(n=161) compared to those without IDM (n=154). Among the morbidities that were found to be significant in single analyses, the factors affecting hypoglycemia were found to be the presence of macrosomia (5.73-fold higher), increased 1st minute Apgar score (1.32-fold decrease), increased 5th minute Apgar score had 2.46-fold decreasing effect on birth traumas, increased maternal blood glucose increased sepsis 1.007-fold, and increased 5th minute Apgar score had 1.623-fold decreasing effect. In macrosomic infants, the development of transient tachypnea of neonate was 2.747 times higher, and an increase in the 5th minute Apgar score had 1.610-fold decreasing effect. In infants who underwent advanced resuscitation, the risk of developing Type 1 RDS was 4.342 times higher, and an increase in the 5-minute Apgar score had 1.764-fold decreasing effect on RDS. One unit increase in maternal blood glucose increased the risk of higher macrosomia level by 1.013 times.

Conclusions Our study shows that in addition to the presence of diabetes mellitus, maternal blood glucose control and the associated degree of macrosomia affect outcomes. Further study of the similarities and differences between IDM and macrosomic infants in larger samples may be instructive.

OP-098 TRACHEAL ATRESIA AND EXTREME PREMATURITY-HOW EASY IS TO DIAGNOSE?

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Aim To raise awareness regarding undiagnosed tracheal atresia and associated high mortality in a preterm infant

Material and Method This is a unique case of an extremely preterm female infant who had an unexpected collapse post-extubation. She was born at 25+1 weeks gestation via normal vaginal delivery and was steroid mature. Her mum had sepsis and Preterm Prolonged Rupture of membranes. She got intubated at 15 minutes of life and received surfactant. On admission to the neonatal unit, she remained minimally ventilated for 12 hours and was noted suitable for extubation with good blood gases and adequate respiratory drive. Her CXR showed endotracheal tube at T2, good lung expansion, and NGT in stomach with abnormal vertebral bodies between T4-T6. Post extubation, she did not make a good respiratory effort and was noted desaturating. Several attempts at intubation were completed by various senior members. The ETT was seen to pass through the vocal cords but no chest wall movement was observed. An emergency airway team was called which included anaesthetics and ears, nose, and throat consultants.

Results Video laryngoscopy showed a large retrolarygeal posterior wall defect. Flexible scope and MLB identified a blind-ended trachea with a fistula into the oesophagus. An MDT discussion identified an un-survivable condition and a decision was made to re-orientate the care. The infant passed away peacefully in her mum's arms. Her genetic report confirmed no abnormalities. Her post-mortem report confirmed chorioamnionitis with a possibility of VACTERL.

Conclusions Tracheal atresia as a part of Congenital High Airway Obstruction Syndrome(CHAOS) is a rare congenital anomaly that causes postnatal respiratory distress and makes intubation impossible or complicated. It is difficult to diagnose in the antenatal period, especially in extreme preterm gestations. It is almost always associated with high mortality within a few days of life.

OP-099 COULD SERUM NETRIN1 LEVEL BE A NEW MARKER FOR STAGING HYPOXIC ISCHEMIC ENCEPHALOPATHY?

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Aim Neonatal Hypoxic Ischemic Encephalopathy (HIE) diagnosis and prognosis are established through clinical evidence, laboratory, imaging, and electrophysiological assessment of the nervous system. Netrin-1 (NT-1) was the first axon guidance molecule identified as a critical component of embryonic development in vertebrates and has a solid chemotropic function for angiogenesis, morphogenesis, cell migration, and axonal guidance. We hypothesize that NT-1 will differ at different stages of HIE.

Material and Method The study included 75 newborns with HIE who were hospitalized and 28 healthy newborns born in the same hospital who were followed up only by their mothers. Demographic data, laboratory, and NT-1 were evaluated in all HIE stages.

Results Serum NT-1 concentrations obtained immediately after the diagnosis of HIE were significantly higher in patients with moderate and severe HIE who underwent therapeutic hypothermia than in controls and patients with severe HIE than in patients with moderate HIE, whereas they were not significantly higher in patients with mild HIE than in controls. In 75 HIE patients, the correlations of NT-1 with lactate, uric acid, and LDH were statistically significant ($p=0.0001$, $p=0.008$, $p=0.043$, respectively).

Conclusions NT-1 is significantly correlated with lactate, a crucial blood value for neonatal HIE, and both parameters are significantly increased in moderate and severe patients. Therefore, we reported that the marker could be a biomarker for staging HIE and therapeutic hypothermia and prognosis of neonatal HIE.

OP-100 AN INCIDENTAL CASE OF PRES WITH INFECTIVE ENDOCARDITIS AND ACUTE POST-STREPTOCOCCAL GLOMERULONEPHRITIS

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Aim Posterior reversible encephalopathy syndrome (PRES) is a medical condition that is diagnosed based on both clinical symptoms and neuroimaging findings. PRES commonly is associated with various clinical disorders. The primary cause is typically infections, however other factors such as autoimmune, renal, oncological, and hematological illnesses might also contribute. The purpose of this case is to highlight the rare association between PRES with infective endocarditis, acute post-streptococcal glomerulonephritis (APSGN).

Material and Method An 11-year-old boy presented to our emergency department with an episode of seizure which lasted for five minutes. His medical history was