Purpose Tubercous sclerosis complex (TSC) is an inherited neurocutaneous disorder that is characterized by pleomorphic features involving many organ systems. Renal manifestations are the second most significant cause of morbidity and mortality in patients with tubercous sclerosis complex (TSC), and include renal cysts, angiomyolipomas (AMLs) and malignant tumors. In this study, we investigated patients with tubercous sclerosis in our clinic for renal involvement.

Methods In our clinic, the renal manifestations of children with TSC between 0–18 years of age were evaluated. Age of the first diagnosis, TSC history of family, renal ultrasonography findings of angiomyolipomas and cysts such as size, quantity, location, renal function tests, urinalysis, presence of hypertension, additional organ involvement, and the presence of renal cell carcinoma were assessed.

Results There were 17 (8 male and 9 female) patients with TSC. The mean age of the patients was 11.6 years and first diagnosis time was 2.3 years. Angiomyolipoma was the most frequent lesion (15 of 17 patients) and twelve of them were bilateral. At the time of diagnosis 3 patients had angiomyolipomas. The sizes of AMLs of the patients were smaller than 5cm. Six patients had also renal cysts and 2 of them with renal cysts had no AML. Additional organ involvement was observed in 3 patients. All of the patients had normal renal function tests and urinalysis.

Conclusion The most common renal lesions in TSC are angiomyolipomas and kidney cysts. At the time of TSC diagnosis, all the children must be screened for renal involvement and changing of renal findings in TSC with time should not be forgotten since the new findings can be added to old ones.

REFERENCES

Abstracts

GP289 KIDNEY INVOLVEMENT IN TUBEROUS SCLEROSIS COMPLEX
Sultan Ceren Yildirim, Gülen Gül Mert, Ayşen Karabay Bayazit*, Şakir Altunbaşak. Çukurova University, Adana, Turkey

Objective To determine frequency of urinary tract infection (UTI) in children with Tuberous Sclerosis Complex (TSC). UTI was diagnosed by > 10 WBC/mm³ on urinalysis (p-value 0.001). Other infections were reviewed. Results Of 17 children with TSC, UTI was seen in 10 (58.8%). UTI due to E.coli infection was most seen and UTI due to non-E.coli uropathogens was also common. Conclusions UTI is common in children with TSC.

GP291 AUDIT OF THE IRISH NATIONAL CENTRE FOR PAEDIATRIC RHEUMATOLOGY NEW PATIENT WAITING LIST
Edel Carbery*, Derek Deely, Emma Jane Mac Dermott, Orla Killeen. Our Lady’s Children Hospital Crumlin, Dublin, Ireland

Introduction Juvenile idiopathic Arthritis (JIA) is the most common inflammatory disorder of childhood. Early recognition and optimal treatment of JIA is associated with reduced mortality and morbidity. Wait times for new patients to be reviewed by paediatric rheumatologists in Ireland are significantly outside the Standards of Care for children and young people with JIA (2010). These recommend that patients with suspected JIA be seen by a paediatric rheumatologist within 42 days of the referral being made.

Methods New referrals to the paediatric rheumatology are triaged by rheumatologists based on the information provided in the paper referral as ‘urgent’, ‘soon’ and ‘routine’ as per clinical indications. Those referrals categorised as urgent require consultant review, however it may be possible for referrals in the ‘routine’ and ‘soon’ categories to be reviewed by an APP.

Results of Patients with suspected JIA seen by a paediatric rheumatologist within 42 days of the referral being made.

Conclusion New referrals to the paediatric rheumatology are triaged by rheumatologists based on the information provided in the paper referral as ‘urgent’, ‘soon’ and ‘routine’ as per clinical indications. Those referrals categorised as urgent require consultant review, however it may be possible for referrals in the ‘routine’ and ‘soon’ categories to be reviewed by an APP.

GP290 CAN WE RELY ON PYURIA TO DIAGNOSE URINARY TRACT INFECTION IN CHILDREN?
Jennifer Cox*, M Kenosi, Laura Whitla, Montaseur Nadeem. Tallaght University Hospital, Dublin, Ireland; Trinity College, Dublin, Ireland

Objective To determine frequency of urinary tract infection (UTI) in children with Tuberous Sclerosis Complex (TSC). UTI was diagnosed by > 10 WBC/mm³ on urinalysis (p-value 0.001). Other infections were reviewed. Results Of 17 children with TSC, UTI was seen in 10 (58.8%). UTI due to E.coli infection was most seen and UTI due to non-E.coli uropathogens was also common. Conclusions UTI is common in children with TSC.

REFERENCES