newborns with simple serosanguineous bumps.

Results: We documented 132 cases of BT. Delivery was by vaginal route in 84% of cases, including 24.3% by forceps. Newborns were at term in 72% of cases and macrosomic (weight over 4000g) in 34%. The most common injuries were : Nerve injuries (elongation of brachial plexus, facial paralysis, diaphragm paralysis…) in 34% of cases, Bone Fracture (clavicle fracture, humerus fracture and femur fracture) in 26,5% of cases, Head injuries (cephalhematoma, skull bone fracture, bleeding in and around the brain…) in 24.2% of cases, and skin injuries (ecchymosis or hematoma…) in 15,3% of cases. The association of two or more lesions was noted in 25% of cases. Reasons for hospitalization included respiratory distress in 53% of cases, neurological distress in 28%, jaundice in 12% and hypoglycemia in 9%. The most common risk factors were advanced maternal age (56%), gestational diabetes (47%), primiparity (44%), instrumental delivery (20.4%) and dystocic presentation (12.1%). Treatment consisted of physiotherapy in 53% of cases and orthopedic treatment in 31%. The mortality rate in our series was 6%, and the cause of death was severe multivisceral failure secondary to perinatal asphyxia. The outcome was favorable with no sequelae in 89.4% of cases.

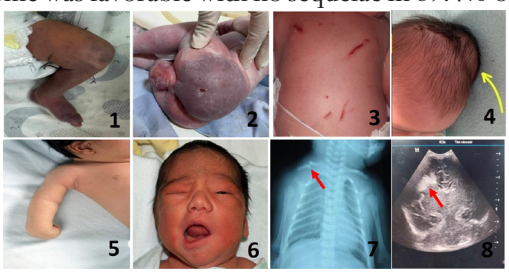

Fig 1. 1 : Left leg ecchymosis, 2 : Left buttock hematoma, 3 : Skin abrasion, 4 : Cephalhematoma, 5 : Right brachial plexus elongation, 6 : Left facial paralysis, 7 : Right clavicle fracture,8 : Trans-fontanellar ultrasound : right parenchymal hematoma.

Conclusion: BT can be prevented by good monitoring of pregnancy and assessment of the route of delivery, to avoid worsening the health of the newborn, who is already under the stress of childbirth and environmental change. Systematic examination of the newborn at birth is a reliable way of detecting them and managing them appropriately.

Keywords: Birth injuries, trauma, newborns

PP-016 Congenital cytomegalovirus infection: a clinical study

Mariem Barka[1], Oussama Mghirbi[1], Mohamed Youssef Fekih[2], Nassima Soyed[1], Maha Taamli[1], Donia Brahem[1], Amani Khelifi[1], Aida Ghith[1], Naila Hannachi[2], Sonia Nouri[1], Nabiha Mahdhaoui[1]

[1]Sousse University, Faculty of Medecine of Sousse, Neonatology Department And Neonatal Intensive Care Unit, University Hospital Center Farhat Hached, Sousse, Tunisia
[2]Sousse University, Faculty of Medecine of Sousse, Microbiology Department, University Hospital Center Farhat Hached, Sousse, Tunisia

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Objective: Congenital Cytomegalovirus (CMV) infection is the most common intrauterine viral infection, affecting around 1% of newborns, and the must common cause of non-genetic sensorineural hearing loss in children. Nearly 90% of these newborns are asymptomatic at birth, but late neurosensory sequelae (hearing loss, vision impairement) and neurodevelopmental delays may occur in 10% of cases. These sequelae are variable in severity and difficult to predict in the antenatal setting. The aim of our study is to analyze the clinical, para-clinical, therapeutic and evolutionary data on congenital CMV infection diagnosed in the neonatal period.

Methods: A descriptive cross-sectional study, conducted over a period of 24 years (2000-2023), in the neonatology department of the Farhat-Hached University Hospital in Sousse, covering all symptomatic newborns (NB) hospitalized in our department and in whom congenital CMV infection was confirmed by qPCR.

Results: In our study, we included 20 newborns with symptomatic congenital CMV infection, divided into 10 girls and 10 boys. Eight NB were born prematurely. The main antenatal ultrasound abnormalities were intra-uterine growth retardation in 8 cases and microcephaly in 1 case. The main clinical manifestations suggesting congenital CMV infection were hypotrophy in 10 cases, neurological distress in 7 cases, jaundice, microcephaly and hepatosplenomegaly in 7 cases respectively, and petechiae in 3 cases. Age at diagnosis ranged from the 1st to the 16th day of life. Biological abnormalities included thrombocytopenia and hepatic cytolysis in 9 cases respectively, and cholestasis in 3 cases. Cerebral radiological examination revealed agenesis of the corpus callosum and periventricular calcifications in 2 cases respectively, and hydrocephalus in 1 case. Treatment with Ganciclovir at a dose of 12mg/kg/d was indicated in 4 cases. The subsequent course was fatal in 5 cases, with multi-visceral failure secondary to macrophagic activation syndrome and disseminated intra-vascular coagulation. Long-term sequelae included deafness and

ophthalmological damage (chorioretinitis pigmentosa and cataracts) in 3 cases respectively.

