

into the following groups: (1) Control group (inflammatory stimulation including TNF- α , INF- γ , IL-1 β) (2) CD137 activated group (100 μ g/ml agonist CD137mAb+inflammatory stimulation); (3) CD137 inhibited group(100 μ g/ml antiCD137mAb+inflammatory stimulation); (4) siTRAF6 group(siTRAF6 +100 μ g/ml agonist CD137mAb+inflammatory stimulation); (5) siJNK group(siJNK +100 μ g/ml agonist CD137mAb+inflammatory stimulation); (6) siAP-1 group(siAP-1 +100 μ g/ml agonist CD137mAb+inflammatory stimulation); (7) siNFATc1 group(siNFATc1 +100 μ g/ml agonist CD137mAb+inflammatory stimulation). Immunofluorescence was used to identify the distribution of TRAF6, JNK, AP-1, NFATc1 in VSMCS. The expression of CD137, TRAF6, JNK, AP-1 and NFATc1 mRNA were measured by real-time quantitative PCR (RT-PCR). The protein level of TRAF6, JNK, AP-1 and NFATc1 were evaluated by Western blot analysis. The genes of TRAF6, JNK and AP-1 in VSMC were blocked by small interfering RNA (siRNA).

RESULTS (1) When Agonist CD137mAb was used to treat with the VSMC, the phosphorylations of JNK and AP-1 were increased at 6h in cytoplasm and can be detected in nucleus. Also the mRNA and protein levels of TRAF6 were increased simultaneously. (2) However Anti CD137mAb was applied to treat with the VSMC, the expressions of TRAF6, JNK, AP-1 and NFATc1 were decreased obviously. (3) When the expression of TRAF6 was blocked by TRAF6 siRNA, the levels of JNK, AP-1 and NFATc1 were decreased after stimulated by agonist CD137 mAb comparing with the control group. (4) When the expression of JNK was blocked by JNK siRNA, the levels of AP-1 and NFATc1 were decreased after stimulated by agonist CD137 mAb comparing with the control group. (5) When the expression of AP-1 was blocked by AP-1 siRNA, the level of NFATc1 was decreased after stimulated by agonist CD137 mAb comparing with the control group.

CONCLUSIONS CD137 signaling may increase the expression of NFATc1 by activating TRAF6/JNK/AP-1 pathway.

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Oligohydramnios-Induced Lethal Pulmonary Hypoplasia Secondary to Prelabor Rupture of Membranes

Muxue Yu, Chuyi Guo, Xiaoyu Li, Zhentong Lu, Siqi Zhuang
Department of Pediatrics, the First Affiliated Hospital, Sun Yat-Sen University, Guangzhou, China

OBJECTIVES To improve the recognition and management of oligohydramnios-induced lethal pulmonary hypoplasia (LPH) secondary to prelabor rupture of membranes (PROM).

METHODS We present a case of oligohydramnios-induced LPH secondary to PROM. Relevant literature was reviewed.

RESULTS The male infant was born at 30+3 week's gestation by caesarean. Ultrasonic examination showed the amniotic fluid index (AFI) was 0 cm, the estimated fetal weight (EFW) was 1153 g, and the estimated fetal gestational age (GA) was 28+4 weeks. His mother had amniotic fluid leak for 5 days and twin pregnancy. He developed cyanosis and lethargic after birth. Endotracheal intubation, positive pressure ventilation, chest compression were performed. He didn't show improvement and died at 2 hours after birth. Chest X-rays showed bell-shaped thorax, bilateral pneumothorax and pneumomediastinum. Ultrasonic examination of the other fetal showed the AFI was 63 cm, the EFW was 1443 g, and the estimated fetal GA was 29+6 weeks. The male infant developed cyanosis and lethargic after birth and showed improvement after endotracheal intubation. This case had a history of PROM, anhydramnios and inconsistent development in twins. The clinical and radiologic manifestations were corresponding to LPH diagnosis. According to literature of 144 cases of LPH secondary to midtrimester PROM, GA at PROM, latency period and AFI were predictors of LPH. It was hypothesized that dry lung syndrome might be functional pulmonary hypoplasia.

CONCLUSIONS To prevent LPH, PROM management included AFI, fetal biometric indices and pulmonary vessels examination. Neonatal management might include volume-targeted, high-frequency ventilation and nitric oxide.

