patients on noninvasive mechanical ventilation (NIMV) decreased significantly before and after treatment (7.5 (1–20), 0 (0–5), respectively; p<0.001).
Conclusions We found that the acute effects of corticosteroid treatment contributed to clinical improvement and improvement in LUS findings. This study helped us to understand more clearly the positive effects of corticosteroid treatment in patients predicted to develop BPD.

OP-038 NEURODEVELOPMENTAL EVALUATION OF LATE PRETERM CHILDREN EXPOSED AND NOT EXPOSED TO ANTENATAL STEROIDS IN EARLY CHILDHOOD

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Aim We aimed to evaluate infants born late preterm who received antenatal steroids, using the Bayley III developmental assessment scale between 24 and 42 months and compare their developmental differences with a control group of infants with similar characteristics but who did not receive antenatal steroids
Material and Method The study was conducted with infants born between 34+0/7 and 36+6/7 gestational weeks at Şişli Hamidiye Etfal Training and Research Hospital, between January 2019 and December 2020. The cases were divided into two groups: those who received antenatal steroids (n=40) and those who did not (n=40). Neurodevelopmental assessments were conducted using the Bayley III developmental assessment scale by a single experienced child development specialist between 24 and 42 months.
Results When comparing the groups with and without antenatal steroidadministration, the average birth weight, length, and head circumference were lower in the antenatal steroid group. The group without antenatal steroid administration required more NICU admissions. There were no significant differences in Bayley III test results between the two groups.
Conclusions Our study found no statistically significant relationship betweenantenatal steroid administration and neurodevelopmental outcomes in early childhood. Although antenatal steroid use is recommended in late preterm births, further studies are needed to validate our findings.

OP-039 EVALUATION OF ADDITIONAL RISK FACTORS IN NEWBORNS FAILING ANY STAGE OF THE NATIONAL HEARING SCREENING PROGRAM

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Aim Despite the national screening programs implemented in our country and worldwide, the late diagnosis of hearing loss is frequent, especially in Neonatal Intensive Care Units, and the variability of risk factors for hearing loss necessitates identifying additional risk factors that could be involved in the etiology of hearing loss, in addition to the risk factors included in our national screening program.
Material and Method Between 2019 and 2021, a total of 2235 newborns comprised our study population, with 1018 infants followed in the Neonatal Intensive Care Unit (NICU) (Group 1) and 1217 infants monitored alongside their mothers during the same period (Group 2). The first, second and third test results conducted with ABR, along with the final audiologic test results, were taken into consideration. The risk factors of those who failed at any stage were retrospectively evaluated through univariate and multivariate analyses.
Results Of the 2235 newborns in the initial screening, 648 (29%) failed; in the second screening, 57 (9.73%) out of 586 newborns failed; and in the third screening, 13 out of 26 newborns (50%) failed. The final prevalence of hearing loss was determined to be 7.88 per 1000 (0.78%). In Group 1, hearing loss was 2.4 times more frequent compared to Group 2. Beyond the national hearing loss risk factors, it was found that a history of consanguineous marriage, cesarean delivery, male gender, hyperbilirubinemia requiring phototherapy, congenital heart disease, respiratory distress syndrome, neonatal seizures and formula feeding were significantly associated with hearing loss. Especially formula feeding was increasing the risk of hearing loss by 10 times.
Conclusions In addition to some risk factors included in the national hearing screening program, consanguinity between parents, 5 minute Apgar score≤6, neonatal seizures, and formula feeding were significant risk factors for hearing loss. We believe that these risk factors should also be evaluated in studies conducted on a national scale.

OP-040 DIAGNOSTIC SIGNIFICANCE OF LABORATORY INVESTIGATIONS IN FEBRILE INFANTS UNDER 9 MONTHS: BACTERIAL INFECTION ASSESSMENT AND CLINICAL CORRELATION

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Aim The aim of the study is to determine the presence of bacterial infection and the diagnostic value of laboratory investigations in patients presenting with fever under 9 months of age.
Material and Method Patients admitted to the Pediatric Emergency Department due to fever under 9 months of age whose blood, urine, and cerebrospinal fluid (CSF) cultures were obtained were included. The clinical characteristics, and laboratory results were recorded.
Results The median age of the 204 patients included in the study was 64.00 days (27.25–125.50 days) and 59.3% (n = 121) were male. Thirty-five of the patients were in the first 21 days, 62 were between 21–60 days, 42 were 61–90 days and 65 were over 90 days. When symptoms were analyzed, vomiting in 31 (15.2%), impaired consciousness in 31 (15.2%), seizure in 22 (10.8%), respiratory symptoms in 24 (11.8%), and circulatory disorder in 18 patients (8.8%) were present. Respiratory virus panels were examined in 63 (30.8%) patients and 42 (66.6%) were positive. Bacterial cultures showed growth in 18 cultures (seven cerebrospinal fluid cultures, five urine cultures, six blood cultures) of 17 patients. Enterovirus was detected in 14 patients, adenovirus in three patients, and herpes virus in one. Only one of the 17 patients with positive bacterial culture was accompanied by viral infection (influenza). While there was no statistical difference in white blood cell, lymphocyte, and neutrophil counts between