Table 1. Summary table of patients with congenital CMV infection

	Clinical Symptoms	Biological Abnormalities	Radiological Abnormalities	Treatment	Long-term sequelae
Case 1	Hypotrophy, petechiae, microcephaly	Thrombocytopenia	Hydrocephalus	Ganciclovir	Hearing loss
Case 2	Jaundice	Liver cytolysis and cholestasis	-	-	-
Case 3	Hypotrophy	Liver cytolysis	-	-	Hearing loss
Case 4	Hypotrophy	-	-	-	-
Case 5	Hypotrophy, HSMG, microcephaly, jaundice	Thrombocytopenia Liver cytolysis	Peri-ventricular calcifications	Ganciclovir	Chorioretinitis pigmentosa
Case 6	Hypotrophy	thrombocytopenia	-	-	-
Case 7	ND , hypotonia, jaundice	-	Agenesis of the corpus callosum	-	-
Case 8	ND , hypotonia	-	-	-	-
Case 9	Jaundice	Thrombocytopenia Liver cytolysis and cholestasis	-	Ganciclovir	Hearing loss
Case 10	Petechiae, HSMG, ND, hypotonia, jaundice	Thrombocytopenia Liver cytolysis and cholestasis	-	-	Death
Case 11	Hypotrophy, microcephaly, HSMG	Thrombocytopenia liver cytolysis	-	-	Death
Case 12	Hypotrophy, microcephaly	-	-	-	-
Case 13	ND, HSMG	Liver cytolysis	-	-	Death
Case 14	Jaundice, microcephaly, ND	Liver cytolysis	-	Ganciclovir	-
Case 15	Hypotrophy, HSMG, Jandice	Thrombocytopenia, anemia	-	-	-
Case 16	ND	-	-	-	Death
Case 17	Petechiae, cataract	Thrombocytopenia	-	-	Cataract
Case 18	Hypotrophy, microcephaly	-	-	-	-
Case 19	ND, hypotonia, HSMG	Liver cytolysis	Agenesis of the corpus callosum	-	Death
Case 20	Hypotrophy, HSMG, microcephaly, petechiae	Thrombocytopenia	Peri-ventricular calcifications	-	Chorioretinitis pigmentosa

ND : Neurological distress, HSMG : Hepatosplenomegaly

Conclusion: Congenital CMV infections are a public health problem. They are particularly serious because of the high mortality rate in symptomatic forms and the sequelae, mainly deafness. The justification for systematic screening for CMV infection during pregnancy is still controversial, and is not recommended in most developed countries. Hygienic measures avoiding contact with infected individuals and biological secretions are the only effective preventive measures.

Keywords: Cytomegalovirus, congenital infection, fetal diseases, neurosensory sequelae

PP-017 Impact of prenatal diagnosis of congenital heart disease on neonatal morbidity and mortality

Mariem Barka[1], Oussama Mghirbi[1], Nassima Soyed[1], Maha Taamli[1], Donia Brahem[1], Amani Khelifi[1], Aida Ghith[1], Sonia Nouri[1], Nabiha Mahdhaoui[1]

[1]Sousse University, Faculty of Medecine of Sousse, Neonatology Department And Neonatal İntensive Care Unit, University Hospital Center Farhat Hached, Sousse, Tunisia

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Objective: Congenital heart disease (CHD) has already been known as an important cause of significant morbidity and mortality in neonatal period. It is the most common reason for acute cardiac failure. The development of antenatal ultrasound has progressively allowed the early detection of these malformations, estimated at 45% in Europe.

The objective of this study was to describe the different ultrasound appearances of CHD diagnosed in antenatal care, their prognosis and postnatal outcome.

Methods: It was a retrospective, descriptive study conducted at the maternity center of the Farhat Hached University Hospital in Sousse, over a 4-year period (January 2020 - December 2023), and included all pregnancies in which CHD was diagnosed by morphological ultrasound.

Results: It was a retrospective, descriptive study conducted at the maternity center of the Farhat Hached University Hospital in Sousse, over a 4-year period (January 2020 - December 2023), and included all pregnancies in which CHD was diagnosed by morphological ultrasound.

Conclusion: Antenatal diagnosis of CHD improves