Pulmonology/Allergy/Immunology/Asthma

**PO-0994** LTRI IN PAEDIATRICS: ANALYSIS OF AN ANNUAL SURVEY

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10.1136/archdischild-2014-307384.1612

**Background and aims** Lower tract respiratory infections (LTRI) are very frequent in paediatric population. We collected epidemiological, etiological and clinical data and correlated them to some variables.

**Methods** We performed an observational study of all children with a LTRI, admitted to our Paediatric Unit from February 2013 to January 2014. The population was grouped in three classes of ages (0–2yr, 3–6yr, >6yr). All patients underwent to a questionnaire focused on exposition to protective and risk factors for respiratory diseases.

**Results** 83 children were included. We grouped them according to discharge diagnosis and analysed the distribution for ages, sex and season of onset. At the admission 18 patients had respiratory distress; O2 therapy was necessary for 11 of them, infusion therapy for 40, endovenous antibiotic therapy for 34.

Swabs were positive in 1 case for Parainfluenza viruses and in 2 for S. Aureus; sierological tests were positive in 5 cases for Mycoplasma Pneumoniae, in 2 for Chlamydia Pneumoniae, in 1 for ParvovirusB19, in 1 for Coxsackievirus. In 28 patients (33%) exposition to passive smoke was observed, in 17 (20%) to allergens and in 33 (40%) a personal or familiar story of atopy.

**Conclusion** Our experience showed a higher prevalence of LTRI in males (63%), in winter (35%) and spring (33%), without a difference between preschool and school age children.

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**Poster abstracts**

**PO-0995** SWEAT TESTING SINCE THE INTRODUCTION OF NEWBORN SCREENING IN WEST MIDLANDS, UK

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10.1136/archdischild-2014-307384.1613

**Background** Cystic Fibrosis (CF) is an autosomal recessive condition caused by gene mutation which affects sodium and chloride transport across the membrane of secretory epithelial cells. New born screening for CF was introduced in the West Midlands, UK in November 2006. ~20% of CF patients may present with meconium ileus. The majority of the remainder are expected to be picked through new-born screening. Sweat test remains the gold standard for the diagnosis of CF and is a critical component of +ve newborn CF screening protocol.

**Aim** To investigate the positive yield of sweat test at Queen’s Hospital Burton Upon Trent (in patients with negative newborn CF screen) since the introduction of new born CF screening.

**Methods** We retrospectively collected local data on all the sweat test results since the introduction of new born CF screening in the West Midlands.

**Results** Out of 129 sweat tests performed, only one case yielded positive result (born before newborn CF screening). Another patient had a borderline test result which was subsequently repeated and found to be normal. Therefore, we effectively have no positive sweat test results so far since the screening commenced.

**Conclusion** Even though our data is encouraging and suggests increasing the threshold required for performing a sweat test (in individuals born after Nov 2006), this investigations should still be carried out in patients with high index of clinical suspicion as occasional cases will be missed despite universal newborn CF screening programme.

**PO-0996** ELEVATED LEVELS OF INTERFERON-INDUCEABLE PROTEIN 10 (IP-10) IN PATIENTS WITH 22Q11.2 DELETION (DIGEORGE) SYNDROME

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10.1136/archdischild-2014-307384.1614

**Background and aim** The 22q11.2 deletion syndrome (DS), also known as DiGeorge syndrome, is a genetic disorder with an estimated incidence of 1 in 4000 births. These patients may suffer from disorders of many organ systems, but cardiac malformations, thymic hypoplasia/aplasia, hypoparathyroidism, cleft palate and psychiatric disorders are most frequent. In addition, the
PO-0994 Ltri In Paediatrics: Analysis Of An Annual Survey

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Arch Dis Child 2014 99: A576
doi: 10.1136/archdischild-2014-307384.1612

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