Abstract PO-0102 Table 2 p values of pre- and post-operative variables in association with TIPSS failure

	Successful TIPSS				Failed/Revised TIPSS			
	Pre-Operative		Post-operative		Pre-operative		Post-operative	
	Mean	P value	Mean	P value	Mean	P value	Mean	P value
Haemoglobin	10.33	0.43	11.6	0.137	11.33	0.526	13.3	0.319
Platelets	95.67	0.48	113	0.42	92.17	0.325	94.3	0.546
WBC	9.33	0.318	4.62	0.474	5.83	0.158	4.6	0.614
ALT	81.33	0.588	43.9	0.563	71.83	0.58	52.33	0.592
AST	46	0.599	58.5	0.611	46.3	0.653	35.6	0.447
ALP	145.33	0.105	275.5	0.615	372.17	0.027*	182.3	0.521
GGT	22	0.426	56.7	0.316	36.5	0.451	105	0.354
PT	12	0.505	16.9	0.582	15	0.392	18.7	0.681
PTT	37.67	0.776	39.7	0.055	37.5	0.871	53.6	0.268
INR	1.33	0.12	1.3	0.133	1.5	0.25	1.5	0.423
Urea	3.33	0.656	3.9	0.634	3.33	0.653	4.38	0.607
Creatinine	26	0.485	45.8	0.46	36.17	0.466	53.3	0.623

Significant p-values

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 month post-procedure. 7 patients (70%) did not require revision 36 month post procedure, with a mean follow up of 60.5 month.

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

T Ozkan, D Altay, A Otuzbir, T Ozgur. *Pediatric Gastroenterology Hepatology and Nutrition, Uludag University Medical Faculty, Bursa, Turkey*

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 were detected in 18.8%, peptic or duodenal ulcer were detected in 10 patients (range of ages 10–18 years, average 12 years) and H.pylori was detected in only two patients with ulcer. While all gastric mucosa were hyperemic in 26 patients, distal esophagitis or duodenitis were detected also in 23 patients with UGB. Esophageal variceal bleeding was the cause of 4 patients with UGB and chronic renal failure was associated to bleeding in one patient. Barrett's oesophagus was detected histologically in 10 and 13 years of age two patients. Four patients had a history of nonsteroidal anti-inflammatory drug use prior to bleeding. Henoch-Schonlein disease was diagnosed in 7 years old male patient. Bleeding was the first symptom of this disease in this case and purpura was occurred after 4 days of bleeding. The remaining 41 cases were called idiopathic bleeding. Range of the ages of 41 patients with lower gastrointestinal bleeding (LGB) was 11.1 years and 24 patients were male (58.5% male, 41.5% female, respectively). Ulcerative colitis was diagnosed histologically in 9 patients (21.9%). Polip in rectum or sigmoid colon was detected in 6 patients, nonspesific chronic inflammation was reported pathologically in patients with polip and there were no family history for polip in these patients. Colonoscopy was normal in 13 patients (31.7%) with LGB.

Conclusion Chronic gastritis was detected majority in aetiology of the patients with UGB and we thought that bad dietary habits had great importance in these cases. 21.9% cases with LGB were diagnosed with ulcerative colitis. All cases were evaluated, there were no death because of bleeding at the prognosis of these patients.

Discussion Gastrointestinal bleeding is one of important reason for reference of tertiary centre in children. Considering the frequency of H.pylori positivity in our society, 18.8% were found to be positive in cases with UGB. Although the vast majority of patients with LGB were idiopatic, ulcerative colitis plays an important role in patients with LGB.

PO-0104 DIFFERENT CLINICAL SPECTRUM OF CYTOMEGALOVIRUS HEPATITIS IN INFANTS

T Ozkan, D Altay, A Otuzbir, U Sahin, T Ozgur. *Pediatric Gastroenterology Hepatology and Nutrition, Uludag University Medical Faculty, Bursa, Turkey*

10.1136/archdischild-2014-307384.773

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 neurological 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 B_{12} deficiency during pancytopenia investigation. In the fifth patient, performed liver transplantation due to neonatal hepatitis, CMV infection was detected during

investigating for vomiting and elevated aminotransferase levels in outpatient control. In one of the cases of biliary atresia with microcephaly, deafness and mental-motor retardation was considered due to congenital CMV infection. Other cases were evaluated as perinatally infection. Five patients were given ganciclovir therapy. Duration of the therapy was; six weeks for patient with congenital CMV infection and two weeks for the other four patients.

Conclusion Biliary atresia were seen in all our cases with cholestasis and there is importance of seeing it with CMV hepatitis which, in our conclusion, requires comprehensive studies. In addition, seeing these patient in such a short period of time was found interesting in epidemiological perspective.

PO-0105 EARLY ONSET CONSTIPATION - WHAT ARE THE LESSONS LEARNT?

F Beal, S Asad, S Mahadevan-Bava. *Department of Paediatrics, Russells Hall Hospital, Dudley, Birmingham, UK*

10.1136/archdischild-2014-307384.774

Background and aims Constipation developing at < 6 months of age (early onset constipation-EOC) is common and distressing for infants and carers. It challenges paediatricians, as it may indicate an uncommon but serious, organic cause, especially Hirschsprung's disease (HD).

