up of experts in each eligible condition. Data fields include demographics, blood and urine results, medications, transplant and dialysis history, genetics and co-morbidities. Data is entered retrospectively from the patient’s medical records following consent.

**Results** 319 patients have been consented at BCH. The age range is from birth to 16 years with mean of 4.9 years with male to female ratio of 55%;45%. The most common condition is Idiopathic Nephrotic Syndrome (n=128; 39%), followed by Alport Syndrome (n=33; 10%), ARPKD (n=25; 8%), Hyperoxaluria (n=24; 7%) and STEC HUS (n=22; 7%). The other conditions with numbers of patients recruited so far include: ADPKD (n=14), aHUS (n=13); Cystinosis (n=9); Cystinuria (n=3); Dent and Lowe (n=7); HNF1b (n=6); Hypokalaemic Alkalosis (n=8); MPGN (n=14) and Vasculitis (n=7).

**Conclusion** RaDaR provides important epidemiology data based on the whole country population which is shared amongst the renal team to develop further research into rare kidney diseases and improve the quality of care for these patients. It also gives an opportunity to define the best treatment practices across the country in the future.

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**G34(P)** **ABSTRACT WITHDRAWN**

**G35(P)** **ROLE OF LUMBAR PUNCTURE IN INFANTS PRESENTING WITH RECURRENT APNOEAE**

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**Background** The commonest cause of recurrent apnoea in early infancy is due to bronchiolitis especially when they present with other respiratory symptoms. Lumbar puncture is commonly performed in these babies to rule out the possibility of meningitis. Almost all these babies are also commenced on antibiotics and antiviral agents to cover meningitis until it is excluded.

**Aim** To identify the incidence of meningitis in infants presenting with recurrent apnoea to a tertiary paediatric intensive care unit.

**Methods** Prospective collection of data and retrospective review of case notes of all the infants intubated and ventilated because of recurrent apnoea. The study period was from March 2014 to February 2017.

**Results** Sixty five infants were included in the study. Their mean age was 5 weeks (range: 3 weeks to 3 months). All of them had a non-bronchoscopic Broncho Alveolar Lavage (BAL) to identify respiratory pathogens and also had lumbar puncture to rule out meningitis. All the infants presented with a history of coryzal symptoms, poor feeding, respiratory distress and recurrent apnoea. The average highest peak CRP for this group was 73(interquartile range: 26–103). 39 babies (60%) received fluid resuscitation at presentation. PCR test was positive in the BAL for a viral pathogen in sixty infants (92%) and negative in five (8%). Two babies in the BAL positive group also had a positive PCR test for a virus in the CSF. One baby had enterovirus positive in both BAL and CSF and another baby was PCR positive for Rhinovirus in BAL and HHV6 in CSF. The CSF cell count was normal in both these infants. No infant had evidence of bacterial meningitis or a treatable cause of viral meningitis.

**Conclusion** Our results show that there is a low incidence of possible viral meningitis in infants presenting with recurrent apnoea and other respiratory symptoms. None of the babies would have benefitted from antibiotics or antiviral agents.