overexpression rescues axonal growth defects in motor neurons derived from SMA mice.

Materials and Methods
We generated transgenic mice, overexpressing recombinant Flag-ZPR1, by pronuclear injection of DNA on FVB background. Transgenic mice were characterized and expression of Flag-ZPR1 was detected in the spinal cord using immunoblot analysis. Mice were genotyped by PCR.

Results
To test whether ZPR1 overexpression will help reduce severity of SMA disease, we examined the effect of ZPR1 overexpression in mice with SMA. Transgenic ZPR1 mice were crossed with SMA mice to generate SMA mice with ZPR1 overexpression. The phenotype of littermates was examined. We report that the increase in ZPR1 overexpression improves the growth, decreases severity of disease and prolongs the lifespan of mice with SMA.

Conclusions
These data suggest that ZPR1 may be a protective modifier of SMA. Increasing expression of ZPR1 may help reduce the severity of SMA disease.

Seizures in an 8-day old, Hispanic Male Newborn
Amr Morsi, MD; Ma Teresa Ambat, MD

Introduction
Present a rare case of neonatal seizures due to hypocalcemia secondary to vitamin D deficiency.

Case Presentation
An 8-day-old Hispanic male presents to the emergency room with seizures characterized as clonic movement of all extremities. An episode upon admission to the Neonatal ICU was followed by laryngospasm and post-ictal somnolence. Physical and neurologic examinations were otherwise normal except for transient drowsiness noted after the seizure. The infant was born by spontaneous vaginal delivery after an uncomplicated pregnancy at 40 weeks. He was discharged exclusively breastfed after 2 days of uneventful well baby nursery stay. He is the sixth child born to a healthy, 35-year-old woman who has dark skin tone and admits to limited sun exposure. Results of tests recommended for initial evaluation of neonatal seizures are all negative except for a low serum calcium concentration. Hypocalcemia and seizures resolve after administration of intravenous calcium. Further laboratory test reveals low level of 25(OH)D supporting the diagnosis of vitamin D deficiency. Skeletal survey shows signs of early osteomalacia. The mother was also later confirmed to be vitamin D deficient. Baby and mother was treated with ergocalciferol and calcium supplements.

Conclusions
Maternal vitamin D deficiency is the major risk factor for neonatal vitamin D deficiency presenting as hypocalcemia. Recognition of risk factors and early detection of vitamin D deficiency during pregnancy are important in order to prevent neonatal vitamin D deficiency and related complications.

Cytomegalovirus Cholestasis a Cause for Prolonged Conjugated Hyperbilirubinemia
Leena Mathew, MD

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 2.8 kg, 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 3.5 mg/dl, GGT of 611 units/L. Abdominal ultrasound showed atretic gallbladder and HIDA scan was concerning for biliary 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.

Multidisciplinary Approach to Management of Abdominal Aortic Aneurysms on Texas-Mexico Border
Michael Sippel, BS; Alonso Andrade, MD; Tariq Siddiqui, MD; Aamer Abbas, MD; Brian Davis, MD, FACS, FASGE

Introduction
Access to vascular surgeons presents treatment obstacles for Continued on page 19
abdominal aortic aneurysms (AAA). Endovascular AAA repair (EVAR) combines a less-invasive approach with lower morbidity and mortality. We report our experience of EVAR at the US–Mexico border by an innovative partnership between cardiologists and general surgeons.

Materials and Methods
This is a retrospective review at University Medical Center of El Paso between August 2013 and May 2014. Patients were recruited by cardiologists (Texas Tech University Health Sciences Center of El Paso). Charts were reviewed for: Gender, ethnicity, medical comorbidities, aneurysm size, and outcomes at thirty days, ninety days, and one year.

Results
Four patients with abdominal aortic aneurysms received EVAR between August 2013 and May 2014. Three of four were male. Two of four were Hispanic, and two of four were White Non-Hispanic. Four had comorbid hypertension, three of four had chronic obstructive pulmonary disease, and two had hyperlipidemia. Aneurysms ranged from 3.4-7.6cm, with a mean maximum diameter of 5.3 cm. Two had concomitant right common iliac aneurysms with maximum diameter ranging from 3.4 – 4.3 cm. One experienced post-operative cholesterol embolus syndrome. Two had no complications at 30 days, 90 days, and 1 year. Two had no complications at 30 days, but did not follow up at 90 days or 1 year.

Conclusions
EVAR is effective when performed by cardiologists with surgical support. We demonstrate an acceptable procedural and post-operative success rate using a multidisciplinary approach. In a medically underserved area EVAR with cardiology and general surgery support improve quality of care.

Cervical Cancer and Human Papilloma Virus Knowledge and Beliefs Among Uninsured Border Women Due for Screening

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Introduction
Women residing on the border have a high cervical cancer incidence and one of the highest mortality rates in the US. We sought to estimate baseline knowledge and beliefs about cervical cancer screening and human papilloma virus (HPV) among participants due for cervical cancer screening within a community-based intervention.

Materials and Methods
Inclusion criteria: age 21-65, uninsured, and due for cervical cancer screening. Exclusion criteria: cervical cancer. Instrument: Validated items covering demographics, cervical cancer and HPV knowledge, perceived susceptibility, seriousness, benefits, barriers, subjective norms, processes of change, and self-efficacy. Analysis: Quantitative data were described using mean, standard deviation (SD), and range; categorical data were described using frequency and proportion.

Results
Survey response rate was 82.3% (301/364). Mean age=44 years (SD 10.68); Hispanic=96.3%; 7.3% had never had a pap smear; 21% had a past abnormal pap. Common barriers to screening: lack of insurance, expense, unaware where to go for testing, embarrassment, and pain. Mean scores: Knowledge=5.72 (SD 1.4, range 0-8); Benefits=10.71 (SD 2.47, range 6-24); Barriers=34.41 (SD 4.48, range 12-48); Subjective Norms=13.82 (SD 2.05, range 5-24); Processes of Change=10.23 (SD 1.71, range 4-16); Self Efficacy=35.56 (SD 6.54, range 9-45); HPV knowledge=3.48 (SD 1.44, range 0-6). HPV awareness=23.9%, HPV vaccine