Conclusions
Overall, women had favorable beliefs about barriers and benefits to screening: logistic and socioeconomic barriers predominated over cognitive barriers; awareness of HPV and HPV vaccination rates were low. These findings will inform future strategies to address cervical cancer disparities in this community.

Cytomegalovirus Cholestasis a Cause for Prolonged Conjugated Hyperbilirubinemia

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Introduction
A 6-day old male was admitted for evaluation of conjugated hyperbilirubinemia. Examination showed jaundice and hepatomegaly. All anthropometric measurements were plotted at the 3rd percentile. He was born via vaginal delivery at 39 weeks, birth weight of 2.8kg, to a healthy 22 year old primigravida. He developed feeding difficulties on day 1. Chest radiograph revealed pneumonia for which IV antibiotics were given for 7 days. He was noted to be jaundiced on day 3 with marked elevation of direct bilirubin of 3.5mg/dL, GGT of 611 units/L. Abdominal ultrasound showed atretic gallbladder and HIDA scan was concerning for bilary atresia. The laboratory and diagnostic work-up were repeated: T.bilirubin 7.3 mg/dL, D.bilirubin 3.3 mg/L, GGT 1132 units/L, abdominal ultrasound and HIDA scan - normal anatomy of liver and gall bladder, ruling out biliary atresia. Results of laboratory tests recommended for evaluation of neonatal conjugated hyperbilirubinemia were all negative except for TORCH antibodies which were equivocal for CMV. Urine culture for CMV was positive, confirming congenital CMV. He failed the hearing screen. Treatment was not indicated per ID recommendation. He was discharged home on day of life 10.

Discussion
Neonatal jaundice associated with a rise in conjugated bilirubin is always pathological. This case illustrates the importance of considering congenital infections, especially TORCH in the evaluation of neonatal cholestasis. This case is remarkable as CMV cholestasis is uncommon. Multiple literature reviews identify the association but only few case reports have been reported.

Conclusion
The diagnosis of congenital CMV should be considered in infants presenting with conjugated hyperbilirubinemia.

Characteristics and Management of Blunt Renal Trauma Injury in Children

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Introduction
Renal trauma in the pediatric population is due to blunt mechanism of injury. Our purpose was to determine the incidence, features, associated injuries, management, and outcomes of kidney injuries resulting from blunt trauma in the pediatric population in a single Level I Trauma Center.

Materials and Methods
This was a retrospective chart and trauma registry review of all pediatric blunt renal injuries at a regional level I trauma center that provides care to injured adults and children. The inclusion dates were January 2001 to June 2014.

Results
Of 5,790 pediatric blunt trauma admissions over 14.5 years, 68 children sustained blunt renal trauma (incidence: 1.2%). Their mean age was 12.4 years (range: 9 months to 17 years) and 66% were male. The mean hospital LOS was 9±9.5 days and 37% of patients were admitted to ICU with mean ICU LOS of 3±6 days. The mean ISS was 21±14. The most common mechanism of injury was MVC (46%). 57% of the patients had associated intra-abdominal injury with the liver being the predominant organ followed by the spleen. The mortality was 5.8% and none were caused by renal injury.

Conclusions
Renal trauma is rare in pediatric blunt trauma; most of them are low AAST injury grade. It’s commonly associated with intra-abdominal injuries, especially liver and spleen. The nephrectomy rate in pediatric trauma is low compared to adult trauma. The higher the grade is, more likely to have gross hematuria.

Perfect Office Space
(865 N. Resler Dr. Ste F & G) for lease becoming available March or April 2016. The office is conveniently located catty corner to Franklin High School on the corner of Resler and Redd (same shopping center as Ardviso’s restaurant). The office is currently being occupied by an optometrist. It is 2400 square feet with open space (approximately 900 sq ft) where the optical is and has 4 exam rooms with potential for a 5th room all with plumbing. There is a bookkeeping room with built in shelves. There is a perfect storage room for pharmaceutical supplies with shelves. It has a private office with private bathroom and two bathrooms for public/staff use. There is a lab/kitchen in the back as well. There is a big reception desk in the front with plenty of waiting area. Current lease is $3500 base rent with CAM fees of $918. If interested, please contact Stephen Applebaum, O.D. at 915-474-4040.