "enlarged thyroid gland, a polynodular heterogeneous ecostructure and a pattern of parenchyma hypervascularization", suggestive of post-thyroiditis abnormalities. Episodes of urticaria during follow-up were responsive to antihistamines (AH).

Case 2 – A female patient, aged 17, presented with recurrent maculopapular pruriginous exanthema episodes for over a year, one with associated forearm edema, with no identifiable triggers and responsive to AH. There was no family history of urticaria/angioedema but a heavy family burden of autoimmunity. Analytical workup revealed positive IgG anti-TPO, with normal thyroid hormone values, and a thyroid US revealed "diffuse heterogeneity", in favor of an inflammatory process. Symptoms worsened, requiring a higher AH dosage during time abroad, with posterior control.

Both were referred to a pediatric endocrinologist for further evaluation.

Discussion: Although uncommon, TA is established as a comorbid condition in children with CSU, which can be the first clue to its diagnosis. This should be considered when assessing children with CSU, once it may allow earlier diagnosis/treatment, reducing associated morbidity. Altered thyroid hormone values should prompt referral to a pediatric endocrinologist.

Palavras-chave: Chronic Spontaneous Urticaria, Autoimmune Thyroid Disease, Pediatrics, Diagnosis

(19243)

DOES THE WAY THE DEATH OF A LOVED ONE IS COMMUNICATED TO THE CHILD INFLUENCE THE DEVELOPMENT OF PROLONGED GRIEF?

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Introduction: Maladaptive grief reactions have been increasingly recognized, resulting in the inclusion of prolonged grief disorder (PGD) in diagnostic manuals, such as ICD-11 and DSM-5-TR. After the death of a loved one, a subgroup of bereaved children experience "maladaptive grief", with estimates ranging from 10% in population-based studies to 18% in youth referred for therapeutic services. When a close person dies, children are protected from important information regarding the loss, as well as from rituals. Communication is an important factor in determining children's grief reactions. Engaged communication has been reported to be associated with lower levels of grief and depressive symptoms in bereaved children.

Methods: A clinical case is presented, as well as bibliographical research on the subject in Pubmed and in textbooks on bereavement.

Results: An 11-year-old child was referred to a Child and Adolescent Psychiatry consultation for tantrums and suspected Attention-Deficit Hyperactivity Disorder. Throughout the follow-up, this child had become labile about the death of his stepfather, which had occurred suddenly about 5 years before. This child eventually revealed that the death of his stepfather was only communicated to him several days later and that he had no opportunity to say goodbye. In this context, he developed a marked fear of his mother's death, as well as some cognitive distortions about death. Moreover, the fact that he visited his stepfather's grave and having reminisced about the fond memories he had with him were key factors in processing grief.

Discussion: The studies of bereaved children have not yet examined potential age-related manifestations among DSM-5 or ICD-11 PGD symptom domains. For instance, anger may be manifested in young children as irritability, protest behavior, tantrums, oppositional behavior or conduct problems, often in response to changes in daily routine or to others acting in the deceased person's role. These behavioral symptoms were observed in this child. The patient was referred for tantrums, especially when he was forced to be with his biological father. Furthermore, the literature shows that the information that is given to children is often unclear and can leave them with unreal ideas concerning the event. Due to the reappearance of the biological father in his life after the death of the stepfather, the patient developed a fear concerning the loss of his mother since his father got a new partner.

Palavras-chave: grief, communication, children, death

(19247)

SEXUALIT(Y)EEN – AN INTERVENTION PROJECT IN SCHOOLS

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Introduction: Adolescents are considered a high-risk group regarding unwanted pregnancies and sexually transmitted infections (STI). There is a large number of young people who do not use contraceptive methods in their sexual intercourses, especially in their first experiences. Most of them lack useful and reliable information on the subject. These situations can be prevented through awareness campaigns and proximity intervention projects aimed to teenagers, with the purpose of increase health literacy and clarify resources available in National Health System (NHS) concerning contraception.

Methods: 60 minutes lecture to 4 classes (70 students) from 9th grade of basic and secondary schools in Baltar, using a PowerPoint presentation, anatomical models and examples of contraceptive methods. Assessment of knowledge pre- and post-intervention, using a 10-question true-false test. The post-test was performed one month later. Analyze the results using Excel and SPSS.

Results: We found that the pre-intervention mean score was 7.3 points and post-intervention was 8.6 points. Regarding pre-intervention tests: most teens believe that taking the pill for a long time carries health risks (55%) and that these occur when the pill is started at an early age (52%). Only 54% of adolescents recognize condoms as the only method capable of preventing STI. 55% of teenagers believe it is necessary to pay a fee to access Family Planning (FP) consultations. After the intervention, only 14% of adolescents believe that the pill taken for long periods causes health problems and only 11% believe that these risks can arise when it is started early. Regarding STI, there was a 40% increase in correct answers. 74% of adolescents were already aware about the free access to FP visits and distribution of contraceptives methods. There were no statistically significant differences between classes.

Discussion: Our objective was achieved, as we verified the growth of sexual health knowledge. Despite current legislation privileges Sexual Education as one of the priority areas, there is still some divestment in this theme, sometimes still taboo, resulting in failure to develop fundamental skills (base of healthy sex behaviors). With this initiative, we bring population closer to the NHS and provide students with greater competence and autonomy for sexual decision-making. We enhance the importance of joint campaigns between doctors, especially family doctors with privileged regular contact with teens, and school systems.

Palavras-chave: Adolescents, Sexual education, Contraceptive methods, Sexuality, Community intervention

(19249)

LONG-TERM TRENDS IN THE EPIDEMIOLOGY AND MANAGEMENT OF PEDIATRIC INVASIVE PNEUMOCOCCAL DISEASE IN A TERTIARY CARE CENTER

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Background: Streptococcus pneumoniae (SP) is the leading cause of morbidity due to pneumonia, meningitis, and bacteremia worldwide. Although Pneumococcal 13-valent conjugate vaccines have been included in the Portuguese National Vaccination Program (PNV) since 2015, providing protection against invasive pneumococcal disease (IPD), their serotype coverage is limited and has been associated with serotype replacement. Therefore, the purpose of this study was to analyze IPD cases in a tertiary pediatric hospital and gain a better understanding of its characteristics.

Methods: A retrospective study was performed including all the patients under 18 years-old with a diagnosis of IPD at our department between 1993-2023. The identification occurred by culture and/or molecular biology in products obtained from sterile sites.

Results: Seventy-four patients were included in the study, with a median age of 25 months (ranging from 1 month to 17 years), and a male predominance of 63.5%. When analyzing the data by 5-year periods, we observed a consistent number of infections throughout the years. The most diagnosed conditions were pneumonia (31.1%), meningitis (28.4%), bacteraemia (27.0%), and sepsis (24.3%). Over the years, there was a decrease in meningitis cases (p=0.036), while pneumonia cases increased (p<0.01). The identification of Streptococcus pneumoniae was primarily from blood cultures (48.6%), followed by cerebrospinal fluid (28.4%) and pleural fluid (27.0%). Out of 74 patients, the serotype was identified in 21 cases (28.4%). Serotype 3 was the most prevalent, accounting for 38%. Of the 21 identified serotypes, 7 (33%) were included in the vaccination. Furthermore, there was a decline in sepsis (48% to 0%, p=0.002) and bacteraemia (34% to 5%; p=0.010) cases after 2015.

Conclusion: After the introduction of the Pneumococcal 13-valent conjugate vaccine in the Portuguese National Vaccination Program, we observed a decrease in sepsis and bacteremia cases, but not in the overall number of invasive pneumococcal disease. This trend may be attributed to serotype replacement and improved molecular biology diagnosis methods over the last decade. Additionally, the high prevalence of complicated pneumonia caused by serotype 3 may be correlated with a lower level of protection provided by the 13-valent vaccine against this specific serotype, as previously reported.

(19251)

ASEPTIC MENINGITIS DUE TO INTRAVENOUS IMMUNOGLOBULIN: A CASE REPORT

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Aseptic meningitis (AM), a rare but significant adverse reaction, has a reported incidence of 0.067% among all intravenous immunoglobulin (IVIG) infusions. We report a case of a previously healthy 7-year-old child with primary immune thrombocytopenia who was admitted to our hospital with exacerbation of the bruises and low platelet count (<10,000/uL). The patient appeared well, with bruises concentrated on abdomen and limbs and petechial lesions on lower extremities and chest. No meningeal signs were present. Due to the patient's severe thrombocytopenia, he was pretreated with paracetamol and hydroxyzine, followed by IVIG at a dose of 0.8 mg/kg with fast infusion rate. After undergoing 16 hours of treatment with IVIG, the patient presented fever, worsening headache, neck pain, and recurrent vomiting.

Physical examination revealed positive meningeal signs. A cerebrospinal fluid (CSF) cytology showed an elevated white blood cell (WBC) (1141 cells/μL) with a predominant neutrophil presence (79%). Multiplex real-time PCR for the detection of viruses, bacteria and fungi in the CSF did not result in anything noteworthy. Based on the elevated CSF WBC count and predominant neutrophil presence, the patient was initiated on ceftriaxone treatment for suspected bacterial meningitis.

Meningeal symptoms and signs improved significantly within 24 hours. Given the temporal relationship of the symptoms to IVIG administration and the rapid improvement after initiation of antibiotics, IVIG-induced AM is strongly suspected. Antibiotics were discontinued after 9 days. The patient showed improvement with the administration of supportive care without any incidence of neurological complications. Our case presents an interesting diagnostic challenge where AM, associated with IVIG, mimics bacterial meningitis both clinically and in CSF analysis. Prompt resolution with discontinuation of IVIG helps diagnosis and can prevent unnecessary antibiotics. Furthemore, IVIG therapy should continue at a slow rate, without withholding.

Palavras-chave: Aseptic Meningitis; Intravenous Immunoglobulin; primary immune thrombocytopenia

(19253)

FETAL PYELECTASIS AND POSTNATAL OUTCOMES – A FOUR YEAR STUDY

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Background: Antenatal urinary tract dilatation (UTD) in one of the most commom fetal abnormalies detected during prenatal ultrasound, with a prevalence ranging from 1-5%. The primary objective of prenatal screening identifying cases of significant uropathy without exposing children with physiological dilatation to unnecessary investigation and follow-up. However, there is no consensus on the appropriate values of renal pelvis anteroposterior diameter (RPAD) to accurately predict postnatal outcomes and individual centers had own recomendations

Objective: Characterize the cases with prenatal diagnosis of pyelectasis at a tertiary referral hospital and its outcomes.

Methods: Descritive, retrospective analysis of newborn clinical records with prenatal diagnosis of pyelectasis from 2017- 2021. Pyelectasis was defined as a RPAD of ≥5mm and ≥7mm in the second and third trimesters ultrasonography, and
≥10mm in the postnatal period. The following data was collected: gender, pre- and postnatal RPAD, timing of postnatal ultrasonography, postnatal diagnosis, outcomes, and treatment.

Results: A total of 169 cases of fetal pyelectasis were identified, 67% were male. Postnatal ultrasounds were performed in the first month for 99 cases (59%), in the second month for 34 cases (20%), and later for 36 cases (21%). The antenatally grading UTD distribution: 62% - UTD A2-3; 38% - UTD A1 and postnatal grading UTD distribution: 11% -UTD P3; 17%- UTD P2; 23% - UTD P1; 49% - normal ultrasounds. The most common postnatal finding was prominencies (n=46), followed by pyelocaliceal dilation (n=13), pelvis dilatation (n=11) and extrasinusal renal pelvis (n=11). Five of these cases had vesicoureteral reflux. Treatment were need in 18% of cases: 77.4% prophylactic antibiotic therapy, 19.4% with prophylactic antibiotic therapy and surgery, and 3.2% with surgery alone. Of the 7 cases that underwent surgery, 5 had pyelo-ureteral junction syndrome, 1 had obstructive megaureter, 1 had vesicoureteral reflux, and 1 had an ectopic ureter with vaginal insertion. During follow-up, 14 cases experienced urinary tract infections, all of them had high risk pyelectasis on prenatal screening.

Conclusion: Antenatal diagnosis of UTD enables immediate prophylactic treatment of urinary infections, thereby reducing the risk of severe complications previously observed.The majority of cases with prenatally detected UTD was resolved at postnatal ultrasounds, which is in accordance to the literature.

Palavras-chave: Fetal Pyelectasis, renal pelvis anteroposterior diameter

(19261)

COLD AGGLUTININ DISEASE AS A HEMATOLOGIC COMPLICATION OF INFECTIONS IN CHILDREN: A CASE SERIES.

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Introduction: Cold agglutinin disease (CAD) is a rare form of autoimmune hemolytic anemia (AIHA) in children, usually self-limited. It is typically characterized by IgM autoantibodies that target "I" or "i" antigens on the surface of red blood cells, resulting in anemia either due to extravascular or and complement-mediated intravascular hemolysis. In pediatric cases is almost always associated with recent infections.

Description: We report on five cases of CAD. All male, median age 3-year-old (22-month to 14-year-old), mostly previously healthy except for one patient with epilepsy. Two patients (cases 1 and 2) were diagnosed with CAD upon emergency department admission, presenting with fever, pale skin, and dark urine with history of a respiratory infection 2 weeks to 1 month prior. The remaining three cases (cases 3-5) were diagnosed during hospitalization for infectious diseases, with a progressive decrease in Hb values. The infectious diseases included Mycoplasma pneumoniae pneumonia complicated by pleural effusion and acute respiratory failure (case 3); Epstein Barr Virus (EBV) infection with a pulmonary bacterial superinfection and hypoxemia (case 4), and pneumonia with no identified infectious agent, complicated by anasarca (case 5), as well identification of Rhinovirus and Coronavirus NL63 (cases 1 and 2 respectively). One patient required pediatric intensive care unit admission (case 3).
All five patients were diagnosed with CAD based on the presence of hemolytic anemia with a positive Direct Antiglobulin Test (DAT) monospecific for complement (C3d) and the presence of cold auto-agglutinin: Anti-I (cases 3 and 1) and Anti-i (case 4). Erythrocyte agglutination was detected in the peripheral blood smear of two patients (case 3 and 4). The minimum Hb level was 6.9 g/dL (case 2), and transfusional support was not required. All patients had improvement with warming measures, with median rise in Hb level of 1.4 g/dL (min 1.3g/dL; max 2.8 g/dL) observed 5-7 days after treatment initiation. There were no recurrences during follow-up, median time until negative DAT was 2.5 months. Median diagnostic delay was 2 days (max 10 days).

Conclusion: Anemia in a patient with a previous or underlying infection should be valued and interpreted with care. CAD is an exceptional etiology that warrants a specific diagnostic approach and treatment. Warming measures, the only effective therapy, should be maintained until negative DAT is achieved.

Palavras-chave: Cold Agglutinin Disease

(19278)

EARLY INTERACTION, INFANT SELF-REGULATION AND ATTACHMENT: A LONGITUDINAL STUDY DURING THE FIRST YEAR OF LIFE

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Introduction: Prior research described three stable patterns of organized behavior employed by infants to manage stressful interactive situations with their mothers in the Face-to-Face Still-Face paradigm (FFSF) at 3 and 9-months postpartum. The current longitudinal study expands this research by examining the extent to which these patterns predict infants' later attachment quality at 12-months. Mother-infant interaction quality and infants` attention patterns towards emotional stimuli were also explored in association with infants` attachment quality.

Methods: 50 full-term infants and their mothers participated in the FFSF and in a free-play interaction at 3 and 9-months. Infants heart-rate (HR) activity was registered during the FFSF. At 12-months, dyads participated in the Strange Situation and infants participated in a Visual-Paired Comparison (VPC) Task. In the VPC-task, a Low-Arousal Happy face was presented followed by 6 trials composed of two contrasting emotional faces: the one used in habituation and a new one portraying changes in valence (Low-Arousal Angry), arousal (High-Arousal Happy), or valence+arousal (High-Arousal Angry). Measures of fixation time (FT) were obtained using an eye-tracking system.

Results: Results indicated a significant association between (1) the Social-positive-oriented pattern and secure attachment, (2) the Distressed-inconsolable pattern and insecure-ambivalent attachment, and (3) the Self-comfort- oriented pattern and insecure-avoidant attachment. Infants` higher HR mean in the FFSF significantly predicted an insecure attachment pattern at 12-months. Regarding the VPC-task, we found a higher FT for the new face when compared with the habituation face suggesting that 14-month-old infants were able to discriminate different emotional faces. However, this effect differed according to attachment pattern: ambivalent-attached infants had significantly higher FT, indicating they may remain hypervigilant towards emotional change. On the contrary, avoidant infants revealed significantly longer looking-times to the old face, suggesting overall-avoidance of novel expressions and less sensitivity to emotional change.

Discussion: These findings corroborate that mother-infant attachment formation during the first year results from an intricate puzzle of infant, maternal and dyadic variables including infant's regulatory behavior and emotional discrimination as well as the qualitative matrix of maternal interactive behavior.

Palavras-chave: infant self-regulation, attachment, maternal sensitivity, emotional discrimination, socioemotional development

(19287)

ABDOMINAL PAIN – WHAT IS THE DIAGNOSIS?

