clinical case of the rare ROHHAD syndrome which represents a condition related to central sleep apnea.
Objective To review the literature data on sleep-related breathing disorders and present our own clinical case of the rare ROHHAD syndrome.
Methods More than 100 literature sources were reviewed. Presented the case of a 6-year-old child with sleep apnea hospitalized to the Mordovian Republic Clinical Hospital.
Results ROHHAD syndrome is a very rare disease (about 100 cases are described worldwide). In most cases it presented as rapid obesity development since 3-5 years of age as well as hypoventilation, endocrine dysfunction, electrolyte disturbances. Autonomic nervous system dysfunction reveled in ROHHAD pediatric patients rarely. Own observation demonstrated a typical clinical presentation of ROHHAD syndrome. Boy D., 6 years 11 months was admitted to the pediatric department of the Children's republican clinical hospital with severe weakness, fatigue during physical exertion, obesity, shortness of breath at rest, orthopnea, inability to sleep on the back (sleeps with an elevated head end or on the right side); lower extremities weakness during walking and climbing upstairs during the last year, changes in walking and in behavioral reactions. Cyanotic attacks and tachycardia have appeared during sleep in previous six months before admission. Firstly, the condition manifested with sudden and rapidly progressive obesity. Ventilation disorders became clinically evident after carried over pneumonia. Episodes of sleep apnea lasted up to 20 seconds, were accompanied by cyanotic attacks and tachycardia. Multiple investigations were performed to exclude systemic connective tissue diseases, neurological disturbances and brain pathology, muscular tissue pathology and metabolic diseases. Finally, the diagnosis was confirmed by the polysomnography and genetic tests. The ventilation support during sleep was prescribed.
Conclusion The rarity of the disease leads to a decreased awareness of pediatricians. The diagnosis is made by clinical picture and polysomnography, and timely diagnostics can increase the duration and improve the quality of life of patients.

52 NEURORETINITIS DUE TO BARTONELLA HENSELAE INFECTION

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Introduction Bartonella henselae infection is a zoonosis with a worldwide distribution, cats are the natural reservoir and it predominates in children. In Chile, the prevalence of B. henselae exposure is 13.3%, determined by detection of specific IgG antibodies. The prevalence of serological screening in cats varies between 75 to 95%,. Cat scratch disease (CSD) is the most common form of presentation, characterized by regional lymphadenopathy that appears weeks after the scratch or bite of an infected cat. An atypical CSD may occur in some cases, and ocular involvement is a frequent manifestation, including Parinaud's syndrome and neuroretinitis.
Case Presentation A healthy 10-year-old woman, with a history of five days of fever, headache and fatigue, with spontaneous resolution. Days later, she developed persistent high-grade fever, asthenia, anorexia, neck pain with local inflammation and limp of the left leg, treated with Amoxicillin and antipyretics at home.

She was admitted to hospital with seven days of fever. Any localizing signs were found during physical examination. Erythrocyte sedimentation rate (ESR) and C-reactive protein levels were high. Chest radiography, trans-thoracic echocardiography, bone scintigraphy and left thigh ultrasound were normal; abdominal ultrasound was negative for hepatic abscesses. Blood culture, HIV test, immunological markers and QuantiFERON® -TB were negative; and IgG for B. Henselae revealed titers of 1: 1024, CSD was diagnosed. Searching for atypical CSD organ involvement, the left fundus exam found neuroretinitis with severe retinal compromise. The patient was finally treated with Azithromycin; and doxycycline with rifampin for 42 days.
Conclusion High suspicion should be given for the atypical presentation. Regarding the decision to treat optic neuropathy due to Bartonellosis, it is controversial, there are no randomized clinical studies that demonstrate visual improvement. Furthermore, it is a self-limiting condition in immunocompetent patients, which resolves in months.

53 COVID-19 IN 18 MONTH OLD PATIENT

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Aim The aim of the following paper is to present the case of suspected COVID-19 in an 18 month old girl who manifested with typical signs of fever, cough, shortness of breath due to tachypnea and wheezing.
Methods As COVID-19 disease appeared very recently, the first reports in medical literature originate from PRC, showing that severe form is rare in pediatric patients. Most of the patients were asymptomatic (about 50%) and the most commonly reported clinical finding was pneumonia.
Main Finding Our patient was tested at hospital admission. The first RT-PCR test on SARS-COV2, performed on oropharyngeal and nasopharyngeal swab, was positive. At that moment the child did not have typical laboratory findings for COVID-19. There was no evidence of leucopenia or lymphopenia, the CRP was mildly elevated and creatinine kinase MB was at the normal range. Radiological findings did not show bilateral ground-glass opacity. The child did not have a coexisting condition. The second PCR test taken on the fifth day of disease when all respiratory symptoms resolved was negative.
Conclusion In order to determine the spectrum of COVID 19 disease in young children we have to take into account possible co-infection with other respiratory viruses as well as the fact that some performed RT-PCR tests lead to false positive results.

54 REFUSAL TO WALK: A CASE REPORT OF SPONDYLODISCITIS

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