

vated folate concentrations) toward a profile observed in cobalamin-replete older children and adults. Thus, high MMA and tHcy levels, reported for a large fraction of infants, do not reflect immature metabolism but, rather, insufficient cobalamin to fully sustain cobalamin-dependent reactions. Clinicians and researchers should address the possible developmental and clinical consequences of metabolic evidence of cobalamin deficiency in infants.

CENTRAL OBESITY IS THE MAJOR RISK FACTOR FOR FAILURE OF OBESITY MANAGEMENT DURING CONSOLIDATION PHASE IN CHILDREN

Submitted by Adel El Tajuri

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INTRODUCTION: A proportion of obese children who are treated with a multidisciplinary approach with behavior modification and parental involvement show no response to the consolidation phase of treatment.

OBJECTIVE: Our goal was to identify possible risk factors that led to failure of obesity management in children who were attending an equipped, busy, specialized outpatient clinic.

METHODS: We performed a case-control study in which cases were those whose conditions failed to respond to current multidisciplinary management as judged by no decrease in BMI *z* score. Controls were those who responded to treatment (lower subsequent BMI *z* scores).

RESULTS: Of the 519 children, 416 (80.2%) had BMI *z* scores of >3. Management was successful in 85% of the patients. In bivariate analysis, risk factors were age of <4 years (odds ratio [OR]: 4.00 [95% confidence interval (CI): 1.08–14.70]), previous obesity management (OR: 2.18 [95% CI: 1.10–4.32]), triglyceridemia (OR: 2.01 [95% CI: 1.10–3.65]), and higher abdominal fat content as measured directly by dual-energy radiograph absorptiometry (OR: 1.09 [95% CI: 1.00–1.19]) or relative to thigh (waist/hip index) (OR: 2.67 [95% CI: 1.13–6.72]). Duration of obesity, the initial BMI *z* score, and gender were not predictive of treatment failure. In multivariate analysis, central obesity was the single-most important factor. In more hierarchical conceptual framework, factors retained were maternal obesity (OR: 2.44 [95% CI: 1.22–4.86]), previous management of obesity (OR: 2.21 [95% CI: 1.11–4.37]), and waist/hip index (OR: 3.35 [95% CI: 1.18–9.49]).

CONCLUSIONS: We propose a model in which centrally obese children with obese mothers who have high triglyceride levels are more likely to show resistance to reversal of the pathologic process of excess fat accumulation. Central obesity is a well known correlate of increased morbidity.

NUTRITIONAL STATUS IN CYSTIC FIBROSIS

Submitted by Maria Fotoulaki

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OBJECTIVE: We aimed to investigate the nutritional status of patients with cystic fibrosis (CF) in relation to their clinical manifestations.

METHODS: In 68 patients with CF (aged 2–38 years), body weight, height, and composition (bioelectrical impedance analysis), respiratory function, *Pseudomonas* colonization, pancreatic function, CF-related diabetes mellitus (CF-DM), and genotype were measured.

RESULTS: BMI was <5th percentile in 12 patients (18%), between the 5th and 10th percentiles in 6 (7%), between the 10th and 85th percentiles in 41 (60%), between the 85th and 95th percentiles (overweight) in 4 (6%), and >95th percentile (obese) in 5 (7%). Among 18 patients with a BMI at <10th percentile, 18 (100%) had pancreatic insufficiency, 16 (89%) had *Pseudomonas*, and 7 (38%) had CF-DM. Among 41 patients with a BMI in the 10th to 85th percentile, 37 (90%) had pancreatic insufficiency, 28 (82%) had *Pseudomonas*, and 9 (22%) had CF-DM. Among 9 patients with a BMI at >85th percentile, 3 (33%) had pancreatic insufficiency, 1 (11%) had *Pseudomonas*, and none had CF-DM. Forced expiratory volume in 1 second was significantly better among overweight patients than among patients with a low or normal BMI ($P < .05$). In addition, forced expiratory volume in 1 second correlated with BMI ($P = .014$), age ($P = .029$), and percent free fat mass ($P = .039$). Overweight/obese patients were homozygotes for mild mutations.

CONCLUSIONS: Most patients with CF had an optimal nutritional status. A small percentage were overweight or obese, especially those with pancreatic sufficiency and carriers of mild mutations. These patients had mild-to-moderate lung disease and were less likely to be colonized with *Pseudomonas* or have liver disease.

TRANSMISSION OF HELICOBACTER PYLORI INFECTION IN MOTHER-INFANT PAIRS

Submitted by Selda Fatma Hizel Bulbul

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