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Introduction: Abdominal pain is one of the most frequent complaints observed in pediatric emergencies, mainly due to non-severe causes. Atypical presentations of invasive meningococcal disease (IMD) have been reported more frequently, leading to initial misdiagnosis and mistreatment.

Case Report: Sixteen-year-old male teenager, with a previous history of joint hypermobility and multiple fractures, with national immunization program updated and seasonal flu immunization. Observed in a Pediatric Emergency with generalized abdominal pain and fever since the last 4 days. On physical examination he had diffuse periumbilical abdominal pain with progressive focalization in the right iliac fossa, without any other symptoms. Laboratory workup revealed neutrophilia, lymphopenia, thrombocytopenia and elevated C-Reactive Protein (229,9 mg/L). During the hospital stay he presented diarrhoea and a non-petechial rash involving trunk, arms and legs associated with fever and elevated inflammatory markers persistence. Ceftriaxone (2 g 12/12h) was initiated on day 2. On the same day, after an initial normal abdominal ultrasound, revaluation showed compatible findings with acute appendicitis. Patient underwent surgery on that day with surgical report of an innocent appendix. Thereafter Pediatric Multisystem Inflammatory Syndrome was suspected; Clindamycin (15 mg/kg/day) was initiated and an extensive microbiologic workup was performed. He was afebrile since day 8, with symptoms resolution. Blood cultures were negative and blood Polymerase Chain Reaction detection of Neisseria Meningitidis was positive. He was discharged, asymptomatic, after 11 days of treatment.

Conclusion: IMD atypical presentation includes early abdominal pain and diarrhoea. This presentation represents a challenge due to its uncharacteristic nature. This diagnosis must be considered when clinic and complementary means of diagnosis seam to differ when considering the first diagnose hypothesis to avoid delay of management of a serious infection.

Palavras-chave: Invasive Meningococcal Disease, Abdominal pain, Pediatrics, Misdiagnosis, Mistreatment

(19288)

CK ELEVATION PATIENTS REFERRED TO A METABOLIC DISEASES UNIT

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INTRODUCTION: Increased creatine phosphokinase (CK) is defined as a value more than 1.5 times the upper limit of normal and is a common laboratory abnormality found in children. It typically indicates muscle damage with disruption of sarcolemmal integrity. Although commonly benign it can be a manifestation of chronic conditions such as neuromuscular, metabolic, or autoimmune diseases..

METHODS: Retrospective cohort study of individuals under 18 years old referred to the Inherited Metabolic Disorders clinic of a tertiary hospital due to CK elevation (local laboratory range [24-173] UI/L) between January 2017 and December 2022.

RESULTS: A total of 61 patients were included, with a mean age of 10 years (0.5-18.0) and male predominance (69%). Thirteen patients (21%) had comorbidities, mainly neurological such as epilepsy and global developmental delay. Fifty patients (82%) were symptomatic, and the rest had an incidental finding. Four patients (8%) had macroscopic haematuria, and none had acute kidney injury. The most common triggers were an infection (n=25; 41%), with influenza A and B as the most frequent agents, and physical activity (n=11;18%). Eighteen patients (30%) had persistent elevated CK levels (CK 344-86047 UI/L) and 13 (21%) had recurrent episodes (CK 622-40000 UI/L). Work-up included a comprehensive metabolic profile in 56 (92%), Pompe disease screening in 26 (43%), muscle biopsy in 4 (7%), and genetic testing in 34 (56%). An underlying disease was determined in 10 cases (16%): an inherited metabolic disorder in 6 (10%; CK 763-86047 UI/L) and a muscular dystrophy in 4 (6%; CK 2111-6087 UI/L). Regarding the other patients, 14 (23%) were assumed as infection-induced myositis (CK 650-26436 UI/L), 2 (3%) as exercise-induced (CK 3724-188861 UI/L), and 2 (3%) as drug induced (CK 850-14965 UI/L). Individuals with persistent CK elevation were 145 times more likely to have a pathologic condition (83.3% vs 3.3%, p<0.001, OR 145, CI 11-1776).

DISCUSSION: CK level is an important parameter in the investigation of conditions with muscular involvement, however it cannot perfectly distinguish those with an underlying disease and those without. In this sample, patients with non- persistent mildly elevated CK had a benign idiopathic myositis attributable to self-limited causes. However, in 16% of patients a clinical condition requiring a specific follow-up was diagnosed. Persistent or recurrent CK elevations should be investigated, regardless of its magnitude.

Palavras-chave: creatine phosphokinase, metabolic disease, neuromuscular disease

(19326)

CARDIOVASCULAR RISK IN CHILDREN WITH STEROID-RESISTANT NEPHROTIC SYNDROME

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Introduction: A minority of patients with nephrotic syndrome (NS) is considered to have steroid-resistant nephrotic syndrome (SRNS). These patients are known to have increased cardiovascular (CV) risk, mainly due to the accumulation of several cardiometabolic risk factors, but few studies have addressed this problematic in the pediatric age.

We aim to characterize the presence of the main CV risk factors in pediatric patients with a diagnosis of SRNS.

Methods: Retrospective analysis of all SRNS cases followed at a Pediatric Nephrology tertiary center, between 2006 and 2022. Anthropometric variables were gathered, body mass index (BMI) was calculated and classified according to the WHO criteria. Clinical variables such as blood pressure and analytical variables such as blood lipids, glucose and uric acid levels were recorded. All variables were gathered at baseline (T0), at the onset steroid-resistant behavior, and after 12 months (T1).

Results: Twenty patients with SRNS were included, 55% female, with a median (25th-75th percentile) age of 5 (2-16) years. Fourteen (70%) patients presented genetic SNSR (mutation of NPHS2 in 9 patients). While most patients presented with SRNS after the first year of life, there were 2 cases of congenital and 1 infantile NS.

At T0, all patients presented dyslipidemia, 70% hypertension, and one patient fasting hyperglycemia. Hyperuricemia was found in 2 out of 9 patients (22,2%). At T0, 70% and 21.4% presented with at least 2 or 3 CV risk factors, respectively. BMI at T0 was not considered due to most patients being edematous.

At T1, 45% had overweight/obesity, 90% presented dyslipidemia, and 75% patients were controlled with antihypertensive therapy. All patients showed normal fasting blood glucose levels and hyperuricemia was found in 2 of 8 patients (25%).

The prevalence of all CV risk factors decreased at T1, however 10 patients persisted with at least two risk factors.

Discussion: Our study revealed a decrease in the prevalence of CV risk factors in SRNS patients during the follow-up period, which can be partially accounted by the suspension of corticotherapy. Despite this improvement, CV risk factors remained highly prevalent among SRNS patients, which suggests that this population might benefit from a more stringent CV surveillance than the general population.

Long-term studies are required to better assess the impact of the CV risk factors on long-term CV morbidity.

PEDIATRIA

POSTERS

(19236)

EPIDIDYMITIS RELATED URINARY TRACT INFECTION: A CASE REPORT

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Background: Acute scrotum typically presents with scrotal swelling or pain. In infants, potential causes include hydrocele, inguinal hernia, testicular torsion, orchitis, epididymitis, and testicular tumor. Epididymitis is an inflammation or infection of the epididymis and is a relatively uncommon cause of acute scrotum in prepubertal boys. Possible etiologies include ascending infection, vesicoureteral reflux, and bacterial and non-bacterial infections, such as urinary tract infections.

Case presentation summary: We present the case of a 7-month-old male infant with a past medical history of a right inguinal hernia repair at 3 months of age. He was brought to our emergency department with complaints of swelling, redness, and pain in the right scrotum that started that day. Additionally, he had a single episode of fever (rectal temperature 38.6ºC) approximately 10 hours before presentation, with rhinorrhea and productive cough. Physical examination revealed erythema and edema of the right scrotum that was tender on palpation. A testicular ultrasound with doppler and urinalysis were ordered. The testicular ultrasound demonstrated a prominent right epididymis with decreased echogenicity, and doppler evaluation showed marked hyperemia of the right epididymis, suggesting epididymitis. The right scrotal wall was also slightly thickened, indicative of diffuse interstitial edema. Urinalysis performed by catheterization revealed the presence of 5 leukocytes per field, with no other relevant changes. Blood workup showed a slightly elevated C-reactive protein (40 mg/L) with normal procalcitonin (0.16 ng/mL) and no leukocytosis or neutrophilia. The patient was initiated on empiric oral antibiotic therapy (amoxicillin-clavulanate) pending urine culture results, which grew multisensitive Escherichia coli. Three days later, he was re-evaluated and had clinical resolution. A renopelvic ultrasound was scheduled for 4-6 weeks later to evaluate for any underlying abnormalities.

Conclusion: Based on our case report, epididymitis should be considered as a differential diagnosis when evaluating testicular inflammation, although it is relatively uncommon in prepubertal patients. In infants, it may be caused by a urinary tract infection, as was the case with our patient. Therefore, when faced with this situation, an urinalysis should be ordered.

Palavras-chave: Epididymitis, Urinary tract infection, Acute scrotum

(19237)

PAEDIATRIC SEXUAL ABUSE – WHAT TO LOOK FOR?

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Background: The effects of sexual abuse in children are serious and include several short and long-term health consequences. When faced with this scenario, the clinician must always exclude sexually transmitted infections (STIs).

Case presentation summary: A previously healthy 15-year-old female was brought by her mother to the emergency department due to a suspicion of sexual abuse by her stepfather for almost 3 years. At admission she was asymptomatic. Physical examination revealed bilateral cervical lymphadenopathies. Laboratory evaluation showed leukopenia (3400/uL, 52% neutrophiles and 34% lymphocytes) and elevated liver enzymes (AST 85, ALT 97 U/L). An STIs panel was ordered and revealed a positive human immune deficiency virus 1 and 2 (HIV) screening test. Western blot was positive for HIV1.
Serology results were compatible with acute infection by herpes virus type 1 and 2. Hepatitis B surface antigen (HBsAg), venereal disease research laboratory test (VDRL) and hepatitis C antibody (anti-HCV) were negative. Vaginal secretions were positive for Gardnerella vaginalis, Ureaplasma urealyticum and Mycoplasma hominis, and she was treated with antibiotics. Lymphocyte CD4+ cell count was below 200/mm3 and HIV viral load of 70800 copies/mL. The diagnosis of HIV1 infection with severe immunosuppression was made and she was given a combination of antiretroviral therapy with efavirenz, emtricitabine and tenofovir disoproxil according to guidelines at that time and Pneumocystis prophylaxis.

During follow-up, CD4 count increased to normal values and viral load became undetectable.

Conclusion: Any child victim of sexual abuse should be evaluated for STIs. HIV transmission must be ruled out. In our patient, the presence of severe immunosuppression was a worrisome feature. She was at risk of opportunistic infections. Bacterial vaginosis may be acquired either sexually or nonsexually.

(19244)

VOMITING AS A MANIFESTATION OF KIDNEY DAMAGE

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Introduction: Acute interstitial nephritis (AIN) can have diverse etiologies, namely infections, autoimmune diseases, reactions to medications and exposure to toxic substances.

Objective: With this clinical case, the authors aim to highlight a potential serious adverse effect of commonly used NSAID.

Discussion: A 16-year-old male was admitted with incoercible vomiting and abdominal pain in the right flank and lower back. Five days before, he started with fever, bilateral otalgia, cough and headache. He was evaluated on the first day of illness and was discharged with etodolac and amoxicillin clavulanate. He just took 2 days of antibiotic, but was on the 5th day of etodolac. On physical examination, blood pressure was normal and he was afebrile. Blumberg's sign was doubtful, so an abdominal ultrasound was performed, which ruled out appendicitis but showed an increase in the echogenicity of the right kidney parenchyma, suggestive of nephritis. Laboratory tests revealed a urea of 33mg/dL, creatinine of 1.9mg/dL, urinalysis showed mild proteinuria (100mg/dl) and microscopic hematuria; urinary protein/creatinine ratio was 1.5. AIN due to etodolac was presumed and the drug was discontinued. He was admitted and underwent intravenous fluid therapy. One day after admission, he developed ankle arthralgia with worsening of renal function (urea 42mg/dL, creatinine 3mg/dL); urinary protein/creatinine ratio 0.248. No acid-base or electrolyte imbalances. No macroscopic hematuria, but mild microscopic hematuria was maintained and he was transferred to a Pediatric Nephrology centre. Repeated kidney ultrasound showed normal preservation of corticomedullary differentiation. He completed 5 days of prednisolone (1mg/kg). Blood pressure remained within normal range, diuresis was maintained with polyuria on the 6th and 7th day of illness, with progressive improvement in kidney function. Serological and immunological studies were negative. He was discharged on the 8th day of illness, asymptomatic and with normal kidney function. On follow-up visit, 2 weeks later, he remained symptomless, with normal blood pressure and no changes in blood and urine analysis.

Conclusion: Etodolac-induced AIN is a rare but possible NSAID adverse effect. The symptoms can be subtle and nonspecific, and the classic triad of rash, fever and eosinophilia are not always present. Early recognition and prompt management can help to minimize the risk of long-term kidney damage and improve patient outcome.

Palavras-chave: Etodolac, acute interstitial nephritis, acute kidney injury, hematuria

(19250)

BARDET-BIEDL SYNDROME: WHEN TO SUSPECT

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Introduction: Bardet-Biedl Syndrome (BBS) is a rare, multisystem non-motile ciliopathy primarily characterized by retinal cone-rod dystrophy, obesity and related complications, postaxial polydactyly, learning disabilities, various degrees of cognitive impairment, hypogonadotropic hypogonadism and/or genitourinary malformations. BBS is an autosomal recessive disorder, with clinical and genetic heterogeneity. Molecular genetic testing is available. There is no specific treatment, with a multidisciplinary approach being advisable. Here we present a case of a young girl diagnosed with BBS.

Clinical Case: A prepubertal 10-year-old girl presented in a pediatric consultation with obesity and diminished visual acuity since she was 5 years old. She had recurrent respiratory infections from the first months of life until she was 5; no history of urinary tract infections. She had an adequate psychomotor development but upon starting primary school, marked learning difficulties were noticed. She complained of blurry vision and difficulty seeing far away. She started wearing glasses at 5 years of age. Currently with bilateral macular dysfunction. Her Body Mass index was above the 97th percentile. Due to the severe vision deficits, she underwent genetic testing that revealed two different variants in the BBS1 gene (c.1169T>G p.(Met390Arg) and c.1318C>T p.(Arg440*)), compatible with Bardet-Biedl Syndrome. No relatives have similar symptoms. Cardiology exam showed no alterations. She currently has a multidisciplinary following, including pediatrics, genetics, neurodevelopment, ophthalmology, nephrology, and cardiology to ensure an appropriate management.

Conclusion: This clinical case reinforces the high level of suspicion necessary to diagnose BBS. Increased awareness of this syndrome is crucial for the early diagnosis and adequate management to avoid complications and mortality.

Palavras-chave: Bardet-Biedl Syndrome

(19252)

MYOTONIC DYSTROPHY TYPE 1 VS MYOTONIC DYSTROPHY TYPE 2

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Myotonic dystrophy type 1 (DM1; MIM#160900) and Myotonic dystrophy type 2 (DM2; MIM#602668) are autosomal dominant neuromuscular disorders with multisystem involvement, caused by an unstable repeat tract in a noncoding part of a gene. In both dystrophies, the pathogenesis can be explained by a toxic RNA gain-of-function mechanism.

DM1 is the most common muscular dystrophy in adults, caused by a heterozygous trinucleotide repeat expansion (CTG)n in the 3-prime untranslated region of the DMPK gene (MIM*605377) on chromosome 19q13, in which a repeat length exceeding 50 CTG repeats is pathogenic. There are four different forms of DM1: congenital, childhood-onset, adult-onset and late-onset, being the adult-onset form the most prevalent. Congenital myotonic dystrophy (CMD) is more than just muscular dystrophy as the affected individuals show the involvement of other organ systems. Some of the clinical features associated with CMD in prenatal are polyhydramnios, reduced fetal movements, preterm delivery, small for gestational age; in neonatal are hypotonia, muscle weakness, myopathic facies, visual impairment, respiratory distress, feeding and sucking difficulties; and in infancy are myotonia, intellectual disability, autism, ADHD, psychiatric disorders, vision problems.

DM2 is caused by a heterozygous expansion of a (CCTG)n repeat in intron 1 of the CNBP gene (MIM*116955) on chromosome 3q21. Normal CNBP alleles have up to 30 repeats; pathogenic alleles contain from 75 to 11,000 repeats. In DM2 there are no distinct clinical subgroups. In DM1, the size of the repeat expansion is correlated with clinical severity and age of onset, while in DM2 there is no clear correlation between the length of the expansion and clinical severity. However, similar to DM1, repeats continue with age. Anticipation, an increase of symptom severity and a younger age of onset in each consecutive generation, is a distinct feature of DM1, but exceptionally rare in DM2. DM2 is particularly difficult to recognize, although shares many clinical similarities to DM1, including progressive muscle weakness, myotonia and early-onset cataract, making DM2 a challenging diagnosis. This suggests that other affected DM2 family members show only mild or no symptoms, therefore DM2 are underdiagnosed and thus underreported.

