Abstract G63 Table 1

Grade of Reflux	Number of cases n = 39
1	2 (5%)
2	25 (64%)
3	8 (21%)
4	4 (10%)

Abstract G63 Table 2

VUR	Number of cases n = 39
Bilateral	26 (67%)
Right	6 (15%)
Left	7 (18%)

We had discharged 5 children (13%); in 4 of these VUR has been demonstrated to have resolved; and 34 (87%) are currently being followed up. Of these, 2 have scarring with recurrent UTIs and 1 has a scarred kidney but VUR has resolved.

Conclusion 19% of asymptomatic infants screened for VUR because of a positive family history of VUR or RN have themselves got VUR, with the majority (67%) having bilateral VUR. By identifying these cases resources and education are targeted to those families to encourage rapid diagnosis and treatment of UTIs with the ultimate aim of preventing scarring.

G64(P) CO-CREATING A CO-ORDINATED COMPLEX CARE PLAN TO IMPLEMENT IN A PAEDIATRIC RENAL SERVICE

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Aim NHS Kidney Care commissioned project to develop and implement a patient/family held care plan to be created by service users and multi-agency staff.

This project aimed to review existing documentation with staff and service users and co-design a care plan, to improve co-ordination of care across agencies and standardise access to education and information resources. Promotion of self-management and partnership working with parents, carers and young people was central to this.

Methods A Review, Agree, Implement and Demonstrate (RAID) model was used to develop and trial the care plans. Mixed methods were used to obtain qualitative data in the review and agree stages. Professionals and service users were invited to engage via questionnaires, interviews and co-creation events.

Results articipation data

Abstract G64 Table 1

Method	Families: Number offered	Families: Number participating	Professionals: Number offered	Professionals: Number participating
Questionnaire	76	34 (44%)	84	32 (46%)
Co-creation event and interviews	34	10 (29%)	32	13(41%)

Questionnaire results indicated that 58% of families are using some form of hand held record created for themselves.

A draught care plan was co-created by attendees at the focus group and interviewees. They then undertook a review and an amended care plan was collaboratively developed. The resulting care plan is transportable for use in a variety of settings. It is designed to encourage the patient and family to be active participants in care planning, and suitable for use from childhood through to young adulthood. The trial of the draught care plan is in progress with 20 patients and the multi-agency teams working with these children/young people. The utility and value of the care plan will be assessed after a minimum of 3 months use. A further review will be undertaken prior to full implementation

Conclusion This project has demonstrated the willingness of families and professionals from health, social and education services to participate in a co-creation project. This has allowed us to develop draught documentation designed to support the health, education and social development of children with complex renal disease.

G65(P) UNILATERAL HYPOPLASTIC KIDNEY – A NOVEL AND HIGHLY PENETRANT FEATURE OF FAMILIAL JUVENILE HYPERURICAEMIC NEPHROPATHY

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Aim To highlight an interesting and novel renal phenotype that may provide an insight into the genetics surrounding the development of isolated renal hypoplasia.

Methods A sixteen year old boy was referred to Paediatric Nephrology services following concerns of a strong family history of renal disease. Both his mother and maternal aunt have end stage renal disease. Two of his maternal cousins were found to have chronic kidney disease. All affected members had evidence of hyperuricaemia. The patient's grandparents and maternal uncles were not affected. Renal ultrasounds performed on affected family members revealed unilateral renal hypoplasia in the index case, as well as his mother and aunt.

Results Our case report describes a pedigree with familial juvenile hyperuricaemic nephropathy, a relatively uncommon condition characterised by hypoexcretion of urate leading to hyperuricaemia, gout and progressive renal impairment. This family, however, require our attention for several reasons. Firstly, three affected family members demonstrate unilateral renal hypoplasia inherited in an autosomal dominant manner: to our knowledge this is the first report to describe such a phenotype. Secondly, two affected cousins had normal sized kidneys, suggesting a modifier gene effect, and lastly affected members have tested negative for mutations in two of the major genes implicated in FJHN, which have also been linked to a role in renal morphogenesis: uromodulin (*UMOD*) and hepatocyte nuclear factor 1β (*HNF1β*).

Conclusion Isolated renal hypoplasia is a common congenital anomaly for which a gene association has never been found. The presence of this phenotype in an autosomal dominant manner in this pedigree is therefore of great potential importance, for the ability to identify for the first time a gene responsible for unilateral renal hypoplasia. The association here with renal failure and hyperuricaemia is fascinating, and may provide novel developmental insights linking tubular development, control of lateral renal maturation and renal size. We discuss the known genetics surrounding renal embryogenesis and the implications our pedigree may have for further understanding of this common developmental anomaly.

G66(P) TO DETERMINE THE ACCURACY OF PHASE CONTRAST MICROSCOPY IN PREDICTING URINE CULTURE RESULTS

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