unintentional injuries (82%) were similar pre and post equipment removal.

Conclusions: We found a decrease in injury rates related to equipment removal. There was no corresponding increase in intentional injuries. These results suggest that removal of non-compliant equipment is an effective strategy for the prevention of children's playground injuries. Comparisons of injury rates prior to equipment removal suggest that the CSA standards identified playgrounds with higher injury rates.

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A FAMILY FOCUSED CLINICAL PATHWAY DECREASES LENGTH OF STAY IN A LEVEL 2 NEWBORN CENTRE

A Jeffreies, B Stade, O Bishop, K Buller, J Zielonka, T Barozzino
Dept. of Paediatrics, Mount Sinai Hospital and St. Michael's Hospital, Toronto, Ontario

Clinical pathways (CP) are multidisciplinary care guidelines intended to improve efficiency of care. We have shown that neither health care provider focused nor family focused CPs, used in the step-down nursery of a tertiary NICU, resulted in earlier discharge of preterm infants. The opening of a new Level 2 newborn unit at an academic health centre provided an opportunity to evaluate the effectiveness of CPs in an alternate setting.

Objective: To determine whether implementation of family focused CPs in a Level 2 newborn centre decreases length of stay.

Methods: Previously developed family focused CPs that described postnatal age (PMA) dependent care activities undertaken by parents in preparation for their infant's discharge home were initiated in September 2002 for all infants admitted to the Level 2 unit. Data were collected for infants 29 - 36 weeks gestation at birth. Two cohorts were compared: June - August, 2002 (pre-CP, n = 33) and Sept - Nov, 2002 (post-CP, n = 37).

Results: Birthweight (1933 ± 503 vs 2153 ± 478 gms), PMA at birth (33.2 ± 1.9 vs 33.9 ± 1.8 wks) and PMA and weight on admission to Level 2 (34.3 ± 1.8 vs 34.5 ± 1.1 wks; 1970 ± 483 vs 2161 ± 446 gms) were similar in the 2 cohorts (pre-CP vs post-CP, mean ± sd, p > 0.05).

Discussion: Length of stay in Level 2 newborn centre decreases length of stay.

Conclusion: CPs have the potential to decrease length of stay in Level 2 newborn units.

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MATERNAL HYPOTHYROIDISM AND CONGENITAL HEART DISEASE: IS THERE A RELATIONSHIP?

S Vohra, L Hornberger, D Stephens, R Hamilton
The Hospital for Sick Children, Toronto, Ontario

Background: There is some early evidence that maternal hypothyroidism and thyroid replacement therapy may be linked to congenital heart disease in the newborn. MADRE, a population-based sample, did an analysis on the effectiveness of CPs in an alternate setting.

Objective: To determine whether implementation of family focused CPs in a Level 2 newborn centre decreases length of stay.

Methods: Previously developed family focused CPs that described postnatal age (PMA) dependent care activities undertaken by parents in preparation for their infant's discharge home were initiated in September 2002 for all infants admitted to the Level 2 unit. Data were collected for infants 29 - 36 weeks gestation at birth. Two cohorts were compared: June - August, 2002 (pre-CP, n = 33) and Sept - Nov, 2002 (post-CP, n = 37).

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Discussion: Length of stay in Level 2 newborn centre decreases length of stay.

Conclusion: CPs have the potential to decrease length of stay in Level 2 newborn units.

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ALOPECIA AREATA IN CHILDREN AND YOUTH

P Lenane, B Krafchik, P Parkin, C Macarthur
Paediatric Outcomes Research Team, Division of Paediatric Medicine, Department of Paediatrics, The Hospital for Sick Children and University of Toronto, Toronto, Ontario

Background: Alopexia areata is a cosmetically disfiguring, idiopathic disorder that can affect any hair bearing area of the body. There are few data on prognostic indicators and treatment of alopecia areata in children.

Objective: To characterize the clinical profile, and determine response to treatment in children with alopecia areata.

Methods: Information on children with alopecia areata who attended an urban tertiary pediatric dermatology clinic during the period January 2001 - December 2001 inclusive, was collected. The medical charts were used to collect information on: age, sex, past medical history, family medical history, presenting pattern, treatment in clinic, and treatment side effects.

Results: In total 79 patients presented with alopecia areata. The average age was 8 years (range 1-17 years). Four cases (5%) were congenital and 41 (52%) occurred before the age of 6 years. Forty seven (60%) were female. Nail changes were noted in 12 (15%) and atopy in 12 (15%). Autoimmune disease was present in 4 patients (5%) and in the family history of 14 (17%). Initial treatment was as follows: 47 (60%) patients were commenced on high potency class 1 topical steroid clobetasol propionate, 15 (19%) were commenced on a class 2 topical steroid, 8 (10%) were commenced on a class 3 topical steroid, 8 (10%) did not receive any treatment and 1 patient was commenced on topical tacrolimus. Of patients treated with clobetasol propionate, response to treatment at 3 months was as follows: 18/22 (80%) patients with moderate alopecia areata; 8/3 (66%) patients with severe patchy alopecia areata; 6/10 (60%) patients with alopecia totalis. Skin atrophy was seen in 6 patients with continuous use of the clobetasol propionate, which resolved in all with intermittent therapy.

Discussion: This is the first study of alopecia areata in children in North America. Our findings of female predominance, lower age of onset, the frequency of congenital alopecia areata, and the low incidence of autoimmune disease in the children and their families, have not previously been reported. High potency clobetasol propionate was effective in the majority of children with alopecia areata, with no long term clinical adverse effects.

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ELEVATED CYTOKINES AND POOR NEURODEVELOPMENTAL OUTCOME IN NECROTIZING ENTEROCOLITIS

A Lodha, E Asztalos, A Moore
Division of Neonatology, The Hospital for Sick Children, Toronto, Ontario; University of Toronto, Toronto, Ontario; Sunnybrook and Women's College Health Sciences Centre, Toronto, Ontario

Background: There is increasing evidence that proinflammatory cytokines are important intermediates in the pathogenesis of cerebral palsy. Increased levels of tissue and circulating inflammatory cytokines have been reported in necrotizing enterocolitis (NEC). Increased levels of inflammatory and have also been correlated with disease severity and short-term outcome. NEC is also recognized as an independent risk factor for poor neurodevelopmental outcome in children with NEC.