Herein, we will describe the phenotypic and genotypic features of these disorders, highlighting the similarities between DM1 and DM2 and the strategies of diagnosis.

Palavras-chave: Myotonic Dystrophy, Repeat Disorders, Expansion

(19254)

NEPHROTIC SYNDROME ATYPICAL PRESENTATION: A CASE REPORT

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Nephrotic syndrome (NS) is the commonest glomerular disease in children but it's incidence in the first year of life is very low. When it's present at birth or develops in the first three months, it is considered congenital, while if it develops between three and twelve months of age, it is called infantile. Most of these situations have a genetic cause and a poor outcome. We report a case of a previously healthy 9-month-old caucasian twin girl with no prenatal history. Non- consanguineous parents, history of hypertension in her father. The patient was admitted in the Emergency Department in september 2022 with two days of fever, three days before admission, and odynophagia. Parents also reported hypoactivity and lower oral intake, along with a single episode of vomiting at admission. No other symptoms were reported. On physical examination, she appeared sick, was hypoactive, with sunken fontanelle. Apyretic, blood pressure in the 5-50th percentile for age and gender. No evidence of edema or significant weight changes. Laboratory work-up revealed nephrotic range proteinuria (urinary protein:creatinine ratio 98.1mg/mg), hyperlipidemia (cholesterol 291mmol/L), hypoalbuminemia (2.2g/dL), hyponatremia (125mmol/L), no evidence of renal injury, normal haemoglobin and inflammatory markers. Negative microbiologic and serologic tests for infectious causes. Normal abdominal ultrasound.

Treatment was initiated with prednisolone 60mg/m2/day. Albumin perfusions were performed on admission and on the second and third day of hospitalization. After the initial approach, the child was transferred to a reference center.

Progressive improvement was achieved and proteinuria completely resolved after eight days of glucocorticoid therapy. A genetic study is ongoing. This case reports a rare type of infantile NS, diagnosed in the absence of characteristic symptoms. Most cases are unresponsive to corticosteroids and progress to chronic kidney disease. However, the steroid responsiveness of this patient predicts a favorable outcome. Even so, continuous monitoring is mandatory.

Palavras-chave: Nephrotic Syndrome, Infantile, glucocorticoid

(19256)

QUANDO A CRIANÇA DEIXA DE SALTAR E PINCHAR - A PROPÓSITO DE UM CASO CLÍNICO

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Enquadramento: A dor da anca é uma queixa comum em idade pediátrica, associada frequentemente a claudicação da marcha e redução da mobilidade da anca. A sua etiologia inclui entidades infecciosas, inflamatórias, ortopédicas e neoplásicas, sendo fundamental a identificação de sinais de alarme que devem motivar referenciação, particularmente história de trauma, dor de características inflamatórias, rigidez matinal, edema, sintomas constitucionais, hipersudorese noturna e recusa total de apoio do membro.

Descrição de Caso: Criança do sexo masculino, 5 anos, sem antecedentes patológicos de relevo, recorre a consulta de intersubstituição na sua Unidade de Saúde Familiar (USF) acompanhado pela mãe, por quadro com 1 dia de evolução de dor na anca direita, associada a noção materna de claudicação da marcha. Foram negados trauma direto, quedas ou episódios anteriores de sintomatologia semelhante. Sem história recente de doença aguda, antibioterapia ou conviventes doentes. Ao exame físico apresentava bom estado geral e dor com a movimentação da articulação coxo-femoral direita, nomeadamente com a rotação interna, sinais inflamatórios associados, sem outras alterações de relevo. A criança foi referenciada à urgência pediátrica da sua área de residência, onde realizou ecografia articular que revelou "derrame na articulação coxo femural direita com 67mm". Foi assumida sinovite transitória da anca e a criança teve alta medicada com ibuprofeno fixo 10mg/kg/dose de 8/8h durante 1 semana e explicados sinais de alarme, particularmente o surgimento de febre. Em reavaliação clínica na semana seguinte, a criança apresentava-se assintomática, com bom estado geral, sem registo da ocorrência de picos febris e restante exame objetivo dentro da normalidade.

Discussão: A sinovite transitória da anca é uma entidade benigna e autolimitada, que ocorre tipicamente em crianças com 3 a 10 anos de idade, afetando com maior freuqência o sexo masculino. Trata-se de uma efusão dolorosa da articulação da articulação da anca, maioritariamente unilateral, de instalação aguda e cuja etiologia é incerta, estando associada a infeções víricas.

Este caso clínico pretende realçar a importância da realização de uma anamnese minuciosa e de um exame objetivo completo na abordagem da dor musculoesquelética em idade pediátrica, a qual constituiu uma queixa frequente nesta faixa etária, por vezes de difícil caracterização e que, apesar de frequentemente benigna, exige a exclusão de entidades graves.

Palavras-chave: Sinovite, Dor músculo-esquelética

(19275)

BENEFITS OF EARLY ONSET OF NONINVASIVE VENTILATION IN INFANTS WITH PIERRE ROBIN SEQUENCE: A CASE REPORT

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Introduction: Pierre Robin sequence is a congenital defect characterized by micrognathia and glossoptosis leading to upper airway obstruction. In newborns and infants with craniofacial disorders, upper airway obstruction is an important cause for morbility and mortality. Recent advances lead to better clinical approach, such as noninvasive ventilation, that reduce the need of surgery, including tracheostomy.

Case report: A newborn male was born at 37 weeks and 3 days (birthweight 3600g) via emergent c-section due to abnormal CTG monitoring. Apgar score was 5 and 6 at first and five minutes respectively and he was admitted in neonatal intensive care unit due to persistent respiratory distress and feeding difficulties. At 30 weeks of gestation, a ventricular asymmetry related to an arterial stroke had been noted. Discharge home occurred at 3 weeks of life. At 5 months of age, he was brought to the emergency department, with persistent cough and respiratory distress, mainly after meals, lasting for several days. It was also reported a persistent noisy breathing and the occurrence of apneas with crying. On admission, he presented with moderate respiratory distress, persistent inspiratory stridor, and hypoxemia (minimum SpO2 values of 75%) with need of oxygen. Typical facial features such micrognathia and glossoptosis were noted. During inpatient care, noninvasive ventilation (NIV) with home ventilator was promptly started. Laryngomalacia and vocal cord disfunction were excluded, and cardiac evaluation reveled a patent foramen ovale and persistent arterial duct. After NIV onset, both respiratory and nutritional improvement were seen, and neither obstructive apneas nor bradycardia were further reported.

Conclusion: Early-onset of NIV improves breathing patterns and respiratory outcomes for infants with upper airway obstruction attributable to craniofacial dysmorphisms. With this case, the authors pretend to reinforce the benefits of NIV, even with normal otorhinolaryngological evaluation.

Palavras-chave: Noninvasive ventilation, upper airway obstrution, pierre robin, stridor

(19276)

16P11.2 MICRODUPLICATION SYNDROME – TWO SISTERS TWO PHENOTYPES

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Introduction: Copy number variants (CNVs) in the chromosomal region 16p11.2 are associated with neurodevelopmental disorders. Both deletions and duplications can occur and have been linked with Global Developmental Delay / Intellectual Disability (GDD/ ID), Autism Spectrum Disorders (ASD)/ ASD traits, speech sound disorder and language disorder (LD).

These CNVs have variable penetration and pleiotropic effects, hence neurodevelopmental and physical phenotype is variable amongst carriers.

Description: We characterize the cases of 2 sisters with 16p11.2 microduplication followed at our Neurodevelopmental Unit. One was referred at 12 years old due to learning difficulties. She presented mild dysmorphic facial features and was diagnosed with ID. The youngest was referred at 2 years old due to language disorder and was diagnosed with ASD. She had no craniofacial dysmorphisms. The array CGH of the older sister revealed a 16p11.2 microduplication and allowed for a directed investigation on the youngest which confirmed our suspicion of the same CNV.

Discussion: Both sisters have 16p11.2 microduplication and present different neurodevelopmental and physical phenotypes. As described in the literature the phenotype is non-specific and highly variable.

The authors wish to stress that the importance of recognizing the full spectrum of the neurodevelopmental and behavioural phenotype of some CNVs, namely the 16p11.2. We also want to underline the importance of a detailed family history which, even in the presence of distinct phenotypes, may allow a targeted etiological investigation, with benefits in terms of cost and promptness etiological diagnosis.

Palavras-chave: CNVs, Neurodesenvolvimento, Perturbação do Espetro do Autismo, Perturbação do desenvolvimento intelectual

(19285)

ACUTE DISSEMINATED ENCEPHALOMYELITIS (ADEM): A DIAGNOSTIC CHALLENGE

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Background and aims: Acute disseminated encephalomyelitis (ADEM) is an autoimmune, multifocal disease characterized by a demyelinating inflammatory response with affection of the central nervous system. We aim to describe an ADEM patient and its challenging diagnostic approach.

Case report: A five-year-old male child with recurrent wheezing and chickenpox one month prior was admitted to our department with gait limitation, neck pain and stiffness for 6 days. He didn't have fever or any other complaint. On examination he presented a gait with a rigid posture and neck stiffness.

Initial evaluation showed leukocytosis with neutrophilia, C-reactive protein of 3,13mg/L and pleocytosis on cerebrospinal fluid (CSF) (122 leukocytes/µL). Serologic studies revealed a positive IgM and IgG for VZV and HSV 1 and 2. Blood and CSF cultures and molecular studies didn´t identify an infectious cause. Cervical, thoracic and abdominal CT scans were normal.

During hospitalization, he developed an ataxic gait, proximal weakness in the right lower limb and clonus. Cranioencephalic MRI held on D18 evidenced alterations compatible with a process of inflammatory-infectious or para- infectious nature, suggesting ADEM. Lumbar Puncture was repeated on D19 with no pleocytosis and with positive anti- MOG antibodies. Treatment with corticosteroids was initiated and the child was discharged on D25 with clinical improvement.

Conclusion: In this case, the persistence of symptoms in addition to the multifocal neurologic abnormalities, led to the maintenance of surveillance and investigation, which allowed the diagnosis. Many children with MOG-associated disorders experience a monophasic course and good functional outcome, but long-term follow-up is important to provide valuable evidence for a monophasic versus relapsing course.

Palavras-chave: Acute disseminated encephalomyelitis

(19289)

HIDING BEHIND THE ORDINARY – NON-SPECIFIC FEATURES OF AN ONCOLOGICAL CASE

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Introduction: A multitude of non-specific symptoms, such as transient pain, are frequent in the pediatric emergency department. Those require a careful examination especially if associated with other alarm signs, such as changes in multiple cell lines of the hemogram, which should be thoroughly investigated, or else serious diagnoses can go unnoticed.

Methods: Clinical and laboratory data were reviewed from medical records.

Case report: A fifteen-year-old female teenager, with history of allergic rhinosinusitis, went to the emergency department with a first episode of lower back pain that irradiates to the groin. The blood tests showed mild thrombocytopenia (128.000 platelets/µL), elevated liver enzymes (ALT 140 U/L; AST 65 U/L), a normal peripheral blood smear, and, after doing an abdominal radiography, a stone in the left ureter was suspected. Two days later she came back with pain in the left costal grid and was treated with analgesic medication on a fixed regimen. One week after, she was observed once more with lower back pain, that got worse after she stopped the medication, associated with fever, rhinorrhea, productive cough and chest pain. On the physical examination no remarkable features, except a 3.5-4 cm bruise on the anterior aspect of the right thigh, with no history of trauma. This time, the lab results revealed a leukopenia (2100/µL), neutropenia (1070/µL), thrombocytopenia (53000 platelets/µL); an elevation of DHL 889 U/L, liver enzymes (AST 31 U/L; ALT 65 U/L) and RCP (56,1 mg/L), and normal uric acid (3,7 mg/dL). After one day it classified as a pancytopenia with hemoglobin levels of 11,9 g/dL and, as a result, she was admitted in a tertiary hospital for investigation. On the second day of hospitalization, in the morphological study of the peripheral blood, was found 6% lymphoblasts, which was confirmed in a pediatric oncology hospital, leading to the diagnosis of lymphoblastic leukemia of B cells.

Conclusion: Sometimes rare diagnoses can present with symptoms that mimic the most common of diseases. This case showed how crucial it was to recognize the blood test changes throughout the emergency department admissions, in order not to miss out a very serious diagnosis.

Palavras-chave: Lower back pain, Pancytopenia, Lymphoblastic Leukemia

(19293)

RETROPHARYNGEAL ABSCESS: A DIAGNOSTIC CHALLENGE

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Introduction: Retropharyngeal abscesses occur mostly in children between 2 and 4 years old and in most cases are preceded by upper airway infections. The retropharyngeal space contains two chains of lymph nodes wich drain the nasopharynx, adenoids, posterior paranasal sinuses, middle ear and Eustachian tube.

Methods: Clinical and laboratory data were reviewed from medical records.

Case report: A three-year-old female child with unremarkable personal and family history, was admitted to the ER for odynophagia, fever for the last 6 days and limited cervical mobility, associated with pain. Three days prior to admission the child was treated with amoxicillin for acute tonsillitis, prior to the admission to the ER.

Physical examination showed limitation in bilateral cervical mobility, inability to perform cervical extension but not flexion, bulging of oropharynx posterior wall with right deviation of structures.

Laboratory evaluation showed leukocytosis with neutrophilia and high C-reative protein (247 mg/L). CT scan of the neck disclosed "Large left peri-tonsillar abscess (2.5 cm in diameter), extending to the left parapharyngeal space, between the common carotid artery and the internal jugular vein, reducing its caliber and edema/phlegmon of the left parapharyngeal space, leading to reduction of airway permeability"

Treatment with corticosteroids, ceftriaxone and clindamycin was initiated, followed by transoral drainage of parapharyngeal and retropharyngeal abscesses.

Clinical improvement was observed during hospitalization. Next CT scan was repeated on D13 showed only mild retropharyngeal edema without airway commitment. The child was discharged on D16, after 14 days of antibiotherapy.

Conclusion: This case shows that the diagnosis of a retropharyngeal abscess can be challenging and often mistaken for a simple tonsilitis. The presence of symptoms such as fever, dysphagia, odynophagia, dysphonia, stridor, sialorrhea, difficulty in neck extension and lack of response to antibiotic treatment should raise suspicion of retropharyngeal abscess. The main complications that can be associated with these abscesses are airway obstruction, sepsis, aspiration pneumonia, internal jugular vein thrombosis and mediastinitis. However, when detected and treated precociously, they rarely have long-term consequences.

Palavras-chave: abcesso, retrofaringeo, parafaringeo

GINECOLOGIA - OBSTETRÍCIA

COMUNICAÇÕES ORAIS

(19277)

VAGINOSCOPY: BEYOND GYNAECOLOGY

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Introduction: Vaginoscopy is an endoscopic technique that allows the inspection of vagina and cervix with no pain and minimum discomfort. Is commonly used by gynaecologists as an approach to hysteroscopy for the same reason, particularly in women with important vulvar and vaginal atrophy.

The most common gynaecological conditions in paediatric population are infection, congenital abnormalities, trauma, or dermatologic conditions. We present a case of a 3 year-old girl with reddish vaginal discharge, where use of vaginoscopy was essential to diagnose and treatment.

Case Report: Healthy 3 year-old girl was observed in the Paediatric Emergency department of our centre because of reddish vaginal discharge with 1 week of evolution. At observation she presented with perineal eritema and was medicated for perineal infection. Two weeks later, her mother returned to the emergency department because maintenance of complaints. Observation by the gynaecologic team was requested. At our observation, perineal erythema was still present. Examination of hymen and its permeability was not possible due to no collaboration of the patient.

Suprapubic and transperineal ultrasound was performed but was not conclusive. Vaginoscopy under general anaesthesia was performed by our team, using a 5 mm 30º hysteroscope. At examination under anaesthesia, before the procedure, hymen was examined and permeable to a finger. Vaginal exsudates were collected and the swab got pink in colour. After insertion of hysteroscope, a strange body was noticed in the vaginal fornix. It was removed with a hysteroscopy grasper and recognized as a crayon pencil.

Conclusion: Knowledge and exploration of genital organs might soon occur in infant life. Introduction of foreign bodies in vagina should be included in differential diagnosis of vaginal discharge in children. It's a rare situation but might cause acute and chronic recurrent vulvovaginitis and may be associated with bleeding. In the case presented, vaginoscopy was a key tool for diagnosis and treatment.

Palavras-chave: Vaginoscopy, vaginal exam

(19282)

CERVICAL CONIZATION: RISK FACTORS AND OUTCOMES IN A TERTIARY CENTER

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Introduction: Cervical cancer screening may prevent cervical cancer by detecting precursor lesions, allowing for timely diagnosis and treatment. The aim of this study is to analyze the outcomes and results of women who underwent cervical conization in a tertiary hospital.

Methods: An observational retrospective study was performed, including all women submitted to cervical conization in 2022 in a specialized cervical pathology consult in a tertiary hospital. Multiple variables were analyzed, including previous cytology, HPV testing, pathology of the previous biopsy and of the conization specimen, as well as HPV vaccine status.

Statistical analysis was done with SPSS, v27, with statistical significance of $p<0,05$.

