Abstracts

Conclusion Incidental and unrelated findings were found in 15.6% of IBD patients undergoing MRE. Although many (43.7%) of these children required further imaging studies, only one patient from the entire cohort (1%) (massive splenomegaly) needed further investigations for a significant, previously unidentified pathology.

Aims Coeliac disease (CD) is a malabsorptive condition, which increases the risks of calcium and Vitamin D deficiencies, osteoporosis and pathological fractures when compared to the general population. Vitamin D monitoring and supplementation advice is not included in the 2013 British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) guideline. However NICE in 2015 has advised further research for paediatric patients. Current adult coeliac guideline advice is to monitor and supplement as required. We aim to contribute to the discussion for a consistent practice nationally for paediatric units.

Methods Retrospective casenote analysis of 40 patients with CD to assess when serum Vitamin D levels were done, and the number of patients requiring supplementation. Standardised proforma assessed blood tests and interventions within the first 12 months of diagnosis. This is because patients are deemed to be most vulnerable until their gluten free diet is fully established. Data was analysed using Excel software.

Results Patients ranged from age 13 months to 17 years at initial presentation. 17 patients (42.5%) had serum levels tested within the first year of diagnosis, but only 1 patient (2.5%) was tested at initial presentation, which was confirmed to be positive for deficiency. 6 patients (15%) required treatment, of which 5 were started in the first year of diagnosis. 1 patient (2.5%) required treatment twice, occurring at 5 and 7 years post diagnosis. 1 patient had a long bone fracture due to trauma, but with normal serum Vitamin D and bone profile levels.

Conclusions There is no current guidance on the frequency of monitoring Vitamin D levels for paediatric patients, and our practice reflects this. Monitoring serum Vitamin D levels in the first year of diagnosis is important as these patients are most vulnerable to developing mineral and vitamin deficiencies in this period. We propose that serum Vitamin D levels are checked at diagnosis, and annually thereafter.

Vitamin D Monitoring in Coeliac Disease – Where Do We Start?

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REVERSAL OF CAROTID INTIMA-MEDIA THICKNESS WITH LIPID LOWERING THERAPY IN CHILDREN WITH FAMILIAL HYPERCHOLESTEROLAEMIA-CASE REPORTS OF TWO PATIENTS

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Nutritional Rickets Presenting to Secondary Care in Children (<16 Years) – A UK Surveillance Study

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