Clinical Case Our case represents a previously fit 17-year-old male. Retrospectively admitting to some fatigue, he was actively playing sports with no background/family history. Blood tests performed at a GP practice, at the time of investigation for a swollen knee/sports injury, reported a serum creatinine $> 1000\mu\text{mol/L}$ and subsequent urine analysis reported $>3\text{ g}$ of protein in 24 hours. Dialysis was initiated due to hyperkalaemia, rising creatinine and uraemia and a renal biopsy reported greater than 90% fibrosis. A PTH level was reported greater than 300ng/L , indicating that renal impairment had been progressing for some time. Initial vasculitic and autoimmune serology have all been reported as negative, and our patient is currently being worked up for a renal transplant.

Discussion This case represents ESKD due to idiopathic IN. IN is steroid responsive and when diagnosed and treated promptly, renal impairment can be limited. Unfortunately, in our case, there was no indication to perform urine or serum analysis, which may have prompted earlier intervention. This highlights the possible benefits for routine screening in the community. As well as medical issues associated with renal impairment and transplantation there are also huge psychosocial implications for an adolescent including compliance with medications and self-image post transplantation, (Abdel-Kader, et al., 2009) .

P87 THE USE OF OPHTHALMIC ATROPINE SUBLINGUALLY FOR THE RELIEF OF SIALORRHEA IN TWO PEDIATRIC PATIENTS

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Sialorrhea is a common and challenging problem in a variety of patients. We describe the use and safety of ophthalmic Atropine for sialorrhea in the pediatric population.

Our first patient, a 17 months old patient with congenital hypotonia complicated by dysphagia, was admitted to the Pediatric Intensive Care Unit at four months of age due to recurrent aspiration pneumonia and recurrent lung collapse. He remained ventilated mainly due to oral secretions comprising his airway. The patient was started on ophthalmic Atropine sublingually which considerably reduced secretion production within 48 hours of initiation; suctioning time was reduced from hourly to every two hours. After six weeks of initiation, our patient was ultimately weaned off the ventilator requiring minimal supplementary oxygen when required. Increased lacrimation, hyperthermia, and flushing were the observed side effects at the maximum given dosages.

Our second case is a 7-year-old cerebral palsy patient, whose stay in the Pediatric Intensive Care Unit was complicated by recurrent aspiration pneumonia and excessive oral secretions compromising his airway requiring intubation. He was started on ophthalmic Atropine sublingually. Secretion production was noticeably reduced after four days on the treatment. After 4 weeks, he was finally extubated after a prolonged course of mechanical ventilation. The patient's side effects included flushing, increased lacrimation and tachycardia.

Both patients were successfully discharged from the Pediatric Intensive care, with minimal supplemental oxygen requirements.

The subjects were selected based on the need for treatment of sialorrhea refractory to other treatments. The dose selection was arbitrary; it was increased until a satisfactory clinical response with minimal side effects were achieved.

Conclusively, we report the efficacy, possible side effects and safety of ophthalmic atropine sublingually in the pediatric population for the treatment of sialorrhea.

P88 NON-SURGICAL CORRECTION OF PROMINENT EARS IN THE NEONATE; A NOVEL APPROACH

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Background The prevalence of prominent ears 'prominauris' is reported to be as high as 5% of the general population.¹ Although this is largely a cosmetic issue it can cause significant bullying and lead to increased rates of depression and anxiety in affected children, these negative psychological effects have been shown to significantly improve after corrective surgery.² Surgical correction is a generally well tolerated procedure but there are a number of complications associated with the procedure including bleeding, infection, pruritus and scarring.³ There is also often a significant cost associated, therefore a non surgical option has many advantages. The basic method of the non surgical correction is to ensure the ear is splinted so that it is kept in the desired shape.

Case Our patient presented at six weeks old with parental concern about prominent ears. His older brother and father had similar anatomy with his father requiring corrective Pinna-plasty at sixteen years old. Our patient was referred to a Plastic Surgeon for assessment and possible surgical intervention. However, the parents were informed by the Plastic Surgery team of a non-surgical option, as corrective surgery would not be possible in infancy or early childhood. His parents were directed to a website www.earbuddies.co.uk where they purchased ear splints and the recommended paraphernalia.⁶ The website also outlines the recommended duration of treatment depending on the age commencing splints and adequate information to apply and maintain the ear splints at home. As our patient began using the ear splints at 2 months old he completed the recommended 2-month course. The distance from the helical rim to the mastoid process was not measured at the start of treatment but as demonstrated in the photographs he has achieved an excellent clinical result. His parents are extremely pleased with the outcome and he has likely significantly reduced the need for surgical correction in the future as well as any associated psychological distress prominent ears may cause.

Discussion This case highlights an opportunity to prevent future morbidity for children with significantly prominent or abnormally shaped ears whose parents request intervention. It is cost effective and requires only short term commitment if started in early infancy. However, due to lack of awareness amongst relevant medical professionals the opportunity is often missed leading to a more costly and painful procedure later in childhood.

Conclusion We would like to raise awareness of non-surgical correction and promote this as an attractive alternative.