P96 A STONE TO LEAVE UNTURNEDEmma Dunne*, Michael J Mahony. *University Hospital Limerick, Limerick, Ireland*

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Aim The author describes a case of cholelithiasis occurring in an 18 month old female who was exposed to intravenous ceftriaxone for 5 days. Four weeks after ceftriaxone therapy, all but one stone had resolved.

Case report An 18 month old female presented to the emergency department with high grade pyrexia and rigors. Physical examination and investigations did not reveal a focus for infection. Bloods: White Cell Count 46.6, Neutrophils 41.7 CRP 120. The patient was commenced on ceftriaxone as empirical treatment. Intermittent high grade pyrexia continued for 5 days. On day 5 an abdominal ultrasound was performed which demonstrated multiple gallbladder calculi within a normal thickness gallbladder. The appearance of the common bile duct was normal. The patient was discharged on day 7 having been afebrile for 48 hours and clinically well. The patient re-presented 4 weeks later with high grade pyrexia. The patient was commenced on IV augmentin at presentation; gentamicin was added on day 3. A repeat ultrasound was performed and demonstrated resolution of all but one echogenic focus in the gallbladder. Ultrasound of the abdomen at 8 weeks demonstrated complete resolution of the calculi.

Discussion Cholelithiasis and choledocholithiasis were considered to be uncommon in infants and children but have been increasingly diagnosed in recent years due to the widespread use of ultrasonography.¹ Ceftriaxone induced pseudolithiasis is an uncommon but recognized side effect of therapy and tends to resolve with cessation of therapy.² In the paediatric population, where gallstones are uncommon, paediatricians and radiologists need to be aware of this association in order to avoid unnecessary intervention.³

REFERENCES

1. Poddar U. Gallstone disease in children. *Indian Pediatr.* 2010 Nov;47;11:945–53.
2. Schaad UB, Wedgewood-Krucko J, Tschaepeler H. Reversible Ceftriaxone associated pseudolithiasis in children. 1988;2: 1411–13.
3. Nayak A, Slivka A. Ceftriaxone- Induced Gallstones: Case Report and Literature Review. *ACG Case Rep J* 2014;1:170–172.

P97 FOREIGN BODY IN HARD PALATE: A CASE REPORT

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Background 6 month old baby, known case of Trisomy 21 with poor feeding.

Case report A 6 month old baby girl was brought to emergency department by the mother as she was not feeding well for last few hours. Baby was born at term with an antenatal diagnosis of trisomy 21. She was exclusively breast fed since birth. Mom noticed an unusual appearance of a hard palate that she had not observed before. Her first impression was probably a cleft palate.

On examination in emergency department baby was well looking, alert with features of trisomy 21. Local

examination of the palate revealed a piece of hazelnut that was stuck inside the hard palate. It was removed with the help of a spatula under direct visualisation in left lateral position. Baby was then discharged home as she was taking her feeds well.

Discussion Foreign bodies of hard palate are rare. Most cases occur in infants. It can present in a variety of ways and most common is usual appearance mimicking oral pathology with poor feeding. Sometimes the diagnosis is challenging and there is always a choking hazard if there is delay in diagnosis.

P98 AN UNUSUAL CASE OF ALPORT SYNDROME IN MOTHER AND DAUGHTER

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Background and aims Our aim is to report the rare Alport syndrome in a mother and daughter.

We also wish to highlight the difficulties experienced by Citizens of Ireland when trying to trace birth families in an attempt to obtain medical information necessary for optimum care of their own biological children.

Methods We describe the clinical presentation, results of laboratory and radiological investigations and outcome to date of both patients.

Results A 6 ½ year-old Irish female presented to our Paediatric Emergency Department with pyrexia, and dysuria. This was on a background history of recurrent urinary tract infections and bilateral sensorineural deafness with cochlear implants placed at 6 months of age by the National Cochlear Implant Programme. Microscopic haematuria and proteinuria were noted on urinary dipstick to which Mum remarked 'I am also being investigated for blood in my urine' however, 'I was adopted and have been unable to find my biological family'. Our patient had one older brother.

On examination, right sided flank pain and coke coloured urine were noted. Renal ultrasound confirmed right focal pyelonephritis. She was hospitalised and received appropriate antimicrobial therapy with a satisfactory clinical response apart from persistence of haematuria.

The context of bilateral sensorineural deafness and associated renal issues with the limited family history cast suspicion of Alport Syndrome.

Renal biopsy and genetic testing confirmed this diagnosis.

Conclusion This child presented with expressive speech and language delay as an infant. An extensive family history would have facilitated an earlier diagnosis of Alport Syndrome thus improving patient care. Maternal guilt due to limited family knowledge and management of patient and parental anxiety were apparent. Finally, this case demonstrates the limited services available in Ireland for tracing lineage for adoptees such as the Adoption Authority and Private Investigators, bridging on the conversation of the right to privacy versus patient care.