

# LATIN-AMERICAN SOCIETY FOR PEDIATRIC RESEARCH

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## COGNITIVE AND NEUROLOGICAL EVALUATION IN THE FOLLOW-UP OF CHILDREN WITH HYPOGLYCEMIA OF DIFFERENT ETIOLOGIES.

Luisa B. Bay, Gisela Ranzoni, María Contreras, Marcela García Alvarez, María Neme. Hosp. "J.P. Garrahan". Nutricion. Bs. As. Argentina.

Recurrent hypoglycemia (H) may lead to cortical brain injury by altering both neurological development and intellectual function. Sixtyseven children aged 0-14 year-range suffering H from different etiologies (except transient H of newborn) were evaluated. Six patients died after diagnosis; 18 did not come for follow-up. Out of 43 patients studied, 13 had ketotic H, 9 had hiperinsulinism, 16 had H due to enzymatic defects, 3 to hypopituitarism and 2 of unknown cause. Neurological examination and EEG were performed at 3-94 months after diagnosis. Cognitive level of children under 2 years (n:8) was determined with the Bayley Scale of Child Development (IDM), values above 68 were considered normal. Terman-Merrill test was used to measure IQ in children over 2 years; values below 69 were considered as mental retardation; the range 69-80 was taken as borderline. Neurological sequelae were: secondary epilepsy (4), cerebral palsy (1), and microcephaly (2). Mean IQ of the sample was 87.5 (S.D.18). Mental retardation was present in 8 (18%). IQ 80 was significantly more prevalent in both hyperinsulinism and glycogenosis III than in the ketotic group. The mean delay in achieving the diagnosis was 16 (S.D.19) months; being the longer the delay the lower the IQ (r:-0.54). IQ below 80 was also more prevalent in those who had had seizures. Etiology, delay of diagnosis and treatment, presence of seizures and asymptomatic H, like in glycogenosis III are important factors determining the outcome.

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## ANOREXIA NERVOSA. LONG TERM FOLLOW-UP.

Cecile R. Herscovici, Luisa B. Bay. Hosp. Italiano. Bs.As. Argentina.

Long term studies seem necessary, in order to evaluate general outcome and to compare different therapeutic modalities. The current condition of 46 patients, 41 girls and 5 boys who met diagnostic criteria of DSM-III-R was evaluated after 4-8 years of treatment carried out by a pediatrician and a family systems therapist. Mean age at diagnosis was 14.7 years (range 11-22), mean weight 38.5 kg., mean weight loss 26% (range 14%-45%). Twenty-nine girls had secondary amenorrhea, the remaining 12 patients were prepubertal. Twenty patients (43%) were admitted for hospitalization during 29.2 days (range 10-125). General assessment methods were utilized: Garfinkel, Moldofsky and Garner Assessment Scale (S1) and the Morgan-Russell Scale (S2) applied in a structured interview. At follow-up, out of 46 patients, 13 (28%) dropped out and 3 did not respond to the summons. Out of those traced, none had died. Regarding S1, 27 children (90%) scored 0-3 (excellent), 3 (10%) scored 4-7 (much improved). Global S2 score for 30 patients was 10.9 (SD 1.2). Relative weights at the end of follow-up were 90-110% in 21 patients (70%), 110-120% in 4 (13%) and 80-90% in 5 (16%). Menses were normal in 20 girls, irregular in 5 and absent in 2. Fifty seven % maintained a restricted food on take. One patient was bulimic and 8 had suffered transient bulimic episodes. Fifty-seven % of the patients were not worried about their body shape. No patient presented severe mental disturbance. A 50% relate satisfactorily to peers, family and opposite sex. They all study and or work appropriately. These results validate systems family therapy treatment in a multidisciplinary team with a pediatrician skilled in nutrition.

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## CARDIOVASCULAR RISK AND LIPID PROFILE IN CHILDHOOD OBESITY.

María F. Molasco, Mauro Fisberg. Esc. Paulista Medicina, S.P., Brazil.

We studied 81 pre pubertal overweight children concerning their lipid profile and cardiovascular risk. Obesity was defined by NCHS weight/height ratio (W/H)  $\geq 120\%$  and divided by Sex (M,F) and obesity degree: Moderate Obesity (MO): W/H  $\leq 135\%$  (n=22), Great Obesity (GO): W/H  $\geq 140\%$  (n=59). Data derived from the lipid research clinics and lipid levels above 95th and below 5th percentile were defined as abnormal. The classification for hyperlipoproteinemia types was the Fredrickson's et al (1967). No sexual difference was found. GO had higher levels of triglycerides (TG) and lower levels of total cholesterol (CT) and high density lipoproteins (HDL) than the MO group. (TG x = 131.7, 111.9 mg/dl; CTx=159.4, 169.4; HDL x=30.9, 36.8 mg/dl respectively for GO and MO). GO presented 51.8 % (n = 30) of TG, above the 95th percentile and MO 40.9%. Hypercholesterolemia (CT  $\geq 180$  mg/dl): GO 13.5% (8) MO 33.3%; HDL  $\leq 5$  percentile: GO 83.6% (n = 46) MO 63.6% (n = 14); LDL the majority of the two groups had normal levels. Dislipoproteinemias: GO type IV = 36% (n=18) IIa = 18% (n=9) IIb 12% (n=6) 24% of them had only HDL  $\leq 5$ th percentile and 32% had cardiovascular familial antecedents. At GO only 10% (n=5) of children presented normal lipid levels. The MO group had lower level of dislipoproteinemias (type IV=13.6% (n=3); IIa=13.6% (n=3); IIb=9% (n=2) and only 4.5% of them had cardiovascular familial antecedents. This group had 27 more children with normal lipids than GO. LDL/HDL and cholesterol/HDL ratios were higher at GO (MO 2.8 and 4.6 GO 3.4 and 5.2). The results indicate that great obesity presents higher incidence of dislipoproteinemias and higher personal and familial cardiovascular risk.

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## BRONCH ALVEOLAR LAVAGE (BAL): USE IN PEDIATRICS

Pablo Mincez, A. de la Canal, E. Schnitzler, C. Garcia Roig, J. Marco del Pont, J. Precerutti, G. Svetliza, C. Dubra, J. Rodriguez Gimenez. Hospital Italiano, Buenos Aires, Argentina.

The presence of pulmonary infiltrates in PICU patients constitutes a diagnostic dilemma. The efficacy of fibrobronchoscopy (FBC) and BAL was evaluated in 24 patients who's age ranged from 2 to 16 years. Nine Patients were immunodeficient: 6 suffered hematologic disease (1 had AIDS) and 3 had undergone liver or cardiac transplantation. The rest had neurological (8), cardiac (4) or other diseases (3). Fifty three percent had bilateral pulmonary infiltrates. Thirty two FBC with BAL were performed. Twenty patients were on mechanical ventilatory support and 9 were intubated under general anesthesia. No complications due to the procedure were registered. Bacteriology of the BAL was negative in 14 cases (44%); 3 alveolar hemorrhage (macrophages and hemosiderin) 4 adult respiratory distress syndrome, 3 cardiogenic pulmonary edema, 2 sequela lesions, 1 pneumothorax and 1 was under antibiotic treatment. Positive bacteriological results ( $>10$  Colony Forming Units) in 56% were obtained. Single bacteria in 5: Ps Ag in 3, KES in 1 and Acinetobacter in 1. Combined bacteria in 4, CMVirus in 8 and Pneumocystis Carinii in 2. Our results show the usefulness of BAL in the etiological diagnosis of the pulmonary infiltrates in pediatric critically ill patients.