

# GENERAL PEDIATRICS, ADOLESCENT MEDICINE AND NEONATOLOGY CONGRESS

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## ACUTE SURGICAL ABDOMEN IN NEONATAL AGE GROUP

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**A**cute abdominal emergencies in neonatal are different from those in adults and need to be treated with a greater degree of urgency than the equivalent conditions in adult.

There are numerous disorders that can present as abdominal emergencies, ranging from a self limiting conditions, such as mesenteric lymphadenitis, to life – threatening conditions such as perforated appendicitis and midgut volvulus.

The causes are age and sex related and can broadly be divided in to those that occur in neonatal period, the infant and toddler, and older children.

It must be always kept in mind that, inevitably, there is some overlap and common entities can present atypically.

In conclusion, neonates presenting with acute surgical emergencies should undergo a thorough yet expeditious evaluation to help establish a diagnosis and initiate the therapeutic interventions necessary to help ensure positive outcome for these patients.

## SINGLE VERSUS DIVIDED-DOSE STEROIDS IN TREATMENT OF RHEUMATIC CARDITIS

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**Introduction:** Patients with rheumatic carditis and more than minimal cardiomegaly and/or congestive heart failure should receive corticosteroids. The usual dose of prednisolone is 2 mg/kg/day in 4 divided doses. We aim by this study to compare the regimen of giving steroids in a single daily dose with that of giving them in four-divided doses.

**Patients and methods:** The study was conducted on 24 patients having rheumatic carditis. 12 patients were started on prednisolone at a dose of 2 mg/kg/day in a single daily dose 2-3 weeks. The other 12 patients were started on prednisolone at a dose of 2 mg/kg/day in four divided doses for 2-3 weeks.

**Results:** There was no significant statistical difference between the two groups of patients as regard the duration of treatment before remission. No complications related to steroids were observed in any of our patients.

**Conclusion:** prednisolone, as a single morning dose is as effective as divided doses for treatment of rheumatic carditis with no higher risk of complications. As single dose steroid therapy is likely to be associated with better drug compliance, we recommend it as the regimen of choice for treatment of rheumatic carditis.