Background
Children’s breast preference, feeding from one breast more than the other, has been thought to be common. It may develop spontaneously in absence of known risk factors. We know of no study that explores characteristics of spontaneous children’s breast preference (BP).

Objective
To establish characteristics of spontaneous BP among children aged 2–24 months.

Design/methods
We conducted this cross-sectional study through self-administered survey in 8 primary healthcare centres in Ahsa area, Saudi Arabia. A convenience sample of 500 mothers who brought their 2–24 months old children for vaccination was recruited during 3 months of 2013. The survey consisted of two parts: part 1 was general demographic questions and part 2 explored more about BP. The survey was validated by 2 lactation consultants and tested in a pilot sample of 20 mothers. Surveys with nonresponses on presence or absence of BP question were excluded whereas other nonresponses were replaced by multiple imputation.

Results
A total of 480 mothers answered the question on presence or absence of BP (response rate 96%). Out of this, 127 (26%) mothers reported that their children had BP. Prevalence of spontaneous BP was 14% (67/480). Self-reported causes of BP differed significantly (Chi-Square goodness-of-fit p < 0.001): spontaneous BP constituted 53% of the causes; small nipple 19%; less milk production 17%; various medical/surgical pathologies 6%; mothers’ preference 5%. Mothers observed that spontaneous BP began at a median of 1 month (interquartile range: 1 day–3 months, maximum: 9 months). No significant sex predominance was noted (binomial p = 0.50). Proportion of children preferred right or left breast were similar (42% vs 58% binomial p = 0.50). Spontaneous BP was the main or ancillary reason for 21% of formula milk usage within the first six months of life. Nineteen mothers were worried from spontaneous BP; however, only 7 of them sought medical advice.

Conclusions
Spontaneous BP was the most common cause of BP in children aged 2–24 months with prevalence of 14% and with no sex or side predominance. It started at very early in life and negatively impacted exclusive breastfeeding. Further study is warranted to confirm these results in other populations and ascertain biological causes and the best intervention, as this could help to improve exclusive breastfeeding.
Results

A total of 10 children (7 females) underwent TIPSS. The primary indication was variceal haemorrhage in all the patients with different diagnoses (Table 1). Congenital Hepatic Fibrosis was the most common aetiology (50%). Three patients (30%) needed revision in a mean of 24.2 months post-procedure. 7 patients (70%) did not require revision 36 months post procedure, with a mean follow up of 60.5 months.

Pre-operative high serum alkaline phosphatase (ALP) was associated with TIPSS failure (p value = 0.027) and thus, can be used as a pre-operative predictor for failed TIPSS. Other variables did not show significant association with TIPSS procedure including patients age and weight.

Conclusion

This study involves the association of multiple variables with TIPSS outcomes in children. ALP showed a relative association as a predictor to TIPSS failure. Further studies are needed with a larger sample.

**PO-0103** EVALUATION OF THE PAEDIATRIC PATIENTS WITH GASTROINTESTINAL BLEEDING: EXPERIENCE OF A TERTIARY CENTRE

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10.1136/archdischild-2014-307384.772

Introduction

Gastrointestinal bleeding (GB) can be seen in children of all ages and it is one of the frequent application reason to paediatric gastroenterologists. Even though the causes of bleeding differs according to age groups, it may become life-threatening depending on the severity of the bleeding.

Aim

The aim of the study was to determine the demographical and etiological factors of patients who admitted to our clinic with upper or lower gastrointestinal bleeding.

Material and method

94 patients, were included to the study, admitted to Uludag University Faculty of Medicine Paediatric Gastroenterology department with upper or lower gastrointestinal bleeding between January 2010 and June 2013. Patients’ files were evaluated retrospectively.

Results

The number of patients with upper gastrointestinal bleeding (UGB) was 53, average ages of these patients was 11.1 years (2–18 years), 45.3% were female and 54.7% were male, respectively. At the aetiology of these bleeding cases H.pylori was detected in only two patients with ulcer. While all nonsteroidal anti-inflammatory drug use prior to bleeding.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Pre-Operative</th>
<th>Post-Operative</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hemoglobin</td>
<td>10.7 ± 3.2</td>
<td>10.6 ± 3.1</td>
<td>0.85</td>
</tr>
<tr>
<td>Platelet</td>
<td>250,000 ± 50,000</td>
<td>230,000 ± 40,000</td>
<td>0.12</td>
</tr>
<tr>
<td>BMP</td>
<td>45.6 ± 12.3</td>
<td>42.3 ± 10.8</td>
<td>0.06</td>
</tr>
<tr>
<td>ALT</td>
<td>10.0 ± 5.5</td>
<td>9.5 ± 5.2</td>
<td>0.08</td>
</tr>
<tr>
<td>AST</td>
<td>15.0 ± 8.5</td>
<td>14.5 ± 7.5</td>
<td>0.09</td>
</tr>
<tr>
<td>ALP</td>
<td>150.0 ± 75.0</td>
<td>125.0 ± 65.0</td>
<td>0.03</td>
</tr>
</tbody>
</table>

Significant p-values

PO-0104 DIFFERENTIAL CLINICAL SPECTRUM OF CYTOMEGALOVIRUS HEPATITIS IN INFANTS

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Background and aim

Cytomegalovirus (CMV) is, a member of the herpes viridae family, found widely in nature and the most common congenital infection in newborns. The average incidence of CMV infection in newborn infants is 1%. Irreversible signs of central nervous system involvement (microcephaly, deafness, mental-motor retardation) develops in 5-10% congenitally infected infants. Signs of perinatal infections, hepatosplenomegaly, pneumonia, hepatitis, are seen, but in this period neurologically sequelae are rare. In this study, CMV-infected patients who were admitted to our clinic within 3 months were examined.

Methods

Between the date of December 2013 and February 2014, in total five CMV infection (min 45 days, max 2 years – 4 months old) have been detected at Uludag University, Faculty of Medicine, Department of Paediatric Gastroenterology. Three of those patients admitted with jaundice and other two patients were detected during the pancytopenia aetiology and vomiting aetiology investigation.

In our series, which consist of developed CMV hepatitis cases due to different etiological reasons, retrospective examination is conducted with clinical and laboratory findings.

Results

Biliary atresia was detected in three patients. One is by intraoperative cholangiography and other two, as evidenced by histopathology. In the fourth case, CMV infection was detected simultaneously with vitamin B12 deficiency during pancytopenia investigation. In the fifth patient, performed liver transplantation due to neonatal hepatitis, CMV infection was detected during
PO-0102 Transcutaneous Intrahepatic Portosystemic Shunt (tipss) In Children

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