

Conclusions. A significant correlation between the MTHFR gene heterozygote mutation status and the MTX non-responsiveness, as well as the side effects occurrence has been revealed. These preliminary results may suggest the need for an individual genetic examination before immunosuppressive treatment in JIA initiation.

Key words: methylenetetrahydrofolate reductase, methotrexate, arthritis, children

71. INTRODUCTION OF SOLID FOOD TO INFANTS: NEW PATTERNS OF PARENTING

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Introduction. The moment parents introduce solid food to their child is considered a fundamental step in a healthy development of an individual. Nevertheless, it remains a really controversial topic, making room for new theories and new patterns of parenting. This often leads to the idea that the previous models are harmful to children and have to be forbidden. At the same time the errors that can occur during this period of maximum impact on the child growth become evident not necessarily in the nearest future. These are especially prominent in childhood and adolescence, when the personality and discernment of the child develops in conjunction with their own food choices.

Aim of the study. The aim of this study was to identify what are the most common nutritional mistakes parents make, how this new parenting patterns have changed the way people feed their children and whether these new changes had a positive impact on child development or not.

Materials and methods. 257 parents from Romania have filled out an anonymous survey, that included 72 questions which included mainly the following topics: the optimal moment for starting solids, the most common signs infants present when they are ready to eat solids, the sources where parents find the information about child development from, types of solid foods infants should start with and the most common beliefs parents share about this process.

Results. From a total of 257 study participants, aged between 21 and 36, only 31,9 % believed that an infant is ready for solid food at around 6 months old, the other 23,7% consider that a child is to take solids later than 6 months and 44,4% believed they are ready way earlier than 6 months of age. The study also concluded that parents inform themselves from a wide variety of sources, but only a small percent of them go to pediatricians or use medically approved sources.

Conclusions. Our study showed that parents tend to use a wide variety of sources regarding children nutrition as primary, while disregarding medically approved information. The new parenting patterns promote self-thought child development, and unfortunately, this leads to an increased number of misinformed parents.

Key words: parents, infants, development patterns, solid food, diversification

72. APGAR SCORE AND NEONATAL MORTALITY IN A HOSPITAL LOCATED IN TRANSYLVANIA, ROMANIA

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Introduction. The Apgar score was developed in 1952 and used like a convenient method for reporting the status of the newborn infant immediately after birth. Despite the advent of modern

technology, the Apgar score remains the best tool for the identification of newly born infants in need for cardiopulmonary resuscitation.

Aim of the study. To evaluate if the Apgar score remains pertinent in contemporary practice after more than 60 years of wide use, and to assess the value of the Apgar score in predicting infant survival, expanding from the neonatal to the post-neonatal period.

Material and methods. A retrospective study performed by analysis of medical charts (n=116) of all live newborns hospitalized in the Neonatal Intensive Care Unit from Neonatology I Clinic of Târgu Mureş County Clinical Emergency Hospital between January-December, with data up to 28 days of life in reference to weight, Apgar score, survival and cause of mortality. Cases were analyzed by the Fisher exact test ($p < 0.05$).

Results. In 116 births, there were 20 deaths, 65% during the first week, 35% during the first day of life and 25% of them with Apgar < 6 in the 1st minute. In the group with 1,000-2,000 g weight, the association with Apgar < 4 in the 1st minute with mortality was four-fold greater than in the $>2,999$ g weight group. Among newborns with Apgar 8-10, the rate of mortality and low weight was not significant statistically compared to newborns of the group over 2500 grams weight [OR=1,12; 95%IC=0,11-11,37]; Severe respiratory distress syndrome and prematurity were associated with early neonatal death; malformations and perinatal hypoxia to late mortality.

Conclusions. The Apgar score proved linked to factors both epidemiological and related to attention given to the birth and neonatal mortality and was associated with extremely low birth weight.

Key words: Apgar score, neonatal, mortality

DEPARTMENT OF INFECTIOUS DISEASES

73. THE INCIDENCE OF VARICELLA SPECIFIC AND NONSPECIFIC COMPLICATIONS AMONG CHILDREN

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Introduction. Initial infection with Varicella Zoster Virus (VZV) results in chickenpox (varicella), a contagious rash illness typically occurring among children aged 1–10 years. VZV has the potential to cause disseminated infection in immune compromised individuals. There are two types of complications in varicella disease: bacterial superinfections and neurological complications that are quite rare.

Aim of the study. To evaluate the incidence, clinical manifestations and the outcomes of specific and nonspecific secondary complications among children with varicella.

Materials and methods. This is a retrospective study on 81 patients aged between 6 months and 17 years with neurological complications and bacterial superinfections related to varicella, recorded between 2016 and 2017.

Results. In 61 % of children, varicella occurred before the age of 3, with a peak incidence in winter (39%) and autumn (30%); 72% of children were hospitalized within 4 days. The most common form of varicella was the medium one (69%) and 31% of children had the severe form. Out of 81 patients that had chickenpox, 47% of them had complications. The most frequent varicella complications were: bacterial superinfection of skin caused by *St. aureus* and *Streptococcus pyogenes* (9.8%), bronchitis (6.17%), otitis media (4.9%), tonsillitis (6.17%). Only in 3.7% of children the central nervous system was affected (acute cerebellar ataxia). Clinical manifestations of varicella related neurological complication were: ataxia (3 cases),