specific in children, with Erythema Migrans being the commonest presenting feature which is often missed as a heralding sign. Two children presented with LMN FP who we treated empirically for LD with Amoxicillin with subsequent results confirming the diagnosis. One was a holiday maker from an area not reported to have Lyme disease and the second child was on holiday in Republic of Ireland with known prevalence of Lyme disease. Both children presented to medical services in the preceding days with a rash and one with unilateral facial swelling (with development of LMN FP on same side). It is thought that up to fifty percent of facial Palsy in Children may be as a result of LD.

Conclusion Our findings confirm that LD is increasingly more common in the UK and should be considered as the most common cause of LMN FP. Symptomatic LD is potentially progressive with long term consequences. We propose empiric treatment of all cases of LMN FP with Amoxicillin or Doxycycline whilst awaiting serological confirmation of LD. In addition, clinicians should be considering LD much earlier in the differential of children presenting with a LMN FP.

G323(P) A CASE OF SHINGLES WITH NO HISTORY OF CHICKEN POX

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Introduction Herpes Zoster Ophthalmicus (HZO) is a specific form of shingles that affects the dermatome of the ophthalmic nerve. It can have serious sequelae including permanent visual loss if there is ocular involvement.

Case report A 20-month-old child presented to the Paediatric Assessment Unit with a vesicular rash on his left forehead, and with swelling around the left eye. He had been treated with Flucloxacillin for impetigo, however this had failed to resolve the rash. He was apyrexial, passing urine and stool normally but had decreased oral intake. On examination the rash was restricted to the territory of the left ophthalmic nerve. The left eye was swollen with a yellow discharge and could not be opened. Swabs from the eye, and of the vesicular fluid were sent for bacterial culture and viral PCR. Initial bloods, including FBC and CRP, were normal, with no evidence of systemic infection. A diagnosis of HZO was made, based on the clinical findings, and the child was commenced on IV Aciclovir, IV Co-Amoxiclav, and Chloramphenicol eye drops. The following day the child had developed a fever and was tachycardic and tachypnoeic; the antibiotics were converted into Ceftriaxone. Varicella zoster IgG was found to be positive suggesting past infection. Ophthalmological opinion was sought to rule out ocular involvement. They found the child to be Hutchison's sign negative and agreed with the diagnosis of HZO without ocular involvement. The child received 7 days of Aciclovir, 7 days of antibiotics and 14 days of Chloramphenicol eye drops. The bacterial culture later isolated *Moraxella catarrhalis*, and the viral PCR confirmed Varicella zoster DNA.

Learning points Asymptomatic chickenpox is uncommon, although mild cases may be missed. Chickenpox infection can occur in utero and can cause scarring, neurological and ophthalmic complications, or the baby can be asymptomatic and present in early life with shingles. Accurate diagnosis is important to prompt early management. Examination of the eye

with Ophthalmological input is important to rule out or manage ocular involvement. Hutchison's sign indicates nasociliary branch involvement increasing the likelihood of ocular sequelae.

G324(P) CHILDHOOD STROKE DUE TO CEREBRAL ARTERIOPATHY; A PANDORA'S BOX?

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Aim Stroke is an acute neurologic deficit that results from an ischaemic or haemorrhagic cerebral vascular event, persists for at least 24 hours, and results from a disturbance of the cerebral circulation. Childhood stroke is not common, but leads to significant morbidity and mortality. It is among the top ten causes of death in childhood. Stroke mimics are much commoner which make the diagnosis more challenging. We describe an intriguing case for which a wide array of tests has not revealed the precise aetiology.

Methods The clinical, laboratory and radiological data were reviewed.

Results A 3-year-old girl, only child of non-consanguineous Polish parents presented with marked altered level of consciousness preceded by upper respiratory tract infection. Examination revealed non-reactive pupils without focal neurological signs. Electroencephalography demonstrated diffuse encephalopathy. She was managed for probable encephalitis. There was clinical deterioration evident by headaches, an episode of focal seizure with subsequent right sided hemiparesis. Serial magnetic resonance image (MRI) and angiography (MRA) of the brain revealed diffuse abnormality of intracranial vessels with attenuated calibre of intracranial vessels and bilateral watershed infarcts. There was visual loss without evidence of optic neuritis. Metabolic, coagulation, autoimmune, infection, extracranial imaging and available genetic screen have been normal so far. Fluctuating blood pressure has remained a challenge in her management. She is being managed on immunosuppressive, antiepileptic, antihypertensive and antithrombotic agents. Multidisciplinary team follow-up is ongoing. Follow-up brain MRI and MRA (at five months) confirmed stable bilateral infarcts and vessels appearance.

Conclusion Cerebral arteriopathy has been recognised as a major risk factor for arterial ischaemic stroke in children. It may develop in a previously healthy child without any known risk factors. However, recent upper respiratory tract infection has been shown to be a significant predictor of underlying arteriopathy.¹ The risk of recurrence in this case remains uncertain.

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G325(P) AN EVALUATION OF OUR LOCAL PAEDIATRIC EPILEPSY SERVICES

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Aims 34,000 Children and Young People (CYP) in England have a diagnosis of epilepsy and receive anti-epileptic drugs. NICE have described high-priority areas for quality improvement; The Epilepsy in CYP, Quality Standard (QS27).

