

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.

G361 PARENTAL PHOTOGRAPHIC MONITORING OF ASCITES

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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.

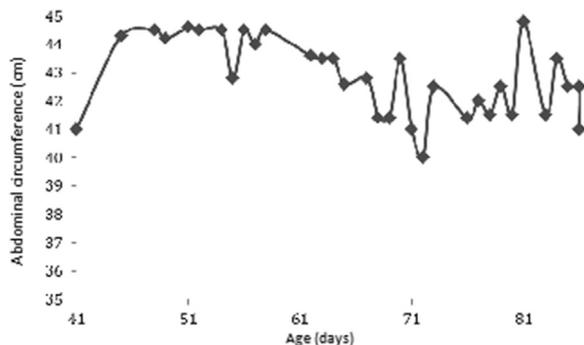
Methods A four week old boy who presented with worsening abdominal distension and discomfort had ultrasound confirmed ascites. At paracentesis, 100 ml of chylous fluid was aspirated. His clinical course was monitored by serial girth measurement and parental photography using a modern mobile telephone.

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 conditions¹ and inguinal hernias.² Inter-observer variability in measurements of abdominal circumference is recognised.³ 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 photographs⁴ as employed in sports biomechanical studies⁵ will be the most sensitive tool for clinical assessment of ascites.

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Abstract G361 Figure 1 Abdominal circumference measurements



Abstract G361 Figure 2 Clinical improvement via photography

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G362(P) 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 weighing 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.

43(88%) of the students wanted these topics covered during medical school. A recent survey of 56 UK paediatricians and general practitioners rated the importance of undergraduate knowledge of normal feeding 3.9/5 and ability to engage in health promotion 3.8/5.

Conclusions This study demonstrates a lack of confidence and competence among medical students to provide advice about childhood nutrition, despite clinicians considering the topic essential undergraduate knowledge. Concerted efforts must be made to improve the quality of nutrition and health promotion advice to parents and undergraduate training provides an ideal opportunity to develop these skills.

G363(P) INFECTIOUS COMPLICATIONS IN BILIARY ATRESIA; A SINGLE CENTRE EXPERIENCE

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Objectives To evaluate incidence and timing of cholangitis and spontaneous bacterial peritonitis (SBP) in Biliary Atresia (BA), after Kasai Porto-enterostomy (KP), prior to liver transplantation (LT).

Methods A single-centre retrospective analysis, comprising 78 patients (36M:42F) who underwent KP between 2008–2010.

Results Cholangitis followed in 38/78 (48%) patients; median number of episodes 2 (range: 1, 5). Median age for first episode was 5.6 months (2, 72.5). Six patients showed dilated biliary radicles on ultrasound. Organisms were isolated from blood cultures in six patients; E-coli (n = 2), Staphylococcus Aureus, Klebsiella, Streptococcus Pneumonia and Pseudomonas. 27/38 (71%) cholangitic patients underwent LT, 10 are alive with their native liver and one died. Ascites developed in 29/78 (37%) patients, at median age 6.5 months (3.1, 66). Ascitic taps were performed in 41% (12/29), due to respiratory distress with fever (5/12) or without fever (7/12) at median age 7.4 months (3.2, 22.8). 16/17 patients that did not have ascitic taps underwent LT at a median age 17.2 months (7.4, 79.7) and one died whilst listed for LT. Timing of tap was at the onset of ascites in six patients and at a median time of 2 months (0.1, 4.6) from onset of ascites in the remaining six patients. Four patients fulfilled criteria for SBP diagnosis; 3 culture-negative (wcc >250 mm³), one bacteri-ascites (wcc <250 mm³; gram-positive cocci, gram-negative rods). No culture-positive SBP was identified. One culture-negative SBP revealed Streptococcus Pneumoniae in blood cultures. Five patients that underwent ascitic taps previously had cholangitis. Antibiotics were already commenced in 8/12 patients pre-tap. Raised plasma wcc (>17 mm³) was identified in SBP (3/4) and non-SBP (3/8) patients. All SBP patients underwent LT at a median age 10.5 months (7.1, 16.1). Non-SBP patients underwent LT (n = 4), are alive with native liver (n = 1) or died (n = 3; all listed for LT).

Conclusion Cholangitis and SBP occurred in 48% and 5% of BA patients respectively; cholangitis episodes presented earlier. Few cases revealed positive bacterial cultures. Definition of paediatric SBP needs to account for pre-culture antibiotic use. New molecular techniques should be sought to aid diagnosis. LT is a successful outcome for cholangitis, SBP and non-SBP ascites.

G364(P) MANAGEMENT OF GASTROESOPHAGEAL REFLUX IN INFANTS: CURRENT PRACTICE OF DIAGNOSIS AND TREATMENT IN A UK DISTRICT GENERAL HOSPITAL

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Objectives and study According to current ESPGHAN and NASPGHAN guidelines, gastroesophageal reflux (GER) is defined as the passage of gastric contents into the oesophagus with or without regurgitation and vomiting. GER is considered to be physiological in the majority of young infants under the age of 12 months. Typically, episodes of GER in healthy individuals last <3 min, occur in the postprandial period, and cause few or no symptoms. In contrast, gastroesophageal reflux disease (GERD) is present when the reflux of gastric contents causes troublesome symptoms and/or complications such as faltering growth, recurrent pneumonias, apnoea, dystonic head posturing. Limited data is currently available on the adherence of healthcare professionals to existing guidelines in daily practice, however some reports highlight the risk of over-diagnosing GERD and the inadequate use of treatments, such as acid suppression.

Aim of the study The aim of this study was to assess current clinical practice and adherence to ESPGHAN guidelines regarding the diagnosis and management of infants presenting with symptoms of GER/GERD.

Methods Medical records of 60 patients treated in an inpatient or outpatient setting, age 1 day to 1 year and with a diagnosis of GOR or GORD were randomly collected. Data recorded for each patient included: specific diagnosis, presence of clinical symptoms suggestive of GOR/GORD, choice of treatment and if the diagnostic criteria according to ESPGHAN guidelines were met.

Results In total 100% of patients included in this study were diagnosed with GOR, rather than GORD despite the presence of what could be considered as “troublesome symptoms”. The two most frequently reported symptoms were poor weight gain n = 6 (10%) and irritability n = 40 (66%). Importantly, despite being “officially” diagnosed with GOR, 55 out of 60 children (91%) were commenced on anti-reflux medication (i.e. proton pump inhibitors or the H2 receptor blocker Ranitidine). All parents were provided with education and guidance.

Conclusion Our small study provides insight into current clinical practice in a district general hospital and highlights major insufficiency in the understanding and management of GOR/GORD. Despite diagnosing GOR the majority of infants are commenced on medical treatment. Active advice and teaching to healthcare professionals in the primary and secondary sector is required to improve the situation in the long term.

G365(P) THE USE OF ANTIBIOTIC LINE LOCKS TO PREVENT CENTRAL VENOUS CATHETER-ASSOCIATED SEPSIS IN CHILDREN WITH INTESTINAL FAILURE ON LONG-TERM PARENTERAL NUTRITION

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