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Untreated depression during pregnancy: Short- and long-term effects in offspring

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Aim of this presentation is to assess short- and long-lasting effects of antenatal exposure to untreated maternal depressive symptoms. Untreated gestational depression and even depressive symptoms during pregnancy may have untoward effects on the developing fetus (hyperactivity, irregular fetal heart rate), newborns (increased cortisol and norepinephrine levels, decreased dopamine levels, altered EEG patterns, reduced vagal tone, stress/depressive-like behaviors, and increased rates of premature deaths and Neonatal Intensive Care Unit admission), and children (increased salivary cortisol levels, internalizing and externalizing problems, and central adiposity). During adolescence, an independent association exists between maternal antenatal mood symptoms and a slight increase in criminal behaviors. In contrast, the relationship between gestational depression and increased risks of prematurity and low birth weight remains controversial. Given this background, when making clinical decisions, clinicians should weigh the growing evidences suggesting the detrimental and prolonged effects in offspring of untreated antenatal depression and depressive symptoms during pregnancy against the known and emerging concerns associated with in utero exposure to antidepressants.

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Pediatric multiple sclerosis presenting as area postrema syndrome

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Introduction: The term "area postrema syndrome" refers to an episode of otherwise unexplained nausea and vomiting or hippus. It is considered a core clinical characteristic of neuromyelitis optica, but may be present in other neurologic conditions such as multiple sclerosis or posterior fossa tumors.

Case Report: A 10 year-old girl, with no significant past medical history has developed acutely incoercible nausea and vomiting. One week later, she complained about double vision and instability. She had no previous history of other neurological symptoms, preceding illness or fever. Her examination was consistent with multidirectional nystagmus, marked dysmetria of the upper and lower extremities and incapacitating ataxia. She was admitted to the hospital for further evaluation and management. Blood test results were within normal range. Extensive infectious and autoimmunity work up including aquaporin-4 and anti-MOG antibodies were negative. A brain MRI revealed multiple T2-hyperintensities in supratentorial subcortical areas, posterior fossa and brainstem; with gadolinium enhancement along the periaqueductal region. CSF analysis showed normal cell count, protein and glucose levels, with negative cultures and cytology. IgG oligoclonal bands (OCB) with elevated IgG-index were found. The patient was treated with methylprednisolone and experienced rapid improvement. She was diagnosed with pediatric multiple sclerosis (MS) and started on interferon β 1a.

Conclusions: Patients suffering isolated and unexplained incoercible nausea and/or vomiting should be considered to have a neurologic substrate, and demyelinating disorders must be excluded. Clinical suspicion for an early diagnosis is mandatory to start a modifying therapy as soon as possible in MS since new relapses are expected.

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