Our local service aims to provide an excellent multidisciplinary service to serve its patients and their families in a holistic manner. It is delivered by consultants, a specialist nurse, rotating junior doctors and the nursing team.

Methods To evaluate our current local service standard against national guidance and identify areas of possible improvement, we developed a Caregiver and Patient Reported Survey (CPRS). It covered both quality standards and expectations from patients and their parents and caregivers. Anonymous CPRS were disseminated in the waiting areas of our multi-site outpatient paediatric epilepsy clinics over a 3 month period (n=44). Observational analyses were completed on all the returned CPRS and the results were mapped against national guidance.

Results Observational analyses revealed 70.5% of CPRS were completed by caregiver/parent and 22.7% by CYP (6.8% no return), 84.1% stated that they were satisfied-very satisfied with our services, 90.9% were happy-very happy with their clinical experience, 82.7% were happy- very happy with the support they received outside of the clinic environment (34.0% no return) and 77.8% were happy- very happy with the support received whilst inpatients (38.6% no return).

Our patients had experienced problems in the educational, social and home lives due to epilepsy; 31.8% at school, 18.2% attending out of school clubs and 31.8% socialising. 18.2% of patients experienced problems with other areas including; side effects of medication, communication with services and behavioural issues. 90.2% were content with the information they received following diagnosis and 95.2% between appointments. 86% were happy to very happy with the verbal information and 81.4% with written information.

14% identified areas of change including; information on the effects of epilepsy on learning and education, more streamlined information and flexibility around access to services.

Conclusion Communication and information delivery were identified as key areas of possible improvement. We are now developing an electronic, locally tailored Paediatric Epilepsy Information Pack to be disseminated to patients and their families.

G326(P) IMPACT OF COMPLEX REHABILITATION USING ROBOTIC KINESIOTHERAPY AND BOTULINUM THERAPY ON THE LEVEL OF SOCIAL ADAPTATION OF CHILDREN WITH CEREBRAL PALSY

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Aims To assess the impact of complex rehabilitation using robotic kinesiotherapy, botulinum therapy in children with spastic diplegia on their social adaptation.

Methods The study involved 142 children with a clinical diagnosis: Cerebral palsy, spastic diplegia. Of these, 82 children were included in the main group, where robotic kinesiotherapy with the help of the Lokomat rehabilitation complex and intramuscular injection of botulinum toxin type A were

performed as part of complex rehabilitation. The control group consisted of 60 children, who underwent rehabilitative treatment with traditional methods. According to the Gross Motor Functions Classification System (GMFCS) children of both groups are divided into 2 subgroups: II and III levels. To evaluate the effectiveness of the rehabilitation therapy complex the following tools were used: GMFCS, Modified Barthel Scale. Statistical analysis of the results of this study was carried out using IBM SPSS Statistics Professional 21.0.

Results There were no significant differences in age characteristics and gender between the study groups. The groups studied were also comparable in terms of motor deficit (p=0.324). Identification of violations of self-service was carried out according to the following criteria: complete dependence, moderate dependence, easy dependence. It was revealed that children of both groups in terms of self-service and social adaptation are lagging behind the age norm. At the beginning of the therapy, there was no significant difference between the compared groups.

Improvement of self-care with the transition to an easier group was observed in 14 patients in the main group (p<0.05), which significantly exceeded the results in the control group, where improvement was noted in 3 patients. At the end of the rehabilitation course, 71.9% of the patients in the main group had moderate dependence, 19.5% – easy dependence, complete dependence was maintained in 8.5% of patients. In the control group, 55% of patients had moderate dependence, complete dependence – 21.6% and easy dependence – 23.3%.

Conclusion Thus, the results of our study indicate a higher effectiveness of complex rehabilitation with the use of robotic kinesiotherapy and botulinum therapy in comparison with the methods of traditional therapy in patients with spastic diplegia.

G327(P) CHARACTERISTICS AND OUTCOME OF HEADACHES IN CHILDREN FROM A TERTIARY CARE HEADACHE CLINIC

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Aim Headache is a common cause for referral to paediatric outpatients. Whilst there is clear guidance on recognition of patients intracranial causes of headache, the management and outcome of idiopathic headaches is variable.

Method We reviewed the characteristic of 28 patients from a tertiary headache clinic between 2013 and 2015. Demographics, diagnosis, indication for MRI, management and outcome of the patients was reviewed.

Result There was a female predominance of 61% with mean age of 12.8 years at initial appointment. 53% of patients were felt to have a chronic headache at presentation, 46% of which improved with treatment. The most frequent diagnosis was migraine without aura (57%) and migraine with aura (25%). Three patients were diagnosed with medication overuse headache, two with cluster headache, two with chronic paroxysmal hemicranias and one patient with each tension headache and idiopathic intracranial hypertension.

The majority of patients underwent MRI scan (89%) of which 72% were reported as normal, 20% had small white matter changes that are often seen in patients with migraine and 8% had no change in previously known abnormalities.