Introduction The effect of this deletion has an impact on development of various organs and glands. 16 p13.3 microdeletion is a rare genetic condition with a variable phenotype spectrum. RBFOX1 [RNA binding protein] located on chromosome 16 p13.3, is one of the three members in Fox gene family encoding splicing factors. We would like to present this case report to elucidate the association of this alteration with hypothyroidism and epileptic seizures as only one case of this association has been reported in the literature.

Case report An 8 year old boy presented with recurrent afebrile, unproked seizures and behaviour difficulties. EEG was supportive for multifocal epilepsy. The MRI brain scan was normal. Blood results showed persistently high TSH levels and low free T4. Subsequent workup showed a high TPO level and the endocrine team made a diagnosis of autoimmune hypothyroidism. Genetics investigations showed that the patient had a 16 p13.3 microdeletion. A similar genotype was noted in the mother though she was phenotypically normal.

Discussion RBFOX1 is an important splicing factor identified as a binding protein of ATXN2, suggesting a role in neurologic function. It is highly expressed in the brain, skeletal muscle, heart, other organs and glands. Any alteration with this specific locus is associated with variable phenotypes affecting various body systems. These include mental retardation, epilepsy, mental health disorders, congenital heart defects, obesity and diabetes along with other endocrine problems. The introduction of array comparative genomic hybridization (CGH) has provided the ability to map DNA copy number variations (CNVs) genome with high resolution. Only one patient with this CNV has been reported to have congenital hypothyroidism and associated epilepsy. In our patient though the CGH array has helped in mapping out the genetic defect however its role in hypothyroidism is yet to be established.

Conclusion Patients presenting with multiple system involvement, especially involving the endocrine system with associated developmental delay and neurobehavioral and neuropsychiatric problems should undergo CGH array analysis as part of their endocrine assessment. Moreover endocrinologists need to be aware of this copy number variation as it may have a huge impact on future pregnancies of the patient.

Febrile convulsions (FC) are seizures in children under five associated with fever. They are reported in 2%-5% of children with good prognosis. However, the risk of epilepsy may be increased. This study reported the first Scottish cohort and observed current clinical practice, outcome and associations with socioeconomic status. A FC database was created using routinely collected clinical data of all children attending A and E. A Scottish prevalence of 390/100,000 children/year was elucidated with 2.6% of children experiencing FCS by their fifth birthday. Children from deprived areas were overrepresented. It is established that only very young children or children with complex convulsions should be admitted and further investigations are usually unnecessary. However, 72.6% of children were admitted and 10.4% received an EEG which is inappropriately high. Epilepsy was diagnosed in 2.6% of children, an increase from the 1% population risk. However, many of these children had other abnormalities. Only 1.5% of otherwise healthy children developed epilepsy. Overall, the danger of FCS should not be overstated as they only slightly increase the risk of epilepsy in an otherwise healthy child. This should be explained to quell parental anxieties and reduce unnecessary admissions and investigations.
### POST-MALARIA NEUROLOGICAL SYNDROME: THE FIRST IRISH PAEDIATRIC CASE

**Aims** Post-malaria neurological syndrome (PMNS) is described as a rare post-infectious encephalopathy occurring within two months of resolved malaria infection and with an aparasitaemia. PMNS encompasses three separate neurological syndromes: A delayed cerebellar syndrome, an acute demyelinating polyneuropathy (GBS) and an acute disseminated encephalopathy (ADEMs).

Here, we report the first Irish paediatric case of falciparum PMNS, in a patient of African origin, born and living in Ireland.

A 15 year old boy presented with a 3 day history of progressive encephalopathy, features of raised ICP and seizures on a background of falciparum malaria treated six weeks previously. PMNS was diagnosed after further investigations and an aparasitaemia. He was sedated and intubated for 2 days and commenced on antimicrobials, antimalarial and steroids. His investigations results as following: MRI brain: Cerebral oedema and optic neuritis, EEG: Severe encephalopathy. Serial investigations results as following: MRI brain scan showed dilatation of the left temporal horn with left mesial temporal sclerosis.

**Conclusion** In conclusion, PMNS is an increasingly recognised, but rare complication of malaria that must be differentiated from relapsing or recurrent malaria, and post-infectious neurological syndromes, e.g. ADEM. In particularly severe cases, steroids have been given as an adjunctive therapy to speed recovery however PMNS is a self-limiting condition that resolves within 2–14 days and requires no specific treatment.

### NOT BELL’S PALSY ANYMORE? LYME DISEASE (LD) UNTIL PROVEN OTHERWISE

**Aims** Lyme Borreliosis (LD) is becoming increasingly prevalent across parts of the UK. Recent evidence suggests that LD is the commonest cause of lower motor neuron type facial palsy (LMN FP) in children and adults in the USA. Historically, idiopathic LMN FP, termed Bell’s palsy, was given as the commonest cause in the UK, we discuss whether current evidence suggests otherwise.

**Methods** We report 2 cases of LMN FP seen over an evening shift, which were subsequently serologically confirmed cases of LD. We also reviewed current literature and surveillance data.

**Results** LD is an infectious disease caused by the spirochaete Borrelia burgdorferi. It is the most common tick-borne infectious disease in the UK and is becoming increasingly prevalent in certain areas, affecting around 9.8/100 000, a figure that continues to rise. The presenting features are often non-