Results: Two hundred and fifteen women were selected for this study, with mean age of 42,61+-10,04 years. More than half (54,8%) were active or ex-smokers and 7,4% were immunosuppressed. Cytology results previous to conization were: HSIL in 15,3%, ASC-H in 16,7%, ASCUS in 23,7%, LSIL in 22,3%, NILM in 20% and ACG in 0,5%. High risk HPV non 16-18

was identified in 68,1% of cases, followed by HPV 16 (39,2%) and HPV 18 (5,4%). When colposcopy with biopsy was performed the results were: 31,1% CIN 1, 31,1% CIN 2, 30% CIN3/CIS, 1,4% in situ adenocarcinoma and 1,4% undefined.

Correlation between biopsy and conization pathology was of 81,5% for CIN 1, 66,7% for CIN 2, 79,6% for CIN 3 and 100% for in situ adenocarcinoma. Complete HPV vaccination was present in 19,7% when conization was performed. There were 12 repeat conizations, 4 of them during the study period. Six women had total hysterectomy. There was no association between high-grade lesion (CIN2 or higher) and: complete vaccination status, HPV non 16-18, smoking or immunosuppression. There was association between HPV 16-18 and high-grade lesion ($p<0,05$).

Discussion: The majority of screened women had HPV non 16-18, however we found no correlation with high-grade lesion on this group. Most women had high-grade lesion (65,3% on biopsy and 58,4% on conization pathology), however there were only 12 cases of repeat conization and 6 cases of total hysterectomy. Screening programs are highly important for population health and can reduce cervical cancer incidence.

Palavras-chave : Cervical conization, HPV, Vaccination

(19291)

CASCADE FAMILY SCREENING IN CANCER SUSCEPTIBILITY SYNDROMES: HITS AND MISSES FROM 5-YEARS OF EXPERIENCE

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Introduction: cancer susceptibility syndromes are caused by pathogenic variants in genes that control cell proliferation. After identifying a variant in an individual, relatives should be tested in a Medical Genetics consultation, ensuring appropriate oncological screening if positive, and avoiding unnecessary watchfulness if negative. Worldwide experience shows this process is slow and limited due to the lack of communication between professionals and shortage of Genetics consultations. Our aim was to critically assess the outcomes of oncogenetic cascade family screening in a tertiary hospital.

Methodology: we retrospectively assessed all familial genetic tests undergone in our reference laboratory from January 1st 2018 to December 31st 2022, regarding cancer susceptibility genes. Cases were assessed for general demographic, clinical and genetic information, as well as for the timings regarding consultations, referrals and testing.

Results: a total of 366 at-risk relatives were assessed, belonging to 155 families with an index case bearing a cancer susceptibility variant. Referral was mostly performed by primary care doctors (72%) or directly scheduled by the Geneticist (21%). The most common cancer types in index cases were breast (44%), colorectal (25%) and endometrial (7%). There were 25 different cancer susceptibility syndromes in these families, the most common associated with BRCA1, BRCA2 or MSH6. Genetic testing was positive in 43% of cases: out of these, 88% started a personalized screening plan, 13% underwent risk-reducing surgery and 2% were referred for preimplantation genetic testing. Approximately 13% of tests were not requested by a Geneticist. Median timing from index identification to relative testing was 10.2 months. Median timing from the first consultation to result delivery in relatives was 4.8 months, which was remarkably unchanged between relatives with different kinship degrees, relatives already with cancer, and when comparing different genes/syndromes.

Discussion: our retrospective review shows that cascade screening in our department is largely successful, with adequate communication with primary care providers (as they are instructed to refer at-risk family members), and short and stable screening timings. Improvement is required regarding a significant proportion of tests that are requested by non- geneticists. Nevertheless, overall outcomes are positive, as almost all patients have their screening plan adapted after testing.

Palavras-chave: Oncogenetics, Cancer screening, Cancer prevention, Predisposition to cancer, Breast cancer

(19424)

MÜLLERIAN ANOMALIES: WHAT ARE THE CHALLENGES IN THE MANAGEMENT OF LOWER GENITAL TRACT LESIONS?

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Introduction: Müllerian anomalies, including different types of congenital malformations of the female reproductive tract, have a reported prevalence of about 5%. In these women, diagnostic and therapeutic approach of cervical and vaginal lesions can be challenging – for this reason, it must be individualised and based on the anomaly type, patient's reproductive history and preferences.

Methods: Description of two clinical cases of cervical and vaginal dysplasia in women with müllerian anomalies.

Results: *Case 1* – A 39 year-old woman with a didelphys bicollis uterus (U3bC2V1 classification according to the 2013 ESHRE/ESGE consensus), gravida 2 para 1, was referred to our centre because of abnormal findings in the cervical cancer screening: a positive non-16/non-18 high risk human papillomavirus (hrHPV) testing in both cervices with reflex cytology revealing an atypical squamous cells of undetermined significance (ASCUS) on the right cervix (RC) and a normal cytology on the left cervix (LC). Although technically challenging because of the partial longitudinal vaginal septum (VS), colposcopy showed an area suggesting a high-grade lesion on the RC and normal findings on the LC. Biopsy revealed a cervical intraephitelial neoplasia (CIN) 2 on the RC. A LASER conization of the RC and LASER vaginal septoplasty (to enable follow-up) were performed, being the final pathology results consistent with a CIN1 on the RC and no dysplastic findings on the VS.

Case 2 – A 38 year-old woman with the same malformation reported in case 1, gravida 1 para 1, was referred due to positive HPV16 and non-16/non-18 hrHPV testing and a low-grade (LG) squamous intraepithelial lesion, without specifying the affected cervix. Cervices were not observed on colposcopy, but it showed an area suggesting a LG lesion of the VS. Directed biopsy revealed VaIN1 and a VS LASER vaporization was performed. On follow-up, co-test showed persistence of non-16/non-18 hrHPV, a normal cytology for the VS and LC and ASCUS for the RC. Recent colposcopy performed with the help of an endocervical retractor in the upper part of the vagina did not show abnormal findings on the RC.

Conclusions: These two cases are representative of the challenges posed by cervical and vaginal lesions occurring in women with aberrant anatomical structures. Currently some questions remain unanswered, namely whether duplicate cervices increase the incidence of cervical lesions but also the role of hrHPV in carcinogenesis in women with congenital anomalies of the genital tract.

(19425)

HIGH-GRADE CERVICAL INTRAEPITHELIAL NEOPLASIA – FROM SCREENING TO FOLLOW- UP

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Introduction: The precursor of cervical cancer (CC) is cervical intraepithelial neoplasia (CIN), caused by persistent infection with high-risk human papillomavirus (hrHPV). Its early detection and treatment helps to avoid progression to CC. Well implemented screening programs can reduce the incidence of CC by up to 80%. The aim of this study was to evaluate the impact of hrHPV on the behaviour of high-grade CIN, as well as to report the follow-up differences between CIN2-3.

Methods: A retrospective study included women from the national CC screening program based on HPV genotyping referred to our tertiary centre from November 2019 to December 2021, with CIN grades 2 (group (G) 1) and 3 (G2) with histological confirmation. Statistical analysis was performed using SPSS, with a p-value <0.05 as statistically significant.

Results: A total of 125 women were included: 49 with CIN2, 75 with CIN3 and 1 case of unspecified high grade intraepithelial lesion (HSIL). Median age was 36.0, 36.8% were nulliparous and 13.6% women were postmenopausal. HPV vaccination rate was 51.2%, having 81.3% of these been vaccinated during follow-up. On referral, 42.9% (G1) and 52.0% (G2) had multiple hrHPV infections, being the most common in both groups HPV16 (G1: 24.5%; G2: 58.7%, p=0.001). There was significant cito-histological disagreement with initial Pap-smear findings suggesting low-grade or absence of lesions in 73.5% (G1) and 56.0% (G2) (p=0.049), results not confirmed by histology. In all cases, treatment was cervical conization, with positive endocervical margins in 4.1% (G1) and 5.3% (G2) (p>0.05). The first Pap-smear after conization revealed LSIL in 4.1% from G1; and LSIL (4.0%) or HSIL (1.35%) in G2. HPV infection persistence occurred in 22.4% (G1) and 18.7% (G2). The rate of retreatment was 2.0% (G1) and 10.7% (G2) (p>0.05), including new conization in 2.0% (G1) and 6.7% (G2) and hysterectomy in 4.0% from G2.

Conclusions: In this study, the prevalence of CIN3 was higher than CIN2 which can be interpreted in the context of the SARS-CoV2 pandemic that motivated delayed referral and management. It is expected that the implementation of HPV vaccination programs will significantly reduce the need to treat cervical premalignant lesions, but these women still need to attend screening programs. Besides, specific hrHPV genotype testing instead of HPV testing alone may be useful to follow-up CIN patients to predict disease recurrence after treatment.

(19427)

PREVALENCE OF HPV GENOTYPES IN WOMEN UNDERGOING CERVICAL CANCER SCREENING: THE EXPERIENCE OF A TERTIARY CENTER

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Introduction: Human papillomavirus (HPV) testing is more sensitive than cervical cytology for detecting cervical cancer and its precursors. Different epidemiological studies reveal that HPV prevalence depends largely on age, with differences across geographic areas. This study aimed to analyze the prevalence of high-risk HPV (HR-HPV) genotypes among women with abnormal results in the cervical cancer screening, with follow-up in a tertiary center.

Methods: A retrospective study included women between 25 and 65 years, referred for cervical pathology consultation between January 2020 and December 2021.

Four groups were evaluated considering age: < 30 years (G1); 30-39 years (G2); 40-49 (G3); and 50-65 years (G4).

When cervical biopsy and/or conization were performed, the most severe result of both was considered, being grouped into normal, low (CIN1) and high (CIN2/CIN3/CIS) grades.

The primary outcomes comprised an evaluation of the frequency of HR-HPV genotypes for each age-group and an identification of the most prevalent HR-HPV according to each type of histological cervical lesion. A sub-analysis of the population's characteristics was also performed.

Results: A total of 714 women were included, divided into 132, 212, 212, and 158 women in G1 to G4, respectively, with median ages of 27, 34, 44, and 55 years-old. G1 was related to early ages of first sexual intercourse (16,8 years vs 19,6 in G4), and the smoking rate among groups was similar (30 to 38%).

HR-HPV others than 16/18 were the most frequent HPV infections in all groups, and the main genotypes were HPV-39 and -52 in G1; HPV-31 and -68 in G2 and G3; and HPV-52 and -68 in G4. However, the rate of HPV 16 infection greatly increased from 30 years (10% in G1 vs 31% in G2 to G4) as the infection of HR-HPV others than 16/18 remained stable (95% in G1 vs 76% in G2 to G4). The rate of HPV-18 was inferior to 10% in all groups.

By evaluating the HPV genotype related to each type of cervical lesion, HPV-16 was one of the most frequent infections in all types of histological results above 30 years while HPV-52 presented the same pattern in G1. The high-grade lesions presented higher prevalence of HPV-16, -31 and -52 in G1, HPV-16 and -31 in G2 and G3, and HPV-16 in G4.

Conclusion: In conclusion, these findings highlight the importance of age and the role of HPV genotyping in assessing the risk of cervical abnormalities, emphasizing the need for screening and increase women's surveillance against some subtypes of HPV.

(19137)

PSYCHIATRIC EMERGENCY IN THE PUERPERUM

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Introduction: The puerperium is the postpartum phase in which women experience physical, hormonal and psychological changes. It corresponds to the period from childbirth to six weeks, and can extend up to six months in breastfeeding women. It is a difficult time in a woman's life, as it requires adaptation to biological and psychosocial changes. At this stage, although rare, a psychotic condition can occur in a woman's life. Thus, we speak of Puerperal Psychosis, a life- threatening psychiatric emergency. A review of recent literature was carried out in order to understand in more detail the mechanisms behind the development of psychosis in the postpartum period, as well as its risk factors, as a way to more easily prevent or, at least, act accordingly as early as possible, so as to reduce its consequences.

Methodology: A non-systematic review was performed in the PubMed database of literature published in English in the last 10 years, using the search terms "pregnancy", "postpartum", "puerperal" and "psychosis". Included articles were selected through review by title and abstract.

Results: According to the literature reviewed, despite inconclusive results and the fact that there is still little consensus in the studies found, some hypotheses are pointed out for the development of puerperal psychosis. The aspects identified as most relevant in the etiopathogenesis of this clinical condition are related to obstetric and psychosocial factors, sensitivity to perinatal hormonal changes, disruption of circadian rhythms and neurobiological, immunological and genetic factors. These factors are discussed in the light of current knowledge.

Discussion: Puerperal Psychosis is a life-threatening psychiatric emergency with risk of suicide and infanticide. Therefore, it is essential to detect risk situations as early as possible in order to diagnose and treat them in a timely and appropriate manner. As such, the psychiatrist should be familiar with the specificities of women's mental health, namely in reproductive and perinatal psychiatry. A multidisciplinary follow-up between psychiatrists and obstetricians is essential to ensure the well-being of patients with psychotic disorders.

Palavras-chave: psychosis; puerperal

(19240)

GESTATIONAL WEIGHT GAIN IN PREGNANCY: THE REALITY IN A PORTUGUESE TERTIARY HOSPITAL

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Introduction: Maternal prepregnancy body mass index and gestacional weight gain have an important role in maternal and neonatal outcomes. Several complications have been described in obese patients, such as diabetes, preeclampsia, macrosomia, and postpartum weight retention. On the other hand, underweight pregnant women are at increased risk for birth of a small for gestational age. To prevent these outcomes, guidelines for weight gain in pregnancy are well established.

Methods: Pregnant women admitted in our hospital for delivery during the first four weeks of January 2023 were included. Missing data, pre-term and twin pregnancies were excluded.

Results: 159 women were included. The mean age was 31,6 years-old, the mean body mass index (BMI) was
25,1kg/m2 and the mean gestational weight was 13,7Kg. Of these, 4,4% were underweight, 52,2% had normal BMI, 28,3% were overweight, and 15,1% were obese. Of all women, 41,1% gained too much weight during pregnancy.

Discussion: Although the importance of appropriate gestational weight gain in pregnancy, this study shows that each group gained similar gestational weight, 43,4% of women began pregnancy overweight or obese, and, of these, 63,8% earned too much weight. Pregnancy is the ideal time for adoption of a healthy lifestyle. Therefore, preconception counseling regarding the risks of obesity or low weight, and encouragement for weight reduction, exercise, and diet during pregnancy surveillance is crucial to accomplish an adequate gestational gain.

Palavras-chave: Body Mass Index; Gestational Weight Gain; Pregnancy

(19266)

DEMOGRAPHIC AND SOCIAL INFLUENCES IN EARLY PRETERM BIRTH – A CASE CONTROL STUDY

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Preterm birth is a heavy contributor to neonatal and perinatal morbimortality. Although some risk factors are often unmodifiable, some, such as social variables, might be targeted to improve obstetric outcomes.

This is a case control retrospective study of pregnant women followed in our centre between 2018 and 2021. Group A consisted of women whose current pregnancy ended with early, very early or extreme preterm birth (n=34). Group B, in a total of 39 pregnancies, consisted of women with term deliveries. Data were retrieved from hospital charts and statistical analysis was performed by SPSS 28.0.

In group A, 12% of the women were above 40 years old, whereas in group B, only 6% of the women were of advanced maternal age. One woman (3%) in group B was under 19. Mean maternal age at conception wasn't significantly different between groups (p=0.177). In our sample, 4% of the women were of african ethnicity, all of them belonging to group A. No correlation was found between ethnicity and preterm birth.

Preconceptive Body Mass Index (BMI) was 24.6 ± 3.3 kg/m2 in group A and 30.8 + 5.9 kg/m2 in group B (p<0.001). 50% of women in group A and 40% in group B were from lower classes (p=0.650). In group A, 53% of the women were smokers, whereas in group B only 23% displayed such habits (p=0.028). Three women in group A were drug consumers, whereas in group B none were. Regarding obstetric history, interpregnancy interval was 5.1 ± 2.7 years in group A and 3.4 ± 2.9 years in group B (p=0.121). Previous preterm labor occurred in 17.6% of the cases in group A and 5% in group B (p=0.088).

Preterm labor is widely recognized as being associated with demographic and social variables. In our sample, tobacco and higher preconceptive BMI were positive and significantly associated with preterm birth. Despite not-significantly, all the other variables (advanced age, african ethnicity, lower class) were more prevalent in women with preterm birth. Their recognition, particularly in preconceptive period, and further targeting, if modifiable, might prove crucial in reducing this unfavourable obstetric outcome.

Palavras-chave: neonatal morbidity, preterm birth

(19272)

GENETIC COUNSELING AND CARRIER SCREENING IN CANDIDATES FOR GAMETE DONATION AT THE FIRST PUBLIC GAMETES BANK IN PORTUGAL

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Introduction: Genetic counseling and carrier screening are initial steps in the process of anonymous gamete donation by healthy individuals. These steps include exploring medical and family history of the candidate donor and perform genetic carrier screening to decrease the risk of severe genetic disorders in donor-conceived offspring. Most medical societies agree on the relevance of pre-test genetic counseling but differ in strategy for genetic carrier screening. In this work, we aim to review the findings of genetic counseling and carrier screening of a cohort of candidates at our public gametes bank.

