recipient mortality due to overwhelming sepsis, the rest were well after a median follow-up of 36 months postoperatively. The serum creatinine had fallen from a median of 785umol/l (range1168-446) pre-operatively to 138umol/l (range 285-96) at one year post-operatively. There were 2 cases of acute rejection, 2 other of borderline acute rejection and 2 further cases developed chronic rejection. No donor mortality.

Conclusion: Living-donor renal transplantation can safely be performed even in such a small institution such as Malta.

O-107

Juvenile Huntington's disease in Malta

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Huntington's disease is an autosomal dominant progressive neurological condition characterized by involuntary movements and dementia. The age of onset is related to the number of (CAG)n trinucleotide repeats in the Huntington gene. Rarely, the disease manifests itself first during childhood or adolescence as juvenile Huntington's disease, and occurs when gene amplification occurs increasing greatly the number of repeats. Over the 11 year period from 1994 to 2006, three cases of Juvenile Huntington's disease were recorded from among the families with Huntington's disease referred to the genetic clinic for genetic counselling, pre-symptomatic DNA testing or diagnostic DNA testing. The affected individuals were three boys of ages 10, 14 and 21 years at the time of confirmation of the diagnosis by DNA tests. They were from three different families with strong family histories of Huntington's disease. The presenting features of the juvenile cases were distinct from those of adult-onset Huntington's disease. The most characteristic initial manifestations were behavior disorders and a characteristic speech in which words were uttered very rapidly in short phrases separated by short pauses. The speech disorder may be one of the earliest manifestations of motor dysfunction. The other motor manifestations were rigidity and myotonia. Choreiform movements developed later in the course of the disease in one of the youngest of the affected young individuals. All three individuals were males, had over 60 (CAG)n repeats and had inherited the gene from their fathers, with amplification of the trinucleotide repeats occurring in the process. Diagnosis of juvenile Huntington's disease presents the ethical problems of informed consent and genetic testing in minors, and the delicate procedure of post-test counseling.

O-108

Two-photon imaging of cell-specific fluorophores in transgenic mice - an exploratory tool to study mechanisms of white matter injury

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Relatively little is known about specific pathways leading to structural and functional disruption of axons and glial cells in white matter. Because focal cerebral ischemia in humans damages both gray and white matter, an understanding of white matter injury is important in devising potential therapeutic approaches. We have developed a novel brain slice model from transgenic mice under control of cell-specific promoters to understand interactions between oligodendrocytes and axons under high resolution two-photon microscopy. Our data extends over previous findings the vulnerability of oligodendrocytes and axons both in culture and in slice preparations to glutamate toxicity during stroke and hypoglycemia. Conditions as different as stroke, trauma, perinatal brain injury, and multiple sclerosis may share common mechanisms of white matter injury.

O-109

Are chondroitin and glucosamine in combination effective in the treatment of osteoarthritic pain?

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Aim: As non-steroidal anti-inflammatory drugs today are contraindicated for osteoarthritic pain in elderly patients with cardiovascular disease due to their adverse effects, a review of the evidence was performed regarding the use of oral forms of chondroitin and glucosamine in combination as an alternative treatment.

Method: An internet review for available evidence was carried out of secondary sources (reviews or meta-analyses of primary studies in the Cochrane Database of Systematic Reviews and the Database of Abstracts of Reviews of Effects) and of primary sources (randomised controlled trials in Medline through PubMed and in the Cochrane Central Register of Controlled Trials), followed by a critical evaluation of the results for validity, reliability and applicability.

Results: Three relevant randomised controlled trials with valid, reliable and applicable results were identified.

Conclusion: Chondroitin and glucosamine in combination were found to significantly reduce pain in mild to moderate OA of the knee measured by the global pain visual analogue scale, and in moderate to severe knee OA measured by the WOMAC Scale, while significantly improving disability in mild to moderate knee OA as measured by the Lequesne Index.

Discussion: If the results are generalisable to osteoarthritis of all joints, there are good indications that combined chondroitin-glucosamine in purified therapeutic doses should help care for osteoarthritis patients safely and at modest expense. In order to facilitate any possible recommendations for their use in clinical practice, long-term and larger studies are needed to elaborate more definite results and investigate their preventive use as disease-modifying osteoarthritis drugs.

O-110

A survey of Paget's disease of bone in Malta

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Paget's disease of bone is commonly encountered in the Maltese population. A survey has been conducted on 20 patients with this condition seen at the Medical Outpatient Department/St Luke's Hospital during the first 6 months of 2007. Various aspects of the disease have been analysed: age and sex distribution, familial aggregates, mode of presentation, complications, pattern of bone involvement and a semi-quantitative assay of disease activity as measured by radioisotope bone scintigraphy and serum alkaline phosphatase levels. These characteristics are being compared to previously published surveys of Paget's disease in other countries.

O-111

Biological therapy in rheumatic disease: five year experience in Malta

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Advances in understanding the pathogenesis of many rheumatological disorders over the past decade have resulted in remarkable advances in therapeutic options for many patients suffering from these disorders. The pro-inflammatory cytokine tumour necrosis factor alpha (TNF-alpha) has been shown to be a key mediator in a number of inflammatory disorders, and the development of TNF-alpha inhibitors has proved to be a major therapeutic advance. Initially licensed for use in rheumatoid arthritis, TNF-alpha inhibitors have been subsequently approved for a number of other inflammatory arthritides as well, including ankylosing spondylitis and psoriatic arthritis. Case reports and case series have suggested favourable results with these agents in other connective tissue diseases, including various types of vasculitis. Another interesting area in the field of