Introduction Granuloma annulare (GA) is a benign inflammatory dermatosis of unknown cause. The Generalised granuloma annulare (GGA) is a subtype of which tends to be resistant to treatment. Various antibiotics have been proposed as a potential therapy for GGA, the most recent being combination therapy with Rifampicin, Ofloxacin and Minocycline (ROM).

Aims This study aim to explore the efficacy of antibiotics in treating GGA, and whether antibiotics may be useful in Children.

Methods We undertook a systematic review of English literature published from August 1947 to July 2017 to evaluate the efficacy of antibiotics in treating GGA and extract relevant data in children less than 18 years. Data sources included MEDLINE, EMBASE, Cochrane library, and references of identified articles.

Results We identified 790 potential studies, of which 229 were duplicates. 541 were excluded on the basis of title and abstracts. Of the 20 eligible studies included in the final analysis. Studies were from USA (40%, n=8), Europe (35%, n=7), Asia (25%, n=5). Majority were case studies (65%, n=13), case series (10%, n=2), cohort studies (10%, n=2) and Open label prospective studies (15%, n=3; 2 on ROM therapy and 1 of dapsone). There were 113 treated patients, 60% (n=68) were female. Children constitute 14% (n=16/113), with age range 2–18 years, treated with antibiotics, of which 3 were GGA and 13 Non-GGA (i.e 8 Localised GA, 2 perforating GA, and 3 subcutaneous GA). Main antibiotic treatments reported were either the monthly combination therapy given as ROM, or single therapy of dapsone or doxycycline/Minocycline. There was a good response in Non-GGA in Children with only 15% recurrence rate while only 33% achieve remission in the GGA. Unlike adults, no side effects reported in Children.

Strength and limitations Our results highlight the strengths of combining outcomes of rare events. The lack randomised controlled trials, however, was a significant limitation. In addition, none of the literature looking at ROM combination therapy were in Children.

Conclusion There is paucity of evidence to support the use of antibiotics in the treatment of GGA in children. Although, recently ROM as shown promising results in adults, more studies are needed to validate this findings.

REFERENCES
Results 7.12% (20/279 patients) had documented signs of anaphylaxis. Only 11 of these patients were diagnosed and treated as anaphylaxis in ED. Of the 9 unrecognised and untreated patients 4 had documented wheeze and 5 had documented airway swelling.

In addition, 2.5% (n=7) children who had no objective symptoms of anaphylaxis were treated with adrenaline (1 self-administered, 2 paramedics, 4 in ED).

Only 11/20 patients with anaphylaxis were referred to paediatrics for observation and allergy assessment.

In 70% cases of anaphylaxis (n=14), the trigger was food. In 30% (n=6) no trigger was identified. Tree nuts (42%, 6 cases) was the most common food trigger for anaphylaxis.

While allergic reactions are more common in younger children (228 under 10 years vs 51 cases 11–16 years), the proportion presenting in anaphylaxis is much higher in adolescents with 22% (11/51) presenting in anaphylaxis vs 4% (9/219) in 0–10 year olds.

Conclusion Our audit has given insight to the age, sex, triggers and symptoms of children presenting in anaphylaxis and identifies disparity in the recognition and management of anaphylaxis in the ED. To standardise and improve care, it was recommended that a paediatric anaphylaxis care pathway should be implemented in line with the current guidance.

G64(P) AN ASSESSMENT OF THE DIAGNOSIS AND TREATMENT OF CYTOMEGALOVIRUS AT THE UNIVERSITY HOSPITAL OVER THE LAST 10 YEARS

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Background and aims Congenital cytomegalovirus (cCMV) is the most common congenital infection with a birth prevalence of 0.3%–0.7% in developing countries. It is the leading cause of non-genetic sensorineural hearing loss (SNHL) and an important cause of neurodisability. At birth, 10%–15% of infants are symptomatic and a further 10%–15% develop symptoms, mostly SNHL, by age 5 years. Despite this, there is limited awareness of cCMV, therefore meaning many infected infants are undiagnosed.

We aimed to determine the number of infants presenting to our University Hospital with cCMV over a 10 year period and to describe the diagnosis, treatment and outcome of these infants in order to refine our clinical pathways.

Methods Electronic patient databases were searched to identify patients diagnosed with cCMV between 01/09/2007 and 30/08/2017. A standardised data capture tool was designed and utilised to describe the clinical features and management of these children.

Results Forty infants were initially identified of which 4 were subsequently determined to have postnatal acquisition of CMV. Of the 36 infants with cCMV, 22 (61%) were symptomatic in the neonatal period and 6 (17%) developed sequelae beyond the neonatal period. The mean age of diagnosis was 4 months 10 days. The majority of infants were diagnosed using PCR of a urine sample. Eighteen (50%) of infants were treated with either ganciclovir or valganciclovir for either 6 weeks or 6 months. In total, 28 (78%) infants experienced long term adverse outcomes associated with CMV.

Conclusion Congenital CMV is a relatively rare condition, however it is associated with a significant health burden for infants, their families and the NHS. Increased awareness and education of pregnant women and healthcare professionals is essential to improve early diagnosis of cCMV and therefore increase the number of infants who might benefit from antiviral treatment. Follow-up of both symptomatic and asymptomatic infants is essential for early diagnosis of SNHL and therefore early intervention for these infants.