Methods: Since the integration of Genetic consultation in the gamete donation process until the beginning of pandemic, 34 male and 64 female candidates had genetic counseling with a medical geneticist before donation. Of these, one candidate dropped-out. All males and 63 females performed karyotype and screening for the more common pathogenic variants for CFTR-related cystic fibrosis and spinal muscular atrophy (SMN1) in Portuguese population. All females performed Fragile X expansion screening (FMR1). Thirty candidates with African ancestry performed hemoglobinopathies screening.

Results: Six candidates were withdrawn given their family or personal history. Of 97 candidates tested, 16.5% presented anomalous laboratory results: ten candidates were carriers for an autosomal recessive disorder - cystic fibrosis (5/97), sickle cell anemia (3/30), and SMN1 (2/97). One female was an FMR1 pre-mutation carrier. One female candidate presented with triple X mosaicism. Two candidates presented with chromosomal instability of unknown origin. In one candidate, a mosaic for the Philadelphia chromosome was detected (chronic myeloid leukemia). Discussion: Pre-test genetic counseling is a pivotal step in gamete donation process and its standard operating procedure should be a topic of future discussion. With a minimal genetic screening approach, 21.7% had a family/personal history or an anomalous laboratory result that required additional genetic counseling, stressing the importance of performing pre-donation genetic counseling, as well as post-testing counselling for donors and family members. Furthermore, it is expected that if an expanded carrier screening strategy is adopted more candidates will get a positive carrier screening, raising concerns with strategies to match with the recipient and increased workload of health professionals responsible for genetic counseling.

Palavras-chave: Genetic counseling; gamete donation; gametes bank;

(19281)

ABDOMINAL INCISION IN MORBIDLY OBESE WOMEN: WHERE ARE WE NOW?

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Introduction: Obesity is a chronic disease with growing prevalence and high disease burden. In 2020 in Portugal, 17,4% of adult women were obese, with almost 25% of women 55-64 years old with a BMI >30 kg/m2. There is a rising number of obese women submitted to elective and urgent gynecologic surgery as the risk for endometrial, breast and cervical cancer, as well as benign gynecological pathology and obstetric complications is increased.

Methods: We performed a review of the literature on the subject of grade III obesity and surgical incision for abdominal surgery, with the terms: "Obesity", "Pfannenstiel incision", "Abdominal Hysterectomy" "Suprapannicular incision", "Abdominal Incision".

Results/Discussion: Ideal surgical incision in obese women with BMI >40 is still highly controverse. One option is transverse abdominal incision (subpannicular) in association with panniculectomy. This surgery is usually performed in collaboration with plastic surgery and allows for better surgical exposition but might be associated with hematoma and seroma. A retrospective study of 18 months in an American University hospital compared hysterectomy with panniculectomy with hysterectomy with vertical incision in two groups of women with BMI >40. There were no significant differences between groups in blood loss, duration of admission or infection rate. When comparing Pfannenstiel with vertical incision in women with BMI >40 submitted to cesarean there were no significant differences in surgical complications, however vertical incision is more associated with classical cesarean. A new technique has been described for abdominal access in morbidly obese women, specially with large pannus: a Suprapannicular incision. Lakhi et al describe a series of 17 cesareans performed in women with mean BMI 53,3 kg/m2 with this technique with success. There were no readmissions or severe complications. On this technique the incision is made over the large pannus with downward traction until visualization of the fascia.

Abdominal surgery can be a challenge for obese women, and this has been an area of interest for new techniques. There is a need for better solutions, so safe surgery can be performed with low risk of complications and infection.

Palavras-chave: Obesity, Abdominal incision, Gynecological surgery

(19405)

FETAL OUTCOMES IN PREGNANCIES COMPLICATED BY INTRAHEPATIC CHOLESTASIS OF PREGNANCY (ICP) AT A TERTIARY CENTER

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Introduction: Intrahepatic cholestasis of pregnancy (ICP) is the most common hepatic disease in pregnancy. Across Europe, the incidence ranges from 0,5 to 1,5%. This disease is characterized by pruritus and an elevation in serum bile acid concentrations, typically developing in the second half of the pregnancy and rapidly resolving after delivery. Some known risk factors include multiple gestation, medically assisted reproduction (MAR), advanced maternal age, and personal history of ICP. The complications affect mainly the fetal outcome, with increased risks for fetal demise, meconium-stained amniotic fluid, preterm birth, and neonatal respiratory distress syndrome. The aim of this study was to investigate the fetal outcome of pregnancies complicated by ICP at a tertiary center.

Methods: All cases of pregnancies complicated by ICP, requiring hospital admission, followed at the Maternal-Fetal Medicine Unit of the considered tertiary center during a 5-year period (January 1, 2018 to December 31, 2022) were retrospectively identified. Medical files were reviewed for medical, obstetrical, and neonatal outcomes. Statistical analysis was performed using Excel® and SPSS Statistics® v.29 and comprised the application of Mann-Whitney U Test.

Results: A total of 90 pregnancies complicated by ICP requiring hospital admission were identified. Of these, 11% corresponded to pregnancies after MAR, 12% corresponded to twin pregnancies, including 5,6% twin pregnancy after MAR. The mean bile acid serum value at hospital admission and at the time of delivery was 33,57 µmol/L and 25,17 µmol/L, respectively. The mean gestational age at the time of hospital admission was 33 weeks, and at the time of delivery was 36 weeks. At the time of delivery, there were 11% of women presenting meconiumstained amniotic fluid, having been verified a statistically significant relationship ($p<0,05$) with the bile acid serum value at time of delivery. Regarding the fetal outcomes, there was an incidence of 42,2% births before reaching term, 12% of neonates experienced respiratory distress syndrome (RDS), and 16,6% required neonatal intensive care unit (NICU) admission. A statistically significant relationship ($p<0,05$) was verified between the bile acid serum value, both at admission and at time of delivery with preterm birth, RDS, and NICU admission.

Discussion: The results of this study are in line with current scientific evidence. Intrahepatic cholestasis of pregnancy is a condition which the complications affect mainly the fetal outcome and should be promptly diagnosed and treated when suspected since it is related with the serum level of bile acids.

GINECOLOGIA - OBSTETRÍCIA

POSTERS

(19264)

COAGULOPATIA EM IDADE FÉRTIL – A LONGITUDINALIDADE DE CUIDADOS EM GINECOLOGIA E OBSTETRÍCIA

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A coagulopatia, como agente etiológico de hemorragia uterina anormal em idade fértil, é um diagnóstico crónico, acarretando morbilidade importante ao longo da vida reprodutiva da mulher. Casuística de mulheres com coagulopatia longitudinalmente seguidas no nosso centro, com parto nos últimos 2 anos (n=25).

A coagulopatia mais prevalente foi a Trombocitopenia Familiar (n=8), seguida da Doença de Von Willebrand (DvW) (n=7), Púrpura Trombocitopénica Idiopática (n=5) e portadoras de Hemofilia A (n=4). A idade média ao diagnóstico foi de 21 anos. 64% das mulheres exibiam história de cataménios prolongados (mínimo 6 dias, máximo 20) e fluxo abundante. Destas, duas apresentavam história de HUA aguda aquando da menarca, uma com necessidade de internamento. 68% das mulheres apresentavam, ao diagnóstico, sinais de hemorragia mucocutânea; 12% tinham história de anemia ferropriva, com necessidade de ferro oral (n=2) ou transfusão de CE (n=1). A terapêutica instituída para controlo de HUA foi contraceção hormonal combinada em 36% dos casos, colocação de SIU (n=3) e de Implante SC (n=2). À data da gravidez atual, uma média de 10 anos decorrida desde o diagnóstico da coagulopatia. 48% eram multíparas, sendo que 2 apresentavam história de complicações hemorrágicas na gestação prévia. Duas grávidas com DvW necessitaram de administração intra-parto de fator. Dois casos de hemorragia pós-parto foram registados: um primário, com resolução após administração misoprostol retal; outro secundário, tendo sido diagnosticado um hemoperitoneu às 96h pós-cesariana com necessidade de laparotomia exploradora. 24% das mulheres apresentaram anemia pós-parto com necessidade de ferro endovenoso; destas, 2 necessitaram de transfusão eritrocitária.

A hemorragia uterina anormal, no contexto de coagulopatia, tem repercussões longitudinais na mulher em idade fértil, podendo interferir com a qualidade de vida a partir da menarca, bem como resultar em desfechos obstétricos desfavoráveis.

Palavras-chave: coagulopatia, hemorragia uterina anormal, hemorragia pós-parto, Doença de Von Willebrand

(19471)

RISK-REDUCING BREAST SURGERY OUTCOMES AT A PORTUGUESE TERTIARY CENTER: A 5-YEAR RETROSPECTIVE STUDY

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Introduction: Breast cancer continues to be a significant health concern affecting millions of women worldwide. While advancements in early detection and treatment have improved survival rates, the prevention of breast cancer remains an important focus for researchers and clinicians. Risk-reducing breast surgery includes prophylactic mastectomy and contralateral mastectomy.

The decision to undergo risk-reducing breast surgery is a complex one, involving careful consideration of individual risk factors, genetic testing results and psychological well-being. It's crucial to evaluate the long-term outcomes, safety, and efficacy of risk-reducing breast surgery in real-world clinical settings.

Aim: To evaluate the clinical and cosmetic outcomes of all cases of risk reduction surgery performed at the Breast Unit of the Centro Hospitalar Universitário de Santo António (CHUdSA) between january 2015 and december 2020.

Results: During this period a total of 39 risk reduction breast surgeries were performed.

Regarding women with contralateral breast cancer (n=30, 76,9%) the most common surgical indications were lobular breast cancer (n=16), known genetic mutation, namely BRCA (n=6), limited contralateral imaging surveillance due to suspicious findings (n=4), heavy family history (n=1), to improve aesthetic results (n=2) and 1 indication impossible to ascertain in the medical records available.

For women without a previous history of breast cancer (n=9, 23,2%) the most common indications were: family history (n=4), genetic mutations (n=2) and suspicious imaging breast findings (n=3).

The most common procedure was skin-sparing mastectomy (69,2%) followed by nipple sparing (20,5%) and simple total mastectomy (10,3%). Immediate reconstruction with breast implants was performed in 71,8% of all patients and other 15,4% underwent delayed reconstruction. The median time of follow up was 6 years. Overall, 11 reinterventions were needed due to breast implants complications such as extrusion or implant infection, 6 of which happened in the first year of follow-up.

During follow-up no breast cancers were found in the group without a previous history of breast cancer. In the group of women with contralateral breast cancer there was neither evidence of breast cancer on the side of prophylactic surgery nor reports of locoregional relapse. Finally, only one patient was found to have metastasis after 3 years. The aesthetic results were considered good or satisfactory by the surgeon and the patient alike in 46,2% of all cases. In 15,4% of cases reinterventions were needed due to the unsatisfactory aesthetic results.

Conclusions: In our population there were few complications and acceptable cosmetic results. Risk reduction surgery should be an individualized, multidisciplinary and shared decision with the patient, taking into account oncological and reconstructive benefits as well as potential psychological impact in patients.

(19472)

THE HUMAN PAPILLOMAVIRUS GENOTYPING AND CLINICAL FOLLOW-UP OF WOMEN WITH LOW-GRADE SQUAMOUS INTRAEPITHELIAL LESION ON CERVICAL CANCER

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The human papillomavirus genotyping and clinical follow-up of women with low-grade squamous intraepithelial lesion on cervical cancer screening referred to a tertiary center

Introduction: Low-grade squamous intraepithelial lesions (LSIL) of the cervix tend to regress spontaneously however a small proportion of these cases can progress to higher risk lesions if no treatment is applied. Trying to prevent possible progression to cancer while avoiding overtreatment is challenging namely in younger women.

This study aimed to investigate the prevalence of high-risk human papillomavirus (HPV) genotypes and outcomes of all LSIL cases referenced through cervical cancer screening program (CCSP) to our unit.

Materials and methods: A retrospective study was conducted on women with LSIL on cervical cytology referenced by CCSP between November 2019 and December 2021. All clinical records were reviewed and the presence of cofactors in pathogenesis for cervical cancer (immunosuppression, sexually transmitted infections, cigarette smoking, long-term use of oral contraceptives, parity >3, and early onset of sexual activity), HPV genotyping results and histopathological findings were evaluated.

Results: Of 850 patients referenced, 108 (12,7%) were identified with LSIL on cervical cytology.

The HPV types 16 or 18 were found on 14,8% (N=16) of LSIL cases. Others high-risk HPVs types were also detected: 66 (19,4%), 52 (18,5%), 31 (17,6%), 51 (17,6%), 56 (17,6%), 68 (14,8%), 39 (12,0%), 58 (12,0%), 59 (11,1%), 45 (7,4%), 35 (6,5%) and 33 (3,7%). The median patient age at first consultation was 38 years and the presence at least one cofactor in pathogenesis of cervical carcinoma was observed in 82 women.

Colposcopic biopsies were performed in 97 cases and demonstrated: no abnormalities in 16 results, 68 findings of koilocytotic atypia/ cervical intraepithelial neoplasia 1 (CIN1), 10 diagnoses of CIN2 and 3 cases of CIN3.

Accordingly with histologic results, the HPV 68 was the principal HPV type observed in 31,2% cases without dysplasia and the HPV 31 in 20,6% of low-grade lesions. On the other hand, the HPV 16 was detected on high-grade lesions CIN2 and 3 in 40% and 66,7% of the cases, respectively.

Twenty-five patients were submitted to ablative/excisional procedures and 8 women (32%) showed persistence of altered results.

Conclusion: The HPV 66 was the principal type associated with LSIL cases in our population however HPV 31 and 16 were the most prevalent in low and high-grade histologic lesions, respectively. Early alterations detected on cervical cancer screening and reference to a colposcopic unit are crucial to reduce the incidence of these pathology.

(19265)

DOENÇA DE VON WILLEBRAND E HEMORRAGIA UTERINA ANORMAL – UM ENREDO SEM FIM

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A coagulopatia, enquanto causa não estrutural de hemorragia uterina anormal, associa-se a um espectro de morbilidade ginecológica e obstétrica na mulher portadora da mesma.

Uma mulher de 41 anos, 1G1P, com Doença de Von Willebrand tipo 1 é referenciada à consulta de Ginecologia por Hemorragia Uterina Anormal refratária à terapêutica médica. Da história ginecológica, a destacar menarca aos 11 anos, a requerer internamento durante 1 mês por hemorragia uterina aguda grave, com resolução após transfusões de concentrado eritocitário, administração de Fator de Von Willebrand (FvW) e início de estroprogestativo. Controlo adequado das perdas hemáticas até aos 29 anos, altura em que desenvolve hemorragia uterina anormal de novo, com cedência a uma associação de valerato de estradiol e dienogest. Após a primeira gravidez, com 37 anos, decorrida sem intercorrências, mantém quadro de cataménios prolongados e fluxo abundante, mesmo sob estroprogestativo. Aos 40 anos, nova gravidez, decorrida sem intercorrências, parto por cesariana com laqueação tubar pelas 39 semanas e administração de FvW no pós-operatório. 96 horas após parto, diagnosticado hemoperitoneu com necessidade de laparotomia exploradora e posteriormente administração de FvW e transfusão de concentrado eritrocitário. Inicia, no puerpério, estroprogestativo.

Pedida ecografia transvaginal, a revelar adenomiose difusa, sem patologia focal. Devido ao inadequado controlo hemorrágico, optou-se pela colocação de Sistema Intra-Uterino de Levonogestrel 52mg aos 2 meses pós-parto, que veio a expulsar um mês após colocação. Reiniciou então estoprogestativo de 8/8h, com controlo de hemorragia, contudo com regresso das queixas hemorrágicas aquando da redução da frequência de toma (1id). Com base na refratariedade da terapêutica médica e ausência de desejo reprodutivo, foi proposta para histerectomia total, que aceitou. O procedimento decorreu sem intercorrências, com evolução pós-operatória favorável.

O nosso caso clínico exemplifica a panóplia de intervenções médicas e cirúrgicas a que mulheres com coagulopatia grave podem estar sujeitas.

Palavras-chave: Doença de Von Willebrand, hemorragia uterina anormal, histerectomia, hemorragia pós-parto

(19480)

THE IMPACT OF VULVAL LICHEN SCLEROSUS ON SEXUAL FUNCTIONING AND QUALITY OF LIFE IN A SAMPLE OF PORTUGUESE WOMEN.

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Introduction: The vulval lichen sclerosus is undoubtedly debilitating by its noxious symptoms and distortion of the vulval anatomy that underlies it. Thus, it significantly impacts sexual functioning and quality of life. Nevertheless, the clinical outcomes focus on improving the signals and symptoms and the studies conducted are not directed toward the quality of life and sexual well-being. The main aims were to ascertain, through validated tools, that vulval lichen sclerosus has a negative effect on the quality of life and sexual functioning and the influence of long-term treatment.

