

	this challenge are specific receptor reactions, narrow therapeutic window, and burden of diseases specific only for this age, therefore lack of evidence for drug efficacy. The prescription of medicines in neonate is in direct relation of the gestational age, postnatal age, birth weight, associated morbidity. Many of the drugs are used as off-label, or even unlicensed, thus creating higher risk of medical errors, especially in NICU. These medicines can be used out of age, regimen, indication, or route of administration.
The Aim:	The aim of this paper is to present the extent to which off-label and/or unlicensed medicines are used in neonatal unit within Obstetric&Gynecology Clinic in Skopje.
Materijal i metode:	This was an observational, cohort study, including 200 healthy newborns, term or near-term, (control group) and 100 newborns, receiving therapy, and non-dependent of intensive care. Intravenous replacement solutions and blood products were not included.
Results:	Results: there were 176 prescriptions in total in the investigated group; 148/176 (or 84,1%) of them were according to the prescribed drug guidelines, and 15,9% were off-label. In the control group, there were 110 prescriptions and only 3,6% were off-label. The difference had high statistical significance. Majority of the off-label reasons were use out of dose, indication, and age. The mostly prescribed off-label medicines were Gentamicin, Cefotaxime, Amikacin, Furosemide, Dexamethasone.
Conclusion:	It is worth mentioning that this is a part of a broader study, including newborns with more severe diseases, where much more prescriptions are given, and the risk of toxicity is manifold increased. These data show only the iceberg of the problem of neonatal pharmacotherapy. More detailed analysis will highlight this issue and give more information in terms of efficient neonatal treatment.
Key words:	newborn, off-label medicine, therapy

Title of the paper:	Delayed Presentation Of Congenital Diaphragmatic Hernia
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Introduction:	Congenital diaphragmatic hernia – Bochdaleck (CDH) is embryological defect of diaphragm, allowing abdominal contents to enter the thorax and is associated with pulmonary hypoplasia, pulmonary hypertension, dextrocardia, malrotation and ductus arteriosus persistens. The incidence of CDH is 1,7-5,7 on 10000 life born infants. 90% of CDH - Bochdaleck is at left side. Although improvements in medical and surgical management have improved the outlook, survival remains at 60–70%.
The aim:	To present a case of delayed clinical presentation of CDH - Bochdaleck and the outcome of urgent surgical intervention.
Material and methods:	Male newborn six days old delivered spontaneously from uncontrolled pregnancy with BW of 3700 g, APGAR 9/10. Four days after birth tachypnea, weaker breastfeed and cyanosis in crying appeared. On examination he was with sick crying, perioral cyanosis, pallor skin, tachydyspnea and abdominal breathing. Auscultation revealed bilateral lower vesicular breathing in medial and basal parts. Heart rate was tachycardic with tones more pronounced on the right. CBC was with normal values. On chest X ray - intestinal loops were demonstrated in the region of the left lung, and heart and mediastinum were moved to the right. Child was put on mask oxygen therapy with 85-95% saturation rate. Nasogastric tube was placed and Ceftriaxon, Prednisolon and 5% Dextrose were intravenously administrated. Patient was transferred to Pediatric Surgery department and was immediately operated.
Results:	Surgery was successful, with complete recovery and without complication. Child is followed by pediatrician and pediatric surgeon, with one episode of obstructive bronchitis
Conclusion:	Regular ultrasound checks during pregnancy are especially important for detecting major congenital anomalies. Prenatal diagnosis improves prognosis and survival. This case has shown that CDH can manifest a few days later after birth which requires regular weekly checks of the newborn during the first month of life by the family pediatrician and early recognition of the clinical picture of CDH.
Key words:	Newborn, Delayed presentation, CDH, Bochdaleck

Naziv rada:	Carski rez i spinalna anestezija u Opštoj bolnici Nikšić
Ustanova:	JZU Opšta bolnica Nikšić
Autori:	S. Čizmović, S. Grubač, M. Pješčić, M. Mijušković, V. Jovanović, M. Jaredić, J. Rakonjac
Uvod:	Carski rez je akušerska operacija kojom se plod rađa kroz inciziju prednjeg trbušnog zida i materice. Carski rez se uvijek radi kada odlaganje porođaja ozbiljno ugrožava plod, trudnicu ili oboje. Može biti planirani, kada se unaprijed zna da nije moguć vaginalni porođaj, ili hitni kada dolazi do komplikacija i kada je porođaj nemoguće završiti prirodnim putem. Anestezijologija je grana medicine koja se bavi anestezijom bolesnika tokom operacije uz pomoć anestetika i drugih lijekova, dovodi do isključivanja bola i lijekovima izazvanog sna. Anestezija za carski rez može biti opšta i regionalna (SPINALNA, EPIDURALNA, KOMBINOVANA SPINALNA-EPIDURALNA).