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The retrospective analysis of clinical characteristics and risk factors in elderly patients that complicated with pneumonia after ischemic stroke

Xiaoyong Xiao, Zi Ye, Peng Jiang, Zhenhua Huang, Yna Xiong, Jia Xu, Jinli Liao, Zhihao Liu, Zhengke Huang, Hong Zhan
The Emergency Department of The First Affiliated Hospital, Sun Yat-Sen University

OBJECTIVES To confirm the risk of pneumonia in elderly ischemic stroke patients at admission, we analyzed the clinical characteristics and laboratory measurements of elderly ischemic stroke patients who complicated with pneumonia and this paper probe into the independent risk factors of senile ischemic stroke associated pneumonia.

METHODS From January 2010 to December 2014, a total of 136 elderly ischemic stroke associated pneumonia patients (pneumonia group) and the same number of non-pneumonia patients (non-pneumonia group) were case-control retrospectively evaluated in the Neurology Department of the First Affiliated Hospital of Sun Yat-Sen University. Comparing the difference of patients' clinical characteristics (gender, hospital stays, the severity of stroke, gastric tube feeding on admission, dysphagia, existing diseases smoking and drinking, prognosis at discharge) and laboratory results (blood routine examination, emergency biochemistry tests). We use descriptive statistical to analyze the clinical characteristics in both groups, then univariate and multivariate logistic regression analysis was used to analyze the related factors of elderly ischemic stroke associated pneumonia.

RESULTS 1. The levels of hospital stays, severity of stroke (NIHSS, GCSS), dysphagia, gastric tube feeding, the left cerebral hemisphere stroke, atrial fibrillation, death at discharge in pneumonia group were higher than non-pneumonia group; there was no significant difference in gender, hypertension, diabetes mellitus, smoking, drinking, peptic ulcer between two groups. 2. The levels of WBC, neutrophils percentage, blood glucose, creatinine, urea nitrogen in pneumonia group were higher than non-pneumonia group, but the levels of RBC and hemoglobin were just the opposite. 3. Multivariate logistic regression analysis shows that GCSS between 3-8 score and 9-12 score, gastric tube feeding, the left cerebral hemisphere stroke, WBC and neutrophils percentage level increased were closely related with elderly ischemic stroke associated pneumonia.

CONCLUSIONS The mortality at discharge and hospital stays of pneumonia patients were obvious higher than stroke non-pneumonia patients; GCSS between 3-8 score and 9-12 score, gastric tube feeding, the left cerebral hemisphere stroke, WBC level are independent risk factors in elderly ischemic stroke associated pneumonia.

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The retrospective study of clinical characteristics and risk factors in patients that complicated with pneumonia after stroke

Xiaoyong Xiao, Zhenhua Huang, Zi Ye, Peng Jiang, Yan Xiong, Jia Xu, Jinli Liao, Zhengke Huang, Yingxiang Huang, Hong Zhan
The Emergency Department of The First Affiliated Hospital, Sun Yat-Sen University

OBJECTIVES To confirm the risk of pneumonia that complicated by stroke patients at admission, we analyzed the clinical characteristics and laboratory measurements of stroke patients who complicated with pneumonia and this paper probe into the independent risk factors of stroke associated pneumonia.

METHODS Select 247 stroke associated pneumonia (SAP) patients that continuity hospitalized from January 2010 to December 2014 in the Neurology Department of the First Affiliated Hospital of Sun Yat-Sen University as case group, and then random choose the same number of non-pneumonia patients after stroke as control group. Compare the difference of patients' clinical characteristics (age, gender, hospital stays, the severity of stroke, gastric tube feeding on admission, dysphagia, existing disease, percentage that in ICU, smoking and drinking, prognosis at discharge) and laboratory results (blood routine examination, emergency biochemistry tests). We use descriptive statistical to analyze the clinical characteristics in both groups, then univariate and multivariate logistic regression analysis were used to analyze the related factors of stroke associated pneumonia (SAP).

RESULTS ① The levels of age, hospital stays, stroke severity (NIHSS, GCSS), dysphagia, gastric tube feeding, the right cerebral hemisphere stroke, atrial fibrillation, in ICU, die at discharge in pneumonia group were higher than non-pneumonia group, there was no obvious difference in gender, hypertension, diabetes mellitus, smoking, drinking, peptic ulcer between two groups. ② The levels of WBC, neutrophils percentage, blood glucose, creatinine, urea nitrogen in pneumonia group were higher than non-pneumonia group, but the level of lymphocytes percentage, RBC, hemoglobin were just the opposite; there was no obvious difference in the levels of blood platelet between two groups. ③ Multivariate logistic regression analysis