P99 GRANULOMA GLUTEALE INFANTUM: AN UNUSUAL DIAPER DERMATITIS

¹Yomna Ahmed*, ²Amna Abdulmalek, ³Mohamed Bucheeri, ²Gabriel Fox. ¹Royal College of Surgeons – Bahrain, Muharraq, Bahrain; ²King Hamad University Hospital, Muharraq, Bahrain; ³Bahrain Defense Force – Royal Medical Services, Riffa, Bahrain

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Granuloma Gluteale Infantum is a rare type of diaper dermatitis. It is of unclear etiology, yet it may be preceded by contact dermatitis, prolonged corticosteroid use or candidal infection. It is generally a self-limiting condition and may be treated by barrier agents and good hygiene. We report Granuloma Gluteale Infantum in an 8-month-old girl, with a prolonged course of contact diaper dermatitis treated with Zinc oxide ointment and petroleum jelly for three weeks without improvement. One month later, the patient developed subsequent erythematous nodules in the perineal region involving the vulva and buttocks but sparing the skin folds. Coincidentally, the patient is a case of Arhinia (congenital absence of the nose) which is also extremely rare, but this does not seem to be of any relevance to the development of Granuloma Gluteale Infantum. The lesions self-resolved within four weeks, with the continuation of zinc oxide and good hygiene. Corticosteroids were not used out of fear that it might exacerbate the lesions.

We report a case of Granuloma Gluteale as a benign rare type of diaper dermatitis, a diagnosis to consider in diaper dermatitis refractory to treatment.

P100 EMBRYONAL RHABDOMYOSARCOMA OF THE LUNG IN A CHILD: CASE REPORT

¹Anupama Mallappa*, ¹Dave Watkins, ²Robert Johnston. ¹Antrim area hospital, Antrim, UK; ²Royal Belfast hospital for sick children, Belfast, UK

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Introduction Rhabdomyosarcoma (RMS), tumor of skeletal muscle origin, is the second most common soft tissue sarcoma encountered in childhood after osteosarcoma. The common sites of occurrence are the head & neck region, genitourinary tract and retroperitoneum. The histogenesis of RMS is still unclear, but the most widely accepted hypothesis is that RMS arises due to the proliferation of embryonic mesenchymal tissue.

RMS is a highly malignant tumor with extensive local invasions and early hemorrhagic and lymphatic dissemination. There is a slight predilection for disease in males.

Despite aggressive approaches incorporating surgery, chemotherapy, and radiation therapy, the outcome for patients with metastatic disease remains poor, survival rate ranged from 20% to 35% in reported series.

We report a case of lung rhabdomyosarcoma in a 3 year old.

Case report A 3 yr old initially presented with history of increased work of breathing with reduced air entry on the left mid and lower zones, blood investigations showed raised inflammatory markers, Strep pneumoniae positive, Chest X-ray suggestive of extensive consolidation. The child was treated with a 5-day course of intravenous antibiotics with clinical improvement however the X-ray showed persistent consolidation.

Re-presented a month later with worsening cough. Repeat chest X-ray showed large consolidation, collapse/effusion with pockets of fluid, case discussed with tertiary centre as per advice given a further course of antibiotics. The child re-presented 2 weeks later with similar complaints, ultrasound suggested massive semisolid lesion/collection in the left hemithorax. Had a CT chest which suggested massive pleural collection on the left side. Surgical opinion -advised to insert video assisted thoracic drain, intraoperatively copious amount of bloody pleural fluid drained, the child became unstable needing volume resuscitation and subsequent transfer to PICU. The pleural fluid analysis was suggestive of neoplasm, had further imaging which suggested growth in the left lung, underwent resection of mass. Histology of mass suggested rhabdomyosarcoma of embryonal type. The child was commenced on chemotherapy.

Conclusion We conclude that the presence of rare conditions, such as tumors of the lung, should be kept in mind in the differential diagnosis of a child who presents with an abnormal shadow on a radiograph, so that early surgical intervention can be undertaken, thus preventing long-term morbidity and mortality from the advanced stage of the disease. Our report is in agreement with the view that patients with pulmonary rhabdomyosarcoma without associated cystic lesion present late in the course of disease, which normally results in poor prognosis.

P101 INTRACTABLE SEIZURES IN A NEONATE-CASE REPORT

Anupama Mallappa*, Sanjeev Bali. Antrim area hospital, Antrim, UK

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Introduction In encephalopathic infants, cerebrospinal fluid/hypoglycinemia and elevated cerebrospinal fluid to plasma glycine ratio are considered pathognomonic of nonketotic hyperglycinemia (NKH). Evaluating sick neonates with hypotonia, encephalopathy, and/or seizures is a diagnostic challenge. NKH should be considered; elevated cerebrospinal fluid/plasma glycine ratio will allow correct identification and treatment more often in the future.

Glycine encephalopathy, also known as nonketotic hyperglycinemia (NKH), is an inborn error of glycine metabolism caused by deficiency in the glycine cleavage system (GCS) and characterized by large quantities of glycine accumulated in all body tissues, especially in serum and cerebrospinal fluids.

We present a case of NKH complicated by neonatal intractable seizures. Increased ratio of cerebrospinal fluid to plasma glycine concentrations of 0.28 was seen as a strong diagnostic indicator of nonketotic hyperglycinemia.

Case report A term infant born by elective C-section (indication previous C-section), no ante natal risk factors was born in good condition at birth.

At 12 hours of life noted to have increased work of breathing, was screened and commenced on IV antibiotics.

At 36 hours of life was admitted to NICU with poor feeding, reduced tone and cyanosis on feeding, due to worsening breathing baby electively intubated and put on conventional ventilation.

Over the next few hours noted to have hiccoughing episodes, likely seizures was loaded with phenytoin and commenced phenobarbitone, noted to have active seizures which increased in duration needing further half loading with