

Closing remarks

Posters related to the topic:

Drugs may contribute oral-facial clefts in newborn baby.

N. Velickova, M. Gacova, N. Kamcev, B. Angelovska, C. Dimova
Faculty of medical science University “Goce Delcev” – Stip

Comparative study of allele frequencies of PAI-1, MTHFR, FV, FI and GpIIIa gene polymorphisms in children with Henoch–Schönlein purpura, Schamberg Disease and healthy children.

N.V. Shirinbekova, E.V. Voronina, A.N. Voitovich, V.I. Larionova
St. Petersburg State Pediatric Medical Academy, St. Petersburg, Russia

Anti-Streptolysin O (ASO) titer and anti-basal ganglia antibodies (ABGA) in a large cohort of Tourette patients: possible perspective of more targeted preventive and therapeutic approaches.

R. Rizzo¹, F. Chiarotti², M. Buttiglione³, F. Cardona⁴, M. Gulisano¹, N. Nardocci⁵, G. Orefici², E. Veneselli⁶, F. Vitiello³, D. Martino⁸

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The personalized approach to drug dosing of Valproic Acid at women with epilepsy, who are carriers of mutations of Folate Cycle Genes.

D. Dmitrenko, M. Pilugina, N. Shnayder
Krasnoyarsk State Medical University named after Prof. V.F. Vojno-Jasenetsky, Krasnoyarsk, Russia

Lunch: 12 am – 1 pm

dosages can lead to excessive accumulation of VPA in serum and to extension of its metabolism in the liver resulting in lower quality of life of young women by fertile dysfunction. "Down-stream" complications can be further expected such as a social and family maladjustment, development of anxiety-depressive syndrome, disintegration of family.

DRUGS MAY CONTRIBUTE TO THE APPEARANCE OF ORAL-FACIAL CLEFTS IN NEWBORNS

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Introduction: A cleft is a gap in a body structure that results from incomplete closing of a specific structure during development. Clefts that occur in the lip and palate (roof of the mouth) are called oral-facial clefts. These defects occur very early during fetal development. Cleft lips and palates

may be caused by a combination of genetic and environmental factors.

The aim of this study was to evaluate potential risks factors in children hospitalized in the faculty hospital of Stip for effective preventive measures reducing an appearance of oral-facial clefts in newborns.

Material and methods: Oral-facial clefts were diagnosed by physical exam after delivery. Potential risks factors and drug exposure of mothers during pregnancy were analyzed.

Results: The results indicated that during past 10 year there was an increasing tendency in the incidence rate of oral-facial clefts in newborns. Further, the oral-facial defects were accompanied by other complications such as feeding difficulties, frequent ear infections and hearing loss.

Conclusion: Maternal drug abuse (amoxicillin, phenytoin, oxprenolol, and thiethylperazine taken during the second and third month of pregnancy), smoking, and pesticide exposure were registered as the statistically significant risk factors for oral-facial defects in newborns.