the study. The mean ramipril dose at 6 months was 2.5 mg/m²/24 hr. Proteinuria decreased in 10 children (67 %), the mean decrease was 176 mg/m²/24 hrs ranging from -1168 to +166. GFR and serum potassium did not change significantly. Only one child (7 %) developed a cough.

In conclusion, ramipril is an effective and safe antihypertensive drug in children with renal hypertension. The antiproteinuric effect is limited to ca. 2/3 of the patients. Despite the limited number of probands this prospective study is the largest one on the long-term antihypertensive and antiproteinuric effects of ramipril in children.

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Key Words: Children, Renal Diseases, Ramipril.

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WHITE COAT HYPERTENSION-A COMMON FIND AFTER REPAIRED AORTIC COARCTATION
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White coat hypertension (WCH) is a clinical finding of unknown implications in the general population and is an expression of some blood pressure (BP) variability. Probably is clinically significant if other cardiovascular risks or target organ damage are present in a particular patient. High short-term variability (V) is related to the damage induced by hypertension. Otherwise aortic coarctation (CoA) is frequently associated with various degrees of ventricle and vascular abnormalities even after its successful surgical repair. To access the prevalence of WCH and V in corrected CoA, office systolic (oS) and diastolic (oD) BP was taken in 35 operated children and adolescents (C-A) whose daytime ambulatory BP was equal or less the 95th percentile for sex and age, and V was considered as being the mean value of standard deviations determined for each patient from the 24 hours ambulatory BP. A group of 22 sex and age matched healthy C-A accomplished the same protocol and served as control (N). A significant high V and an WCH prevalence of 68% was found in the CoA group (N=31%). Results are summarised in the table. We conclude that a high prevalence of WCH is present in repaired CoA patients as well as high short-term variability. The harmful of V is well established and the sources of both WCH and V should be identical in these patients. If so, WCH could be a risk marker in this particular young population. But only prospective follow-up will answer to that.

Key Words: White Coat Hypertension, Coarctation, Variability

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VALUE OF REPEATED AMBULATORY BLOOD PRESSURE MONITORING (ABPM) IN CHILDREN WITH HYPERTENSION (HTN)
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Although ABPM has been validated in children and appears to be useful in the initial evaluation of children with suspected HTN, there are few data available on the use of ABPM in the routine management of hypertensive children. To explore the potential roles that repeated ABPM might play in this setting, ABPM studies obtained in patients with repeat ABPM were retrospectively reviewed. All ABPM studies were performed utilizing SpaceLabs 90207 or 90217 monitors, and were conducted over a standard 24 hour period with blood pressure (BP) readings obtained every 20 min from 06:00 to 22:00, and every 30 min from 22:00 to 06:00. Analysis was performed by comparing monitor BP readings to Working Group threshold values. 28 ABPM studies obtained in 14 children were analyzed. Mean age at the first ABPM study was 13.5 ± 3.1 years [mean±SD]; mean time until the second ABPM study was 16.9 ± 7.6 months. 8/14 children (57%) had primary HTN. Indications for the first ABPM study were initial diagnosis in 6 children (43%) and assessment of BP control in 8 children (57%). Indications for repeat ABPM were assessment of BP control after initiation of treatment in 5 children (36%), assessment of BP control after change in therapy in 5 children (36%), assessment of BP control after withdrawal of drug therapy in 3 children (21%), and assessment of worsening HTN in 1 child. Excluding the child studied because of worsening HTN, mean BP loads dropped on the repeat ABPM studies: From these data we conclude that repeat ABPM can be a useful tool in the routine management of hypertensive children, allowing assessment of the effects of therapy, including the evaluation of potential candidates for withdrawal of drug therapy. Although larger prospective studies should be conducted to confirm these findings and to explore other potential uses of ABPM in children, more widespread use of this technique in children appears warranted.

Key Words: ABPM, Children, Blood Pressure Measurement

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ELEVATED BLOOD PRESSURE IN CHILDREN WITH A HISTORY OF URINARY TRACT INFECTIONS
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We hypothesized that children with a history of multiple urinary tract infections (UTIs) have a higher blood pressure compared to children without history of UTIs.

Methods: We studied 64 children with a history of two or more UTIs in the past and 60 healthy kids with no history of UTI as a control group. Groups were matched by age and body mass index. All patients with a history of UTI had no clinical or laboratory evidence of UTI at the time of the study.

Exclusion criteria were: the presence of UTI within 30 days prior to enrolment to the study, congenital kidney or urinary tract abnormalities, systemic connective tissue disease, hyperthyroidism, glomerulonephritis, hydrenephrosis, renal failure.

Blood pressure was measured three times during three clinical visits which were at least one week apart using standard Korotkov method. All study participants underwent kidney ultrasound and routine laboratory workup.

Results: The mean age of the patients with a history of UTI was 7.6 ± 1.5 years (range, 5 to 10 years), and 7.4 ± 1.5 years (range, 5 to 10 years) in control group (p=n.s.). The mean systolic and diastolic blood pressure in patients with a history of UTIs was significantly higher than in control group subjects, systolic BP 110 ± 12.8 mm Hg vs. 100 ± 9.2 mm Hg (p < 0.01), and diastolic blood pressure 72.6 ± 10.5 mm Hg vs. 62.2 ± 7.6 mm Hg (p < 0.01), respectively. There was no significant statistical difference in mean heart rate between two groups.

Conclusions: Children with a history of multiple urinary tract infections have a high blood pressure compared to the children without history of UTIs matched by age and body mass index. These findings suggest that children with a history of multiple UTIs are probably at increased risk for development of hypertension and their blood pressure should be monitored closely.

Key Words: Urinary Tract Infection, Children, Hypertension