Methods We conducted detailed literature searches of MEDLINE, EMBASE, PsycInfo and the Cochrane library, searched trial registration sites, contacted authors if results have not been published and hand searched reference lists. Three categories of search terms were used; paediatric, CFS/ME and recovery.

Inclusion criteria Randomised controlled trials or observational studies of participants <19 years old with a diagnosis of CFS/ME, related to a Western Health Care system, some measure of recovery (partial or full) reported and the time taken to reach it.

Results 21 papers were identified. The study populations ranged from 1 to 64 participants, their duration of illness ranged from 3 months to 7 years between studies and also showed great variety within each study. Some studies used a single measurement outcome for recovery, others measured several and some integrated multiple outcomes to formulate one value for recovery. The recovery rate ranged from 25–100% in those accessing treatment and 4.5–100% in those without specialist care. School attendance was the most common measurement outcome (n = 11), of which 4 of these combined this with at least one other measure. 7 studies measured physical ability as an outcome, 8 used fatigue and 9 measured a global improvement that was surprisingly small. Whilst treatment with PPI is effective, most patients also required dietary or steroid therapy. A significant number required oral steroids. A departmental guideline is being developed on the basis of these results and further work is required to establish frequency of repeat endoscopy.

Conclusion Recovery rates are relatively high in children accessing specialist treatment however, the discrepancies between the measurement outcomes, makes interpretation of recovery rates difficult.

Background Eosinophilic oesophagitis (EO) is a recently described allergic condition characterised by oesophageal dysmotility with progression to stricture formation in severe cases. Diagnosis is historical, based on >15 per high-powered field in oesophageal biopsies. Treatment options remain limited to dietary modification (including elemental feeds), proton pump inhibitors (PPI) and topical/systemic steroids. There is sparse population data on the condition.

To report demographic data on children with EO, establish the current burden of disease and review effectiveness of treatments with clinical and histopathological outcomes.

Methods All patients diagnosed with EO between 2008–2013 in RHSC Glasgow were retrospectively identified by joint review of all oesophageal histopathology reports (n = 1060) with a Consultant Paediatric Gastroenterologist, Yorkhill Hospital, Glasgow, UK. Paediatric and Perinatal Pathology, Southern General Hospital, Glasgow, UK.

Results The total numbers of patients diagnosed was surprisingly small. Of those with available data, PPIs were clinically effective in 19/21 (70%) patients and 14/17 (82%) showed histological improvement. However, 4 (13%) progressed to oral steroids.

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PARENTAL PHOTOGRAPHIC MONITORING OF ASCITES

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Abstract G361 Figure 1 Abdominal circumference measurements

Abstract G361 Figure 2 Clinical improvement via photography

Abstracts

2002–2009, 0.71/10,000 in 2010–2013). A cluster of cases was identified in Lanarkshire where the incidence was 1.26/10,000 live births, significantly higher than the rest of Scotland (0.59/10,000, p = 0.033).

Conclusion BA atresia incidence appears relatively stable in Scotland but with an unexplained cluster of cases in Lanarkshire; examination of this cluster may provide epidemiological insight into disease pathogenesis. Despite a significant reduction in time to Kasai, the 2YTFS in Scotland remains disappointing, is lower than the pre-rationalisation figure of 65% and is not currently an endorsement of centralisation of BA surgery in Scotland.

Aims Primary Chylous Ascites is a rare cause of abdominal distension in infants. Our patient had six weeks of intravenous octreotide and total parenteral nutrition followed by medium chain triglyceride formula feeding. We describe his monitoring by girth measurement and parental photography.

Methods A four-week-old boy who presented with worsening abdominal distension and discomfort had ultrasound confirmed ascites. At paracentesis, 100 ml of chylous fluid was aspirated. His clinical course was monitored by serial girth measurement and parental photography using a modern mobile telephone.

Results Variability in abdominal circumference measurements (Figure 1) made detection of clinical improvement more difficult than it was with serial photography (Figure 2). His mother found the photographs helpful in monitoring her son’s progress.

Conclusion This superiority of parental photography over formalised girth measurement monitoring in our patient mandates critical review of these techniques. Informal parental photography has been used in assessment of dermatological conditions and inguinal hernias. Inter-observer variability in measurements of abdominal circumference is recognised. Parental photography may increase parents’ perceived involvement in their child’s care in such chronic treatment and promote a family-centred approach. We speculate that measurements from technical photographs as employed in sports biomechanical studies will be the most sensitive tool for clinical assessment of ascites.

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CHILD NUTRITION: A “NEED TO FEED” FUTURE DOCTORS

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Aims Parents may ask doctors working in a range of specialties for advice on childhood nutrition. The Department of Health states that all doctors working with children should engage in health promotion. Ensuring the provision of high quality information may help prevent obesity and optimise the health of children and young people.

As many doctors may have limited postgraduate exposure to paediatrics, medical school is an ideal time to learn about the importance of childhood nutrition. We decided to explore the knowledge, skills and attitudes of medical students about providing guidance on childhood nutrition.

Methods We sent a survey to all medical students undertaking their paediatric placement at one teaching hospital between 2012–13. We asked the students whether they felt comfortable advising about breastfeeding, infant and toddler nutrition, obesity, food allergies and infant feeding schedules. We also enquired from them about maternal alcohol consumption during breastfeeding and about a crying baby whose mother was struggling to breastfeed.

We collected data using software from SurveyMonkey™ and analysed it using Microsoft Excel™.

Results 82 students were asked to fill in the survey. 47(57%) responded. 32(68%) felt uncomfortable advising about breastfeeding and toddler nutrition. Despite this, 33(70%) felt they would advise a mother struggling with breastfeeding rather than referring her to the health visitor. 32(68%) and 26(55%) thought that with help they could provide information about obesity and food allergies respectively. Regarding maternal alcohol consumption whilst breastfeeding 27(57%) knew the appropriate advice about drinking minimally or in moderation.

Aims

REFERENCE


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