Methods: This retrospective and observational study was conducted on the Centro MaternoInfantil do Norte. During 2 months in 2023, it was opportunistically proposed to eligible women with a scheduled appointment to complete a questionnaire that included validated tools, such as the Female Sexual Function Index and the Vulval Disease Quality of Life Index. The data were statistically analyzed, and the p-value was considered significant when < 0.05.

Results: The study included 61 women with vulval lichen sclerosus. The mean age was 64.1 years (Range: 23-93 years). All participants were under treatment and 37.7% were sexually active. The proportion of women with urinary incontinence was 57.4% (95% CI: 44.1 – 70.0%) and the mean body mass index was 27.5 kg/m2 (95% IC: 26.06 – 28.89 kg/m2). The mean total score of the FSFI was 9.13 and 93.4% of the women had sexual dysfunction. The total mean score of the VQLI was 11.74. The impact on the quality of life was nil to minimal in 32.8%, mild in 31.1%, moderate in 23.0% and severe in 13.1%. There was not found correlation between the median duration of the treatment and the mean total score of the FSFI; however, a higher median duration of the treatment correlated with a lower mean total score of the VQLI (r=-0.327, p=0.010).

Conclusions: The vulval lichen sclerosus has a relevant impact on sexual functioning and quality of life. The correlation between the higher duration of the treatment and the lower impact on the quality of life supports the importance of long-term treatment. The lack of improvement in sexual functioning with a higher treatment duration reinforces the need for an early diagnosis. Also, urinary incontinence and overweight and obesity are more prevalent in these patients. This study proves the need for an evaluation of the impact of the disease and its treatment on sexual functioning and quality of life.

(19255)

EXPOSIÇÃO DE RISCO À VARICELA NA GRAVIDEZ - O QUE FAZER?

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Enquadramento: A varicela é uma doença exantemática altamente contagiosa causada pelo vírus varicela-zoster (VVZ), típica da infância e habitualmente autolimitada e benigna. Na presença de contexto epidemiológico, o diagnóstico é clínico. O período de contágio estende-se entre 48 horas antes do aparecimento do exantema papulo-vesicular e o encrostamento completo das lesões. A taxa de transmissão em conviventes suscetíveis é superior a 90%.

Descrição do caso: Mulher, 23 anos, grávida de 23 semanas, acompanha a filha de 4 anos na Consulta Aberta, no seu Centro de Saúde. Refere que a filha apresenta exantema vesicular intensamente pruriginoso com 4 dias de evolução, tendo conhecimento da existência de casos de varicela na creche. A criança apresenta bom estado geral e vesículas dispersas pelo corpo, com lesões de prurido adjacentes. Foi medicada com anti-histamínico, transmitidos à mãe cuidados higieno-sanitários de prevenção da sobreinfeção das lesões e aconselhado afastamento de indivíduos imunocomprometidos, ao que a gestante refere nunca ter tido varicela, encontrando-se assintomática e sem lesões sugestivas de varicela ao exame objetivo. Foi instruída a recorrer ao Instituto Nacional Doutor Ricardo Jorge para colheita de estudo serológico da imunidade ao VVZ. O resultado, enviado à utente 2 dias depois, revelava IgG positiva, pelo que a utente foi informada de que já teria tido contacto prévio com o VVZ e tranquilizada.

Discussão: A infeção por varicela é particularmente severa na gravidez. A maioria das mulheres sem história prévia de varicela tem evidência serológica de infeção passada. No entanto, se o estado imunitário for desconhecido e ocorrendo contacto de risco significativo, a grávida deverá realizar de imediato estudo serológico da imunidade no Instituto Ricardo Jorge – Laboratório de vírus Herpes, com pedido de resposta em 24 a 48 horas. Na ausência de imunidade, deve ser administrada imunoglobulina específica, preferencialmente nas primeiras 96 horas e até 10 dias após a exposição. Em caso de desenvolvimento de exantema, a gestante não deverá contactar com outras grávidas, recém-nascidos ou indivíduos imunocomprometidos.

O médico de família tem um papel fulcral no seguimento da grávida, desde o período da pré-conceção até ao puerpério, pelo que se torna essencial o conhecimento de como atuar perante a grávida sem história prévia de varicela com um contacto de risco.

Palavras-chave: varicela, gravidez, imunidade

(19260)

DIAGNÓSTICO PRÉ-NATAL DE DISGENESIA DO CORPO CALOSO – UM CASO CLÍNICO

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Introdução: A Disgenesia do Corpo Caloso (CC) é uma condição heterogénea resultante da interrupção de estadios do seu desenvolvimento, que resulta num encurtamento do seu comprimento ântero-posterior. Pode consistir na ausência de um ou mais segmentos (como o esplénio e/ou rosto). A sua prevalência varia em diferentes estudos entre 0,3-0,7% na população geral e 2-3% na população com atraso de desenvolvimento.

Pode estar associada a outras malformações cerebrais e/ou extra-cerebrais e as causas podem ser variadas.

As manifestações clínicas mais comummente descritas na literatura são o défice cognitivo, alterações visuais e atraso no desenvolvimento da fala, entre outros, sendo que a frequência, o tipo e o grau de comprometimento (se presente) são difíceis de prever.

Metodologia e resultados: Primigesta, 31 anos, vigiada em consulta Obstetrícia de Baixo Risco no CMIN. À avaliação neurossonográfica aquando da realização de ecografia morfológica, suspeita de alteração do corpo caloso, com cavum do septo pelúcido de morfologia anómala e visualização apenas da porção anterior do corpo caloso (marcação Doppler da artéria pericalosa na área correspondente), mas dúvida quanto à porção posterior. Avaliação por ressonância magnética posterior confirmou suspeita diagnóstica de disgenesia do corpo caloso. A grávida realizou amniocentese com estudo de cariótipo e exoma em trio, sem alterações identificadas. Prognóstico incerto explicado ao casal.

Apresentou-se no serviço de urgência em trabalho de parto espontâneo às 40 semanas, que culminou em parto distócico-ventosa, do qual resultou RN do sexo feminino, com 3390 gr (P. 48), e índice de Apgar de 9/10/10.

Criança atualmente com 9 meses de idade, vigiada em CE Desenvolvimento e Neurologia Pediátrica, com aparente boa evolução para a idade.

Discussão: A Disgenesia do Corpo Caloso é uma entidade clínica passível de diagnóstico imagiológico pré-natal, com recurso às técnicas de ecografia obstétrica e ressonância magnética. No entanto, os possíveis desfechos pós-natais são diversos e imprevisíveis, pelo que o aconselhamento pré-natal e o acompanhamento multidisciplinar são imprescindíveis para a obtenção dos melhores resultados obstétricos e pediátricos.

Palavras-chave: Disgenesia do Corpo Caloso; atraso do desenvolvimento; diagnóstico pré-natal

(19279)

ADENOMYOSIS AND UTEROPLACENTAL INSUFFICIENCY: IS THERE A CLINICAL ASSOCIATION?

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Introduction: Preeclampsia and fetal growth restriction are well-known obstetric conditions related to placental insufficiency and associated with adverse maternal and perinatal outcomes. There is a lack of consensus regarding terminology, etiology, and diagnostic criteria for both diseases, deu to uncertainty surrounding its ethiology and pathophisiology. Adenomyosis is know to increase the thickness of the junctional zone and has been advanced as a risk factor for both placental related disorders. The aim of our study was to study the indicence of uteroplacental insufficiency relate disorders in pregnant women known to have adenomyosis previously detected.

Methods: A retrospective observational study was developed. Clinical data from women between 20 and 35 years old with diagnosis of adenomyosis and a later pregnancy with delivery in our center were collected from Astraia System and SClinico/PCE, between 2015 and 2020. Control group was defined as women with 20 to 35 years old and with normal gynecological ultrasound in the same period prior to a pregnancy. Both groups were studied regarding the occurrence of obstetric complications related to placental insufficiency.

Results: Sixty-four pregnancies occurred in the group of 361 women diagnosed with adenomyosis between 2015 and 2020. The majority of the women were healthy and between those who were not, the most common pathologies were obesity, chronic hypertension (CH) and endometriosis. Two healthy women had a history of hypertensive disorders of pregnancy, namely, preeclampsia complicated by abruptio placentae or HELLP syndrome. Eight cases of small for gestational age occurred, with just one with previous fetal growth restriction.

Conclusion: We verified no differences in the incidence of obstetric complications related to placental insufficiency between women with previously diagnosed adenomyosis and women in the control group. Although, we recognize some limitations in our study: its retrospective design and the reduced number of women with diagnosis of adenomyosis before pregnancy, as this condition is frequently hidden by hormonal contraception that most women in reproductive age use as a measure of birth control.

Palavras-chave: Adenomyosis, Preeclampsia, Fetal Growth Restriction

(19280)

DELETION OF HISTONE-CODING GENES AND FETAL MALFORMATIONS: THE FIRST PRENATAL DESCRIPTION OF RAHMAN SYNDROME CAUSED BY A COMPLEX CHROMOSOMAL DELETION

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Introduction: Rahman syndrome is an overgrowth and intellectual disability syndrome with postnatal onset. It is an autosomal dominant disorder typically caused by a de novo pathogenic variant in histone-coding genes. While most deleterious variants in histone-coding genes are associated with cancer development, frameshift variants in the H1-4 gene are known to cause Rahman syndrome. Here, we present the first known pre-natal description of Rahman syndrome caused by a complex chromosome 6p22 deletion, affecting several genes of the HIST1 cluster.

Case Report: a healthy 38 year-old pregnant patient with a prior history of two spontaneous first-trimester abortions and a healthy 4 year-old daughter was referred to the Maternal and Fetal Medicine Unit due to severe hydronephrosis of the fetus. A fetal sonogram at 32 weeks and 4 days of pregnancy showed severe bilateral renal dysplasia with a dilated bladder and ascites. Pregnancy was terminated, and a fetal autopsy revealed the presence of a 34-week fetus with an imperforate hymen and hydrometrocolpos, that caused severe hydronephrosis due to bladder compression, and large volume ascites due to splanchnic compression. Additional findings were flattening of the nose, a left club foot, an accessory spleen, and an umbilical cyst and hemangioma. A karyotype of the fetus showed a paternally inherited paracentric 5p11-5p15.1 inversion. An array-CGH was remarkable for two large de novo deletions of chromosome 6p22.1 and 6p22.2, affecting 25 out of 50 histone-coding genes of the HIST1 cluster, including the H1-4 gene.

Conclusion: here were present the first known description of a complex chromosomal deletion as the cause of Rahman syndrome, and the first description of this condition in the prenatal setting. Although imperforate hymen has not been associated with Rahman syndrome, all published cases are caused by frameshift variants in the H1-4 gene only, while this is the first case due to a large deletion, potentially associating with a more severe presentation. Since it is a de novo mutation, the risk of recurrence in the next pregnancy is just slightly increased, due to the risk of gonadal mosaicism, and it is important that prenatal diagnosis is offered.

Palavras-chave: Rahman syndrome, severe hydronephrosis, H1-4 gene, imperforate hymen, hydrometrocolpos

(19283)

THE EFECT OF AROMATHERAPY ON ANXIETY CONTROL IN LABOR

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Introduction: Labor represents a physiological and psychological challenge for a women.As labor becomes closer, emotional conflict experienced by pregnant women/ parturient increases.There is a direct connection between anxiety, fear and pain. When some of this feelings are experienced, in bodily response, the muscles contract, breathing becomes shallow and it is released adrenaline which can be a labor inhibitor. Women disconnects from what is happening inside her.Aromatherapy consists in essencial oils use that release, though inhalation and/or massage various aromas that produce a metabolic stimulation of olfactory receptors, releasing memories, thoughts and emotions in the pregnant women that stimulates relaxation, increasing the energy level and restores balance between body, mind and soul. The reaserch carried out for this literature review intends to show the benefits of aromatherapy use in course of labor.

Method: 5 databases were used for research, PubMed, B-on, Cochrane Central Register of Controlled Trials, CINAHL, MEDLINE, from 2012 to 2022.

Results: A total of 6 studies were applied, with 6 different essences, each of which had a positive effect on reducing anxiety, proving to be an effective non-invasive method in the latent and active phase of labor.

Discussion: All included studies showed that the use of aromatherapy decreases pregnant women's anxiety during labor. The experimental method in all intervention groups was the use of inhalation aromatherapy.The evaluation of the level of anxiety was transversal to 5 of the studies: Spielberg's anxiety-state trait.Only the rose oils and feet bath studies differed and utilised the Visual Analog Scale.Geranium oil and orange essential oil in pregnant women who had the same demographic and personal characteristics, all primiparous woman showed that the aromatherapy effect with both essences, in latent phase, reduced anxiety, with very similar results between them.The studies with neroli, rose dasmascena, bitter orange and rose oils, also included the active phase which in line with the studies that focused on the latent phase, although there is an increase in the anxiety levels in both groups (control and intervention), the rise is significantly lower in the group using aromatherapy.Rose dasmascena and neroli oils studies results showed that they had a more significant effect in the active phase when compared to the other studies.

Palavras-chave: Aromatherapy, Anxiety, Labor

(19284)

PLACENTA PREVIA: WHAT CAN WE EXPECT?

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Introduction: Placenta previa is defined as the presence of placental tissue close to or over the internal cervical os. It typically presents as painless vaginal bleeding in the second or third trimester and it is associated with an increase in perinatal mortality and morbidity.

Methods: This retrospective cohort study included pregnant women with placenta previa admitted to the Maternal-Fetal Medicine Unit of Centro Materno-Infantil do Norte between 2018 and 2022 and who gave birth at the same institution. Our aim was to analyze the selected population and the perinatal outcomes.

Results: A total of 71 pregnant women were analyzed. The mean age was 35,3 years old. There were 4 multiple gestations and 7 pregnancies that had resulted from assisted reproductive technology. 22 women (31%) have had a prior cesarean delivery. The mean gestational age at birth was 35 weeks and 2 days. 33 elective cesareans were preformed (46.5%). In 53.5% of the cases (n 38), an emergency c-section was performed, mostly because of active bleeding (n 19), placental abruption (n 5) and acute fetal compromise (n 5). Six intrapartum total hysterectomies were made because of severe maternal bleeding. The mean newborn weigh was 2271,8 gr and the mean 5 minute Apgar score was nine.

Conclusion: Placenta previa requires an adequate surveillance and it's frequently a cause of hospital admission during pregnancy. It seemed to be influenced by advanced maternal age and it's also associated with higher rates of preterm birth, emergency cesarean delivery and maternal morbidity. However, in our tertiary hospital the long-term outcomes are considerably good.

Palavras-chave: placenta prévia, desfecho perinatal

(19286)

A MATTER OF WEIGHT – ASSESSING THE HEAVY REALITY IN PREGNANCY

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Introduction: Obesity is a growing health concern worldwide, with a significant impact on pregnancy, increasing the risk of maternal and fetal complications. We aimed to assess weight status and weight gain during pregnancy in the last years.

Methodology: We included all singleton pregnancies of the last three years that delivered at a tertiary referral hospital in Portugal. Information regarding height and weight before and at the end of pregnancy was retrieved to calculate body mass index (BMI). Pregnant women were categorized according to the internationally recognised BMI ranges. We compared the different ranges between the last three years and obtained the weight variation during pregnancy by BMI range. Statistical analysis was performed using SPSS IBM statistics. We performed the chi square test and the Kruskal Wallis test. A p-value under 0.05 was considered statistically significant.

Results: A total of 8632 singleton pregnancies were included. We found a significant difference between BMI before pregnancy in 2020, 2021 and 2022, with a tendency to reduction of women with healthy weight (52,3% in 2020 to 47,5% in 2022) and to an increase in the overweight group (18.8% in 2020 to 21.5% in 2022) across the years (p=0.006). Missing values varied from 16,1% to 18,9%. At the end of pregnancy, BMI ranges were not different among these three years.

Weight variation during pregnancy within each BMI interval before pregnancy was assessed. We found a significant decrease in weight gain during pregnancy as BMI range before pregnancy increased [median(interquartile range) 14(7)kg in underweight; mean(standard deviation) 13.5(4.9)kg in healthy weight, 12.7(5.8)kg in overweight, 10.7(7.4)kg in obesity class I, 8.3(7.1)kg in obesity class II and 5.6(6.7) Kg in obesity class III], which was not significantly different between the years in comparison.

Discussion: Our work suggests a tendency to an increase in the percentage of pregnant women who are overweight before pregnancy over the last years. This might reflect the same reality affecting general population. We also found that as BMI range before pregnancy increased, weight gain during pregnancy decreased, which is according to international recommendations. Nevertheless, mean weight gain values in some BMI ranges could be improved. Efforts to reach the healthy weight BMI range must be made before and during pregnancy to ensure the best maternal, obstetric and fetal outcomes.

Palavras-chave: obesity, pregnancy, weight gain, BMI

(19401)

A CASE REPORT: SUCCESSFUL PREGNANCY FOLLOWING LAPAROTOMIC MYOMECTOMY OF A VOLUMINOUS SUBMUCOUS FIBROID.

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Introduction: Uterine fibroids are benign tumors of the myometrium. They are common and occur in 30-40% of women in age 30 or 40. They can be asymptomatic, but symptomatic women often report menorrhagia, dysmenorrhoea, infertility, or pregnancy complications. Submucous myomas tend to be symptomatic and require surgical intervention.

