

## Mother and Child's Care Section

### Development and Validity of the "Red Flag Developmental Screening Checklist"

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The aim of this pilot study was to develop an indigenous, simple developmental screening tool based on red flags, for administration to Indian children at routine immunization visits and to determine its validity. A 44 items-checklist was designed by listing milestones based on the red flags for the age- groups 3.5-4.5months, 9-12months, 18-20months and 24-26months, in 6 domains- Gross-Motor, Fine-Motor, Language, Social, Vision, Hearing. This checklist was administered and difficulties experienced by parents in comprehension were recorded. Then the child underwent evaluation by a developmental expert that included administration of Developmental Profile II and neurodevelopmental assessment. The validity of checklist for detecting developmental delay was calculated. The RFDSC was administered to 102 subjects (29 aged 3.5-4.5months, 32 aged 9-12months, 26 aged 18-20months, 15 aged 24-26months). 43% were screening test positive (RFDSC fail). The average time taken for its administration was 2.37 minutes (SD=0.62). 32% mothers faced problems in comprehension of certain questions. The RFDSC was found to be a fairly valid screening tool (sensitivity 63%; specificity 87%). The RFDSC was maximally valid for the age-group 3.5-4.5months with a sensitivity of 88% and a specificity of 90%. However, the sensitivity of the checklist for the age-groups 18-20months and 24-26months was less than 50% with a specificity of 100%. The checklist developed is parent-report based, quick to administer, easily comprehensible, having easy scoring pattern and interpretation. The checklist can be a valid screening tool for the evaluation of development in children coming for immunization in the age-groups 3.5- 4.5months and 9-12months. The ultimate goal is incorporating the administration of this checklist as a part of National Immunization Program so as to facilitate early identification and intervention in developmentally delayed children.

### Early-Life Risk Factors for Occurrence of Atopic Dermatitis during the First Year

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Associations of family history, infection during pregnancy, cord blood cytokine concentrations, and skin function parameters with atopic dermatitis were analyzed. Stratum corneum hydration was measured with an impedance meter until 5 days after delivery and again at 1 month. Complete data were obtained for 110 infants, including 27 diagnosed by a physician as having atopic dermatitis during their first year and 26 diagnosed as having infantile eczema during their first month. The risk of atopic dermatitis during the first year of life was related to maternal atopic dermatitis, lower concentrations of macrophage inflammatory protein in cord blood, and greater skin moisture in the surface and stratum corneum of the forehead and cheek at 1 month of age but not to viral or bacterial infection during pregnancy or breastfeeding. Paternal hay fever was associated negatively

with the development of atopic dermatitis. High concentrations of interleukin-5, interleukin-17, and macrophage chemotactic protein-1 and only surface moisture in the cheek were associated with greater risk of infantile eczema in the first month. The association of atopic dermatitis in infancy with reduced neonatal macrophage inflammatory protein levels suggests a link with immature immune responses at birth.

## Myometrectomy in Large Uterine Myomas Size

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**Introduction:** Surgical interventions for very large uterine myomas (hysterectomy vs organ preserving procedure) are under evaluation. The aim of the study was to analyze one center experience of myometrectomy in surgical treatment of very large uterine myomas. **Material and methods:** From November 1994 to May 2008, 21 consecutive patients with very large uterine myomas (?16 weeks, according criteria published by West S. at all., 2006) were selected for organ-preserving operation (myometrectomy). The mean age of patients was  $36.48 \pm 0.72$  (ranged from 31 to 43 years). Tumors size was  $17.81 \pm 0.9$  (range from 16 to 35 weeks). Operative technique includes: (1) temporary vascular clamp of uterine vessels; (2) two "V" incisions of the anterior and posterior uterine wall ("ellipse type"), with subtotal removing of myometrium with all myomas nodules and maximum preserving of the endometrium volume; (3) formation of new endometrial cavity; (4) final formation of "neo-uterus" with vascularize perimetrium flaps used continuous "baseballs" sutures ("Vicryl" or "PDS" Ethicon®). For final hemostasis were used non-commercial fibrin glue and human thrombin (27 vs 17 cases). **Results:** The mean operation time was in the range of 45 to 147 min (mean  $79.52 \pm 5.5$ ). Blood loss was  $298.43 \pm 20.8$  ml. Number of nodules excision were from 1 to 11 (mean  $\pm$  SD,  $4.05 \pm 0.7$ ). The mean hospital stay was 6 - 8 days. **Conclusion:** Conventional abdominal myometrectomy is safe, favorable and effective procedure in surgical treatment of voluminous myomas with accessibly morbidity and recurrence rate.

## Role of Echocardiography in Primary Diagnosis of Dilative Cardiomyopathy in Children - Clinical and Hemodynamic Relations

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The objective of the work was the assessment of changes in echocardiographic and their primary diagnosis of dilated cardiomyopathy in children. The retrospective study included 11 patients consecutively admitted during 2006-2009 in the service of pediatric cardiology and C in ICSOSM diagnosed with dilated cardiomyopathy (DCM). The study also included children of both sexes (3girls, 8boys), age within 3 months - 16 years (average 6. 4 years). Echocardiographic examination (EcoCG) was performed in M mode, 2D and Doppler (AcusonX300 System). EcoCg examination included determining the following relevant hemodynamic parameters in diagnosis of DCM (P.Elliott, 2000; F.E. Wilklow , 2008): size of left and right heart cavities (LVDD, LVSD, LAD, RVD), left ventricular contraction function (EF, SF). MPI (Tei index, C. Tei, 1997) was calculated simultaneously, reference values are dependent on age. EcoCg measurements obtained were compared with normal values for age in relation to BMI (R. Kampmann, 2000). It has been found