

FCP1**THE EFFECT OF GLUCOCORTICOID THERAPY ON PREVENTION OF EARLY NEONATAL COMPLICATIONS IN PRETERM LABORS****Madarek E. O. S., Seidhejazie M., Najati N.,** *Tabriz University of Medical Sciences, Tabriz – Iran*

Objective: Premature birth is the single largest cause of perinatal mortality and morbidity in non anomalous infants in all developed nations. The aim of this study is to survey the role of glucocorticoid therapy in decreasing the early neonatal complications in preterm labors.

Methods : This case control study has been carried out on 300 preterm labors which half of them received one to four doses of dexametasonone 6 mg every 6 hours depending on the interval between admission untill delivery. Neonatal complications were comparised in two groups.

Results: The most effectiveness of corton therapy on prevention of respiratory distress and neonatal mortality was observed in 29-34 gestational weeks and 700-1600 gr weights. There was a meaningful relation between corton doses and starting time with mortality of preterm neonates. Complications such as severe respiratory distress, sepsis, pnunomia, hyperbilirubinemia, were significantly lower in case group than control.

Conclusion: It is recommended that all women high risk for preterm labor before 35 gestational weeks should receive corton at least 48 hours before delivery to reduce remarkably neonatal mortality and morbidity.

FCP2**HERPES SIMPLEX VIRUS (HSV) INFECTION DIAGNOSIS, CLINIC AND OUTCOME IN NEWBORNS****Uberi E., Zhvania M., Uberi N.,** *Tbilisi State Medical University - Georgia*

A significant increase of frequency of congenital infections has been widely observed in these last decades. The rising process was due to development of the newest, sensitive diagnostic methods, widened scope of researched agents and increased number of infected fertile age woman, who may cause fetus congenital infection.

The aim of our research was to diagnose the HSV infection in newborns, to reveal clinical-immunological, echographic specifications and it's outcome. Screening on HSV infection was performed by detection of specific anti-HSV IgM antibodies by ELISA method. Positive ELISA results was considered to correspond to the primary HSV infection 45 newborns 0-1 months of age with primary HSV infection were included in the study group. Among these infants 38 had generalized form, while 7 had CNS form of HSV infection. According to bacteriologic data patients were divided into two groups: first group included 19 infants with HSV mono-infection, while the second group included 26 infants with mixed infection. Associated bacterial pathogens were represented both by Gram-positive and Gram-negative bacteria and fungi. Almost all infants ((75%) with HSV infection had hepatomegaly with moderate hiperbilirubinemia, 17% of them diagnosed fetal hepatitis under prolonged and intensive jaundice of skin and mucose. 30% had splenomegaly. Respiratory system pathology as a pneumonia observed in 63% of patients. In majority of them pneumonia was prolonged and complicated, almost always developing disseminated blood clotting syndrome. Clinical symptoms of various stages CNS pathology were noted in all patients, posthypoxic-ischemic encephalopathy were diagnosed to all of them. All these symptoms and syndromes were much more severe and frequent in the group of mixed infection. All patients with HSV underwent polytherapy including antiviral treatment (Aciclovir) on the background of immune, wide spread antibiotic and symptomatic therapy.