Methodology: Case report of pregnancy following laparotomic myomectomy of submucosal fibroid.

Results: Case report of a 32-year-old nulliparous woman who presented to the Gynecology clinic with heavy menstrual bleeding that had occurred for one year. She had a history of symptomatic submucosal fibroid treated with a hysteroscopic myomectomy five months earlier. She maintained menorrhagia. The ultrasound at this time revealed a submucosal mass that originated from the myometrium measuring 88x82x79 mm. The patient was informed about the significant growth of uterine fibroid and consented to laparotomic myomectomy with an option of hysterectomy as a life-saving procedure because she desired to have children. The histology confirmed the benign nature of the uterine mass (myoma).

She reported resolution of her heavy vaginal bleeding, and postoperative pelvic magnetic resonance imaging (MRI) demonstrated no remnants of the submucosal fibroid. Twenty-four months following the procedure, the patient was pregnant after embryo transfer. The antenatal period was uneventful. She had an elective cesarean section at 39 weeks of gestational age and delivered a live male baby that weighed 3755g and with an APGAR index of 9/10/10.

Discussion: In this case, the decision on the surgical approach presented a great challenge. The fibroid's size and location, the significant growth of uterine myoma, and the uncertain risk of malignancy favored a hysterectomy but a conservative management was decided regarding the desire of the woman to maintain her fertility.

(19468)

DOES THE CHANGES IN FETOPLACENTAR DOPPLER CORRELATES WITH LOW APGAR LEVELS IN FETAL GROWTH RESTRICTION?

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Objective: Pregnancies complicated by fetal growth restriction (FGR) have increased risk of morbidities. However, the identification of cases at higher risk of adverse perinatal outcome can be difficult. The aim of this study was to analyze if there is an association between fetoplacental Doppler indices and low Apgar levels in FGR.

Method: A retrospective study was performed to analyze singleton pregnancies above 34 weeks of gestation complicated by FGR hospitalized between January 2018 and December 2022 at Maternal Fetal Medicine Unit of Centro Hospitalar Universitário de Santo António. FGR was defined as Estimation of Fetal Weight below 10th percentile. Uterine artery PI (UA-PI), fetal middle cerebral artery PI and cerebroplacental racio (CPR) were measured in the last assessment before labor. A linear regression with Apgar was established.

Results: About 250 pregnancies met the inclusion criteria. UA-PI above percentil-95th demonstrated a weak correlation with Apgar in 1st minute, explaining 2.5% of its variability (r=-0.158; p value=0.014). CPR under percentil-5th showed a weak correlation with Apgar in 1st and 5th minute, contributing to 2% of its variability (respectively r=0.14, p value=0.033 and r=0.145, p value=0.027).

Conclusion: Variations in fetoplacental Doppler have a weak linear relation with Apgar levels in pregnancies with FGR above 34 weeks of gestation. More studies are needed to identify predictive factors of adverse perinatal outcome in FGR.

ENFERMAGEM

COMUNICAÇÕES ORAIS

(19431)

OTIMIZAÇÃO DA QUEIMADURA NO AMBULATÓRIO DE PEDIATRIA

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Introdução: A queimadura é uma lesão da pele e/ou outros tecidos, resultante da exposição ao calor, fogo, radiação, material radioativo, químicos, eletricidade, gelo, e radiação ultravioleta. Inicialmente pode apresentar-se como um pequeno traumatismo local, mas pode evoluir rapidamente para lesões sistémicas. A classificação clássica de primeiro, segundo e terceiro grau, foi substituída por nova nomenclatura que reflete a variação no dano do tecido (epidérmica, superficial parcial e profunda completa) com a necessidade de intervenção via cirúrgica. A otimização da queimadura visa o tratamento da área, incluindo aspetos hemodinâmicos e a nutrição, a prevenção de complicações a educação da família em diferentes estratégias de prevenção, minimização de sequelas, como a massagem da área cicatrizada, proteção com hidratante e proteção solar. Apresentamos um caso clinico de tratamento de queimadura na consulta por fogo com lesões parciais e profundas, nas pernas

Metodologia: A criança foi encaminhada ao serviço de urgência do HSJoão, foi executado o primeiro tratamento às queimaduras e referenciado para a consulta externa de pediatria do CMIN. Após avaliação das áreas queimadas foi implementado o tratamento, atendendo ao tipo de tecidos danificados, controlo do ambiente e gestão do exsudado das áreas afetadas e pele periférica. As áreas foram monitorizadas através da avaliação de tecidos presentes nas diferentes áreas queimadas, medição e registo fotográfico. O estado emocional, a aceitação do processo, o ensino para prevenção de complicações e a gestão da dor, foram alguns dos aspetos trabalhados em todos os tratamentos.

A preparação da transferência para as Unidades locais de Saúde, quando as lesões apresentaram tecido epitelizado (algumas áreas já cicatrizadas) foi negociada com os familiares e com a criança.

Pretendíamos cicatrização rápida; controlo da dor; eficácia na execução do tratamento, com ausência de disparidades; escolha de materiais e execução de tratamentos com mínimo de deslocações ao hospital; construção de relação de confiança entre profissionais de saúde, criança e cuidadores.

Resultados: Monitorização das áreas queimadas, planeamento e gestão correta da queimadura; Continuidade e qualidade de cuidados, cicatrização com mínimo de sequelas; Sistematização e uniformização de ensinos aos doentes e cuidadores; Satisfação da criança e cuidadores

Conclusões: A escolha do tratamento, a avaliação e monitorização rigorosas das áreas queimadas, a programação correta dos tratamentos em função da evolução da queimadura, o atendimento cuidadoso atendendo ao estado emocional da criança queimada e cuidadores, traduziu-se na qualidade de cuidados, na satisfação da criança, família e profissionais.

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(19426)

CUIDADOS CULTURALMENTE COMPETENTES DO ENFERMEIRO ESPECIALISTA ENFERMAGEM DE SAÚDE INFANTIL E PEDIÁTRICA NO NASCIMENTO E MORTE DE UM RECÉM- NASCIDO HINDU

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Background: Portuguese society is becoming increasingly more multicultural, receiving several migratory flows. According to the Indian Embassy in Lisbon, in the year of 2020 there were about 33,000 Hindus living in Portugal. The Nurse Specialist in Child Health and Paediatric Nursing needs to acquire knowledge and cultural skills to provide holistic and personalised care to culturally different children and families.

Aims: to understand the importance of guiding nursing care to a Hindu newborn and its family according to the Cultural Competence Models.

Methodology: case study with data collection from clinical records, bibliographic research, and critical-reflexive analysis based on the Madeleine Leininger and Campinha-Bacote models.

Results/Discussion: according to Leininger's model, nursing care provided to the newborn and its Hindu Family at the time of birth and death should be provided in a way that preserves cultural identity. Care should be provided based on negotiation considering the issues of Hindu culture as a form of respect. In the Campinha-Bacote´s model, nurses provide culturally competent care if they have awareness, knowledge and cultural skill about Hinduism.

Conclusion: it is necessary to guide nursing care in the light of cultural competence models to meet the health needs of ethnically different people, as recommended in the Regulation of Specific Competences of the Nurse Specialist in Child Health and Paediatric Nursing. The relevance of preserving a culture and its influence in providing excellent health care as future Nurses Specialists in Child Health and Paediatric Nursing is evident.

(19428)

TÉCNICAS DE CONFORTO AO RECÉM-NASCIDO: TÉCNICA DOS "5 S "Ś

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Neste trabalho, temos como principal objetivo a abordagem das técnicas de conforto ao recém-nascido, com destaque para a técnica dos "5 S's" de Harvey Karp. O objetivo é oferecer apoio aos pais, compartilhando conhecimentos que possam ajudá-los a identificar as necessidades dos seus bebés e como os acalmar. O estudo utiliza a metodologia da pesquisa bibliográfica.

No desenvolvimento do trabalho, é discutida a comunicação dos recém-nascidos por meio de gestos e sinais, destacando a importância do choro como forma de expressão das necessidades e emoções dos bebés. São apresentadas várias técnicas de conforto, incluindo o contato físico, o embalar, amamentar e a técnica dos 5 S's de Harvey Karp, descrita em 5 pontos distintos: swaddling (envolve), side/Stomach (posicionar], shushing (chiado – chhh), swinging (embalar) e o sucking (Sugar).

O papel do enfermeiro especialista em saúde infantil e pediatria na integração dessas estratégias de conforto é destacado, ressaltando a sua responsabilidade em promover o bem-estar do recém-nascido e da família. O enfermeiro auxilia os pais na interpretação dos sinais do bebé e no atendimento às suas necessidades.

Conclui-se que o enfermeiro especialista desempenha um papel crucial na promoção do bem-estar do recém-nascido e da família, por meio da integração de estratégias de conforto. Destaca-se a importância das técnicas de conforto de Harvey Karp e a necessidade de compreender e implementar estratégias de apoio à família. Este trabalho contribui para o desenvolvimento profissional na área da pediatria, valorizando a importância do conforto para o bem-estar e desenvolvimento saudável do recém-nascido.

(19294)

PLACENTA PREVIA AND PRIOR CESAREAN DELIVERY

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Introduction: There is a strong association between having a prior uterine surgery, such as previous cesarean delivery, and the subsequent development of placenta previa. Studies suggest that the risk increases with the number of prior cesarean deliveries.

Methods: This retrospective cohort study included pregnant women with placenta previa admitted to the Maternal-Fetal Medicine Unit of Centro Materno-Infantil do Norte between 2018 and 2022 and who gave birth at the same institution.

Results: A total of 71 pregnant women were analyzed. 11 women (15,5%) have had a previous abortion. 22 women (31%) have had a prior cesarean delivery: 14 women had only one, 6 women had two and 2 women had three prior c-sections. There were identified 6 cases (8.5%) of Placenta Accreta Syndrome (PAS): all of them (100%) with prior cesarian delivery, including both women with 3 prior c-sections. Total hysterectomy was performed in 50% of the cases of PAS.

Conclusion: Pregnant women with a history of cesarean delivery must be regarded as high risk for placenta previa and must be monitored carefully. This must be a reason for reducing the rate of primary cesarean delivery.

Palavras-chave: Placenta previa, Outcomes, Prior cesarean delivery

(19241)

THE DECISION NOT TO RESUSCITATE IN PAEDIATRICS – THE INFLUENCE ON THE TEAM AND PERSONAL DYNAMICS OF NURSES

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Abstract: Introduction: The Do Not Resuscitate Decision (DNR) is a medical prescription for not starting a specific treatment: cardiopulmonary resuscitation. It is based on the knowledge of the patient's diagnosis and prognosis, which are the responsibility of the physician, and implies the evaluation, consideration and discussion of the uselessness of such manoeuvres by the entire clinical team. It is a controversial and impactful concept within the multi professional team and, specifically in Paediatrics, this acquired greater importance in paediatric intensive care units.

Objective: It was the recognition of this reality that led us to the development of this study, aiming to understand the influence of this concept on the team and personal dynamics of nurses, in order to find strategies to improve care for children and families in a critical end-of-life situation.

Results: This is a qualitative and descriptive nature study. Nurses from a Paediatric Intensive Care Service participated in it, data collection was carried out through a questionnaire elaborated from the authors. The results obtained allowed: to identify the feelings/reactions experienced by the nurses caring for DNR patients, who experience feelings of anxiety, crying, anguish, sadness, revolt, impotence and discomfort; the factors that interfere with nurses experience's facing a DNR situation are related to the intervenients - patient, family, nurse, the situation itself and the dynamics of the multidisciplinary team; the influence of experiences was felt both personally and professionally in the lives of nurses; and the strategies to deal with this situations, including the promotion of moments of reflection and sharing experiences, knowledge development, individual reflection and coping mechanisms.

Conclusion: It is up to the nurse to provide a follow-up to the patient/family in the final journey of life, being the most times, the bridge of communication between the patient/family and the rest of the multidisciplinary team. Reflection and sharing of ideas/experiences can be very useful to understand experiences and reflection on practice can help nurses preparing themselves to deal with patients dying process, making it more humane.

Palavras-chave: Do Not Resuscitate Decision, Team, dynamics, Paediatrics

(19409)

BREASTFEED AN UNBORN CHILD

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Introduction: The success of breastfeeding combines three factors: the decision to breastfeed, the establishment of lactation and breastfeeding support (Manual do Aleitamento Materno, 2012). The process of inducing lactation usually includes the use of hormones, breast stimulation and frequent suckling to stimulate milk production. Newman-Goldfarb (2000) developed a pharmacological protocol for lactation induction that consists of the use of a combined progesterone and estrogen pill, galactogogues (Domperidone), accompanied by manual breast stimulation/milk pump. In the non-pharmacological induction of lactation, breast stimulation is carried out through the use of a pump or direct suction, use of the supplemental nutrition system and breast massage.

Methodology: For the development of this work, a search bibliography was carried out in the databases: SciELO, PubMEd, Medline, in the last 15 years.

Results: Breastfeeding support is critical, whether from a breastfeeding counselor, support group or others who have gone through similar experiences. Adoptive breastfeeding can be a challenging journey, but it can also be a meaningful opportunity to bond emotionally with a nonbiological child. Lactation induction has excellent results, in some women it can take up to four months to reach the goal and the lactation induction process can vary from woman to woman. This process is only established with time, dedication, acceptance, encouragement from the multidisciplinary team and a comprehensive look at the woman and her family and many manage to produce a sufficient amount of milk to feed their baby.

Conclusion: Breastfeeding is more than feeding the baby, it is a moment of affection, strengthening the bond between mother and child. In this way, it is possible to conclude that the induction of lactation is an individual and unique journey and may not result in the same milk production that occurs naturally after childbirth. But every drop of milk is valuable, regardless of the amount produced. The loving bond and care that the mother offers her baby are the most important ingredients.

Nursing care should not only be the technical aspect, but transcend to the protection, establishment and continuity of breastfeeding.

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ENFERMAGEM

POSTERS

(19238)

PREVENTION OF TOXOPLASMOSIS – TOXOPLASMA GONDII INACTIVATION

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1 CHUSA

Introduction: Toxoplasmosis is a zoonosis caused by toxoplasma gondii. Infection during pregnancy can cause serious complications, the earliest the infection, the serious the complications could be. As midwifes is of most importance to provide up-to-date information to our clients.

Methodology: A review was performed in PubMed using the terms "Toxoplasmosis"[Mesh] AND "Primary Prevention"[Mesh], as well as public national guidelines from several countries and studies from other sources.

Results: Data analysis shows that in most public nation guidelines are not explicit how to inactivate Toxoplasma gondii. However recent studies shows several methods to inactivate toxoplasma (thermal, non-thermal and chemical and biochemical methods) in order to reduce infection through food.

Discussion: During pregnancy appointments is very important to provide the best evidence based advices to our population, in order to reduce the probability of pregnancy complications. In order to prevent toxoplasmosis several methods had been studied, but from our practice some would be hard to explain/ implement, being the easiest to implement the thermal method.

Palavras-chave: Toxoplasmosis; prevention; inactivation treatment.

(19116)

NURSE'S ROLE IN MANAGEMENT OF ANAL INCONTINENCE

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Introduction: Anal incontinence is defined by the International Continence Society as any involuntary loss of feces and/or gases, in an inappropriate place in any age group, after obtaining sphincter control. It has multifactorial causes, including gestational causes (obstetric trauma, increased BMI, fetal macrosomia, etc.), surgical causes (anal fissures or fistulas, hemorrhoids, etc.), advanced age, degenerative diseases, side effects of some drugs that affect intestinal motility , or others (radical protitis, intestinal infections, etc.). This is a devastating condition in a person's life, which causes serious decrease in life quality by conditioning daily life activities.

Methodology: A literature review was carried out through the PubMed search engine, using the terms "fecal incontinence" and "rehabilitation nurse's role" as descriptors, and the research was also carried out in Portuguese. Documents issued by the International Urogynecological Association and the International Continence Society were also consulted.

Results: Nurses are in a privileged position to increase the quality of life of these patients by contributing to an improvement in health literacy. As important strategies, are lifestyle changes, such as the ones regarding the eating habits, provins to be important to reinforce a diet rich in fiber and good water intake; good defecation habits, the use of anal tampon and hygiene care; and completing the defecation diary. Instruction of pelvic floor muscle exercises should also be incorporated into the health education of these patients. These exercises are directed to the levator ani, puborectalis, pubococcygeus and iliococcygeus muscles, to ensure adequate contraction and the development of strength and endurance by these muscles. As a conservative treatment, specialist nurses in this area may also recommend endoanal or tibial nerve electrostimulation in some types of anal incontinence.

Discussion: Nurses can play a vital role within the multidisciplinary team to help improve the quality of life of these patients, collaborating with conservative treatment, which is considered first-line, or providing support when the treatment option is surgical.

Palavras-chave: Nurse Role Fecal Incontinence

(19430)

CHALLENGES OF ORGANIZATIONS IN PROMOTING MENTAL HEALTH OF MIDWIFES: WHAT IS OUR FUTURE?

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Introduction: Midwifes report that exposure to negative emotions are stress factors that influence negatively their emotions. They also declared that workload, insufficient resources, years of work and shift work are factors that lead to burnout. The aim of this study was to describe strategies to reduce stress/burnout levels in teams.