Aims Evaluate the outcome of EOC and role of rectal biopsy.

Methods We reviewed all children diagnosed as EOC between 2008–2013 referred to the Gastroenterology clinic. We analysed 31 case notes and recorded their demographics, investigations and outcome.

Results Of 31 children, 61% female, all caucasian except one mixed race. Age of onset reported as since birth in 61% and 1–5 months in 39%.

14/31 children were referred for rectal biopsy when clinically suspected to have HD. 3 were positive (all preterm) and 1 anteriorly placed anus missed on routine neonatal examination. The need for further investigation was driven by red flag symptoms. Passing meconium was delayed in only 8%.

Children on hydrolysed milk prior to referral reported no benefit. All were treated with 1/2 laxatives and intermittent suppository.

Over 4–12 months 65% fully recovered, (4 underwent surgery) and 13% were controlled with medication.

Conclusion EOC is common and has significant impact on the QoL for infant and carer. No association between delayed meconium and HD was noted.

The importance of vigilance for diagnosing HD especially in pre-terms must be stressed, also educating trainees about abnormally placed anus. Change in hydrolysed formulae may not be an option but support, advice and medication is the key to success.

PO-0106 SCLEROSING CHOLANGITIS IN CHILDHOOD REPORT OF 3 CASES

S Ben Ameur, S Alibi, L Sfaihi, M Hsairi, F Kamoun, TH Kamoun, M Hachicha. *Pediatics Department, Hedi Chaker Hospital, Sfax, Tunisia*

10.1136/archdischild-2014-307384.775

Backgrounds and aims Sclerosing cholangitis (SC) is a chronic cholestatic liver disease characterised by inflammation and progressive bile duct fibrosis. Our purpose was to describe characteristics of SC in childhood.

Methods We performed a retrospective study of 3 childrens with SC followed in the paediatric department of Sfax (2008–2013).

Results There are 2 boys and 1 girl. The mean age at diagnosis was 6 years. Clinical features at presentation were jaundice (1 case) and hepatosplenomegaly (2 cases). Autoantibodies (antinuclear antibody, smooth muscle antibody, and perinuclear antineutrophil cytoplasmic antibodies) were detected in 1 case. Magnetic resonance cholangiography revealed irregularities with strictures, dilatations and pruning of bile ducts. Histological examination of liver biopsy showed signs of CS stage I (1 case), stage III (1 case) and portal inflammation with infiltration of lymphocytes and plasmocytes and periductal fibrosis (1case).

Search histiocytosis was negative in 3 cases. Colonoscopy with mucosal biopsies revealed no specific inflammatory colitis in one case. The diagnosis of overlap syndrome was made in one case and primary SC (2 cases). All patients were treated with ursodeoxycholic acid and the patient with overlap syndrome received immunosuppressive therapy. After a mean follow-up of 3 years, remission was noted in 2 cases and one patient progressed to cirrhosis and liver failure.

Conclusion SC is a rare cause of chronic cholestasis. Ursodesoxycholic acid is the treatment of choice for all forms of SC but without proof of its effectiveness in preventing progression to secondary biliary cirrhosis.

PO-0107 IMPACT OF GLUTEN FREE DIET ON CLINICAL PROFILES AND ANTHROPOMETRY IN DIFFERENT AGE GROUPS OF CHILDREN WITH CELIAC DISEASE

[1]G Dhooria, [2]N Goyal, [1]PC Sobti, [1]BK Jain. *[1]Pediatrics, Dayanand Medical College and Hospital, Ludhiana, India; [2]Pediatrics, Deep Hospital, Ludhiana, India*

10.1136/archdischild-2014-307384.776

Objective To evaluate impact of gluten free diet in children with celiac disease in different age groups on clinical profile and anthropometric measurements.

Design A prospective interventional study.

Methods Twenty five of the 32 children diagnosed as having celiac disease on the basis of positive anti-tissue transglutaminase IgA (tTG) and duodenal biopsy were included. Patients underwent a clinical examination and anthropometry measurements at diagnosis, 3 months and 6 months of strict gluten free diet.

Results There was a dramatic clinical improvement in symptomology in all cases on institution of gluten free diet at 6 months of follow up. Loose motions, abdominal pain, irritability disappeared in all patients except two children had anaemia (8%) and one child had abdominal distension (4%). Significant weight and height gain was noted in children after initiation of gluten free diet. The mean weight and height increased significantly after 3 and 6 months of gluten free diet ($p < 0.0001$). Also at 6 months of gluten free diet 86% of the children <5 years and 50% of the children between 5–10 years of age gained weight upto >80% of expected weight whereas none of the children >10 years of age reached that level. Similarly, all the children <5 years achieved normal height while only 33% of the other children attained normal height after 6 months of gluten free diet.

Conclusion Early diagnosis and institution of strict gluten free diet is required to gain maximum growth potential in children with celiac disease.