Methodology: This work is an exploratory and descriptive study. The data collection was carried out using the following databases: MEDLINE, Scopus and CINAHL.

Results: After the analysis, it can be concluded that stress and burnout have an influence on the mental health of Midwifes. The articles refer to numerous strategies being the most mentioned: invest in scientific knowledge and improve professional skills; management of schedules according to individual preferences, with prior notice of shifts to allow relaxation, social activities and time for the family; training of stress management and coping strategies, relaxation techniques and time management and mindfulness; Occupational Health should foster strategies of wellness in the workplace and lastly Midwifes also report poor support provided and much pressure exerted by organizations, suggesting that the improvement of leadership skills positively impacts in stress and burnout.

Conclusion: We conclude that stress and burnout have negative consequences on the quality of care provided by Midwifes and it is essential to promote mental health through strategies aimed at reducing their levels. Therefore, the Nurse Manager has a key role in identifying the problems that overload the team, to consequently be able to develop strategies and put into practice training that provides the improvement of working conditions and the ability to deal with stress. Finally, we consider necessary the development of further research work on this issue, as well as the importance of making it a target of prominence by organizations, in order to enhance the professional satisfaction of Midwifes and their ability to provide better health care.

(19239)

NURSES' ROLE IN PREVENTING RESPIRATORY SYNCYTIAL VIRUS (RSV) IN NEONATOLOGY

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Nurses' role in preventing Respiratory syncytial virus (RSV) in neonatology

Introduction: Respiratory syncytial virus (RSV) is the main cause of respiratory infection in the first two years of life. PT NB with GA < 35 weeks with or without bronchopulmonary dysplasia (BPD) and infants with severe congenital heart disease are considered a high-risk population for RSV infection and hospitalization.

The immune system of preterm infants with a gestational age <28 weeks does not produce IgA during the first months, with the duration of immunodeficiency being shorter if the gestational age is between 29-32 weeks.

Methodology: Bibliographic review using the scientific databases PubMed and EBSCO, where publications in Portuguese, published in the last five years, were searched.

Results: Prevention of RSV infection is essentially based on the adoption of preventive hygiene measures and the use of palivizumab (humanized monoclonal IgG antibody).

The role of the nursing team is fundamental when we talk about respiratory infections, both in primary prevention, mainly related to teaching (hospital and home), and in the treatment of the disease.

Increasingly, nursing teams are focusing on preventive measures in order not only to avoid the disease but also to minimize its effects.

Discussion: Despite being a seasonal epidemic infection, RSV can appear in the hospital environment throughout the year. Of all the bibliography and research carried out, the role of nursing is extremely important with regard to teaching during the hospitalization and subsequent discharge of the newborn.

Palavras-chave: Respiratory syncytial virus, neonatology, preterm infants

(19435)

PREVENTION OF COMPLICATIONS INVOLVING BREASTFEEDING: PREPARING FOR LABOUR AND PARENTHOOD

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Introduction: Preparing for labour contributes to a better informed and gratifying pregnancy, labour, puerperium and parenthood, and is essential for accessing of reliable and useful information and for making decisions that positively influence both the woman's and child's health. Literacy in matters relating to healthcare enables and implies knowledge, motivation and competences to access, understand, evaluate and apply knowledge in healthcare, in ways to inform decision making on promoting good health and improving quality of life throughout all cycles of life. It is stated that breastfeeding is a topic of great interest to be worked on and developed in preparation for labour by the Maternal Health Specialist (ESSMO), minding the advantages and practical matters involved in this role, especially when discussing and preventing complications involving breastfeeding. The EESMO manages their practice based on up-to-date evidence scientifical knowledge, and holding upmost authority on these matters, citing the Academy of Breastfeeding Medicine's new protocols on mastitis.

Methodology: Reflexive analysis on the role of the EESMO on preventing complications involving breastfeeding and preparing for labour, with basis on bibliographical research in the following databases: SciELO, PubMEd, Medline, and in reputable national and international sources.

Results: Various reputable sources accentuate the importance of this practice during pre-natal phases. Nursing care aims at well executing the healthcare projections for every individual, specifically during pre-natal intervention, which is essential in the proactive promotion of good healthcare for the woman and her new-born.

Conclusion: Preparation for labour carried out by the EESMO, in humane and integral form, emphasizing orientation for prevention of complications involving breastfeeding, is of great importance to the successful continuation of breastfeeding, and overall safe and more satisfying for both woman and infant. This fact is backed up by scientifical evidence and bibliographical revisions, that rectify the achieving of a greater degree of efficacy and overall feeling of security when support and follow-up are continuously provided.

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LIMITATIONS OF NURSES IN THE HUMANIZATION OF CARE IN PREGNANCY LOSS

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Introduction: Death regardless of the stage of life leads to mourning. In gestational loss, this process alters the law of life, there is a chronological inversion of death. This interruption of the gestational process is accompanied by meanings that go against everything that was planned during pregnancy. For human beings, the process of becoming parents goes far beyond biological issues, in this sense, the support of health professionals to parents who experience the process of loss is necessary.

Roy (1984) mentions that parents who experience these losses need a welcoming place and health professionals who can help them in the process of facing grief and loss. Thus, it becomes important to understand grief, both for those who receive support and for those who give it.

Caring for women/parents who suffer from pregnancy loss must be guided by respect, empathy and dignity, valuing the feelings and processes that involve their loss, and the provision of care must be adequate and based on humanization.

Since the CMIN Gynecology Internship was the chosen service at CHUSA to receive these women/parents, the need arose to reflect on the humanization of the care provided and, consequently, the difficulties experienced by the professionals, with the objective of raising their awareness.

Method: Reflective study based on bibliographical research and on the experience of the authors in the area of Maternal and Obstetric Health.

Results: Based on reflective research, limitations were found in the provision of care, due to the fact that nurses do not always feel prepared and comfortable in providing care to the woman/parents, manifesting insecurity and difficulties when faced with the emotional aspects resulting from the loss.

Conclusion: It was concluded that there are some challenges to be overcome in order to improve the humanization of Nursing care in situations of pregnancy loss, investing from academic training to continuous training in services. Recognition of nurses' limitations in the humanization of care is the primary challenge for the development of strategies and procedures to improve the quality of care provided.

Palavras-chave: Gestacional lost; Care; Humanization; Support

(19469)

VIRTUAL REALITY: AN ALLY IN LABOR

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Introduction (purpose of work): Labor is a challenging period in a woman's life, at this stage it is beneficial for the pregnant woman to be serene – mentally and physically. There is a relationship between the mind and the body, so by being able to achieve a sense of mental calm, the body also relaxes.

Thus, the EESMO should adopt strategies that promote relaxation, as, according to the literature, this will increase the production of oxytocin, improve blood irrigation and oxygenation, increase flexibility and decrease the sensation of pain.

It is in this context that this work arises. The objective of this work was to obtain the feedback of some pregnant women admitted to the CMIN's childbirth service regarding the application of an innovative technique, virtual reality. Its use was intended to relax the parturient, through the visualization and hearing of peaceful scenarios and an adequate breathing technique with a view to favoring labor.

Methodology: The methodology of this project was based on the use of a virtual medical device, made available by Vygon. The device consisted of glasses and headphones controlled by a mobile application from the same company. The virtual experience consisted of two scenarios in the context of nature, surrounded by thematic sounds, one of them connected to the field (SILVA) and the other to the aquatic environment (AQUA). The virtual reality device was experimentally applied in the Childbith service for fifteen days, to fifteen pregnant women in the latent phase of labor. The pregnant woman was able to choose the scenario and this experience lasted between twenty and thirty minutes.

Results: After the application of virtual reality in the childbith service, we can see positive and negative points mentioned by pregnant women. In general, the feedback was quite positive. Most users reported that they became more relaxed, some even fell asleep, the breathing technique reassured them and in some cases they were "distracted" from the sensation of pain during uterine contraction. In turn, they reported some less positive aspects such as the feeling of claustrophobia and in the aquatic setting the feeling of falling into the water.

Conclusion: After contact with this technique and through our experience as Specialist Nurses in Maternal Health and Obstetrics in the delivery room, we concluded that virtual reality could be an ally for pregnant women in labor. According to several studies already carried out in other countries and after feedback from pregnant women who have had this experience in our service, we can say that they will benefit from this technique by promoting a state of relaxation, increasing their production of oxytocin and contributing to a better pain control. This will be another non-pharmacological measure that will join others already available in the service, at a time when couples are increasingly looking for a positive experience of childbirth.

(19242)

DIABETIC KETOACIDOSIS: NURSING CARE IN A CLINICAL CASE

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Introduction: Diabetic ketoacidosis (DKA) is a form of diabetes decompensation resulting from a partial or absolute insulin deficiency. It may arise as an initial presentation of type 1 diabetes or due to its decompensation. DKA is identified by the presence of 3 biochemical criteria: hyperglycaemia (>200mg/dL), venous pH <7.3 and/or sodium bicarbonate<15mmol/L and ketonemia ≥ 3mmol/L and presents itself in a very variable way, from the mildest to the most severe. The role of nurses in an intensive care unit is crucial, as they must be properly trained to act quickly and effectively in order to provide safe and quality care, as well as anticipate possible complications.

Clinical case report: The authors present the case of an eight-year-old boy, male, with no relevant past medical history, with a normal development, who initially went to the health care centre due to vomiting with abdominal pain for 48 hours. Intravenous fluid therapy and anti-emetics were administered with later clinical discharge. Due to the worsening of the symptoms, with chest pain and tachypnoea, he went to emergency care 12 hours later. On admission, on physical examination, he was responsive, but drowsy. Pale, with dry mucous membranes, sunken eyes, tachypnoeic breathing with characteristics of Kussmaul breathing, with a blood oxygen peripheral saturation of 100% on room air. He was tachycardic and the other physical examination was normal. His parents mentioned polyuria and polydipsia during the past month with weight loss (approximately 10 kg) without anorexia. The blood tests showed severe diabetic ketoacidosis with metabolic acidosis (pH: 6.8) and hyperglycemia (460mg/dl). He started intravenous fluid therapy and insulin infusion, but due to his unstable level of consciousness, he was admitted to the intensive care unit because of the risk of cerebral oedema in these patients. The main Focuses of Attention were identified: "Energy Metabolism"; "Skin"; "Nutritional Intake"; "Parental Role"; "Consciousness" and "Fall". Nursing interventions in a intensive care unit are based on a protocol whose main objectives are: correction of dehydration, acidosis, reversal of ketosis and normalization of blood glucose.

Conclusion: DKA is the most common endocrine-metabolic emergency in childhood and adolescence and the main cause of hospitalization in diabetics patients in this age group so the nurse's role is crucial to work with the patient and their family/caregiver in order to prevent new episodes of diabetic ketoacidosis.

Palavras-chave: Diabetic Ketoacidosis, Paediatric intensive care, Nursing, Hyperglycaemia, Cerebral Oedema

(19292)

PALLIATIVE CARE - THE REFLECTION OF A COMPLEX CASE

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Introduction: The basic training in palliative care of all the elements of the various teams is crucial to take care of people and families. The continuity of the plan is only achieved with a good articulation between all the teams in which the management of communication is the key factor both in the work of the team, as well as with the sick person and with the family.

Methodology: Through the methodology of case study analysis, a patient was selected who, due to the complexity of the needs, and the urgency of rapid intervention, promoted observation, description and reflection on the entire process of care provided, from hospitalization to death.

Results: Needs were identified in the physical, psychoemotional, spiritual, social and family support dimensions. The interventions were planned in accordance with the four pillars of palliative care: symptomatic control, adequate communication, family support and team work. The care provided must make sense to those who provide it and to the people to whom it is provided, since it gains meaning and value if we consider the uniqueness of the person.

Discussion: Despite all the difficulties to find a plan that is feasible, and that is also able to meet the needs of the person and his family, it is possible through negotiation to reach consensus and walk side by side. Without paternalisms, respecting the rhythm of people in their process of acceptance of the state of health. It is possible to maintain hope and be aware of finitude without it generating greater suffering in people.

Palavras-chave: palliative care

(19290)

ETHICAL DILEMMAS AND DECISION-MAKING PROCESSES IN PEDIATRIC PALLIATIVE CARE

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Children, adolescents with complex chronic diseases and their families are confronted with ethical-clinical dilemmas, most often associated with the end of life and decision-making processes. Palliative care teams, when caring in a child- and family-centred care approach, carry out the advanced care plan taking into account the three actors; the child/young person; parents/legal representative and health professionals. A rapid review was carried out in order to identify the ethical dilemmas in Pediatric Palliative Care and to describe the evidence on the interventions directed at them.

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The research had as a time limit the interval between 2012 and 2022, due to the recent development of this area. The database search took place in August 2022, in the databases: CINAHL® Plus with Full Text, MEDLINE® with Full Text, PUBMED central, MedicLatina, RCAAP defined by the Prisma-P protocol, in the databases, in Portuguese, English, Spanish.

There were 26 studies included in a total of 144 articles and most of the studies are between 2018 and 2022 reporting on neonatal and pediatric ethical dilemmas. Targeted interventions should optimize strategic areas such as: Multidisciplinary team (case manager) and Early Integration in Pediatric Palliative Care; Adequate communication; the Transmission of bad news, the Advance Plan of Care and the role of the Ethics Committee and the second opinion in resolving disagreements.

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The intervention of the team must correspond to the decision-making in the best interest of the child/adolescent, respecting the ethical principles of bioethics: autonomy, justice, beneficence, non-maleficence, relieving suffering and enhancing quality of life.

Palavras-chave: pediatric palliative care, ethical dilemmas, decision making

(19257)

REHABILITATION OF THE MASTECTOMIZED PERSON USING EXERGAMES

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[2] ESEP

Introduction: Exergames have been used in health with positive results, namely in rehabilitation. Aware of the potential of these resources, the present study aims to map the use of exergames in the rehabilitation of the person undergoing breast surgery, identifying the health gains resulting from the implementation of this technology.

Methodology: We conducted a Scoping-type review study. The search was conducted in the following databases: MEDLINE® (Medical Literature Analysis and Retrieval System Online), CINAHL® (Cumulative Index to Nursing and Allied Health Literature), SPORTDiscus, SCOPUS, SciELO (Scientific Electronic Library Online), Psychology and Behavioral Sciences Collection, Cochrane Central Register of Controlled Trials and PEDRo (Physiotherapy Evidence Database) in January 2022, according to the guidelines of the Joanna Briggs Institute and PRISMA-ScR.

Results: The final sample consisted of 13 articles published between 2015 and 2021. A total of 441 people participated in all the studies. Platforms such as the Xbox® and Nintendo Wii®, using motion games, were the most used. Intervention plans ranged from 15 days to 12 weeks, and most interventions took place in the late postoperative period. The intervention with exergames generated results superior or similar to traditional rehabilitation in pain, upper limb functionality, joint amplitude, fatigue and quality of life.

Conclusion: The Scoping Review allowed to evidence the beneficial effect of exergames in the rehabilitation of the person submitted to surgery for breast cancer. However, it is pertinent to carry out a greater number of scientific studies in this area to determine the type of game, time and frequency of intervention that optimize the level of effectiveness.

Palavras-chave: Breast cancer; Exergames; Rehabilitation

(19429)

PARENTHOOD AS A DEVELOPMENTAL TRANSITION AND IMPLICATIONS FOR CONJUGALITY

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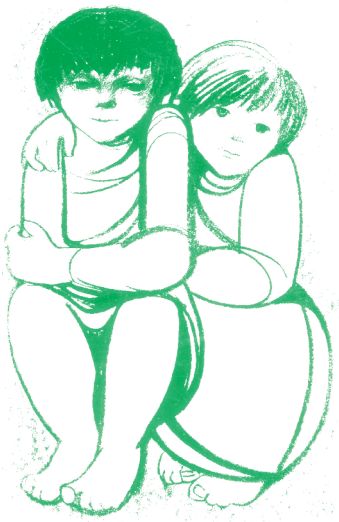
Introduction: Parenting is the action of taking care, with specific characteristics: assuming the responsibilities of being a mother or father with behaviors designed to facilitate the incorporation of a newborn into the family unit; optimize children's growth, internalize the expectations of individuals, families, friends and society regarding role behaviors. The EESMO is the one most present at this stage of the woman's life, capable of establishing a close relationship with the families, identifying possible problems and intervening early.

Methodology: Reflective analysis on the role of EESMO in the parenthood transition, based on bibliographical research carried out in the databases: SciELO, PubMEd, Medline, in national and international reputable sources.

Results: The role of EESMO covers the various dimensions, ranging from pre-delivery to post-delivery. At this stage of women's health, the demand for functional, emotional and social adaptation to new health conditions may imply the need for action by the EESMO. The support role, in this transition phase, helps the couple to develop parenting skills, communication strategies and affective support in the family.

Conclusion: The promotion of adaptation to Parenting is defined and implemented by EESMO, with a view to developing parental skills in the couple, the woman and the person with whom she shares the maternity project. This intervention must take into account all relevant affective people, implying the incorporation of knowledge and skills, for a healthy parental transition



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