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

10.1136/archdischild-2019-epa.454

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

10.1136/archdischild-2019-epa.455

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

10.1136/archdischild-2019-epa.456

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

phenytoin. Due to ongoing seizure activity was loaded with IV levetiracetam. Did not respond to pyridoxine challenge.

Investigations included bloods and CSF sent for metabolic work up, Serum glycine was 1905, with raised CSF:plasma glycine levels EEG (showed burst suppressive pattern) MRI-normal.

Child transferred to tertiary centre for ongoing management. Needed 7 days of intensive care, managed by metabolic and neurology teams. Regular follow-up at local centre.

Is currently on phenobarbitone, levetiracetam, sodium benzoate and folinic acid

Conclusion To date, no effective treatment exists for NKH. The standard treatment strategies for NKH include sodium benzoate (to reduce plasma concentration of glycine) and NMDA receptor antagonists (ketamine, dextromethorphan, felbamate, and topiramate). Both sodium benzoate and dextromethorphan may improve alertness and decrease seizure frequency if prescribed during the newborn period.

P102 AN ADOLESCENT GIRL WITH ULCUS VULVAE ACUTUM

Esra Çakmak Taşkın, Halil Özdemir, Kübra Konca, Gül Arga, Ergin Çiftçi*, Erdal Ince. *Ankara University Faculty of Medicine, Ankara, Turkey*

10.1136/archdischild-2019-epa.457

Background Ulcus vulvae acutum (UVA) is a disease characterized by primary aphthous ulcer or reactive nonsexually related acute genital ulcer. The etiology is unknown. The diagnosis is made by excluding other infectious and noninfectious causes which can be responsible for vulvar ulcer.

Case report A 12-year-old girl had a pustule-like lesion which appeared on her genital region 4 days ago and grew rapidly with a swelling and tenderness. Before the admission, she did not take any medication except the analgesics. On the physical examination, no pathological findings were observed other than a very painful ulceronecrotic lesion with purulent discharge which was on the entrance of the vagina, at 6 o'clock position. The whole blood count showed a hemoglobin level of 12.6 g/dL, a white blood count of 4210/mm³, and a platelet count of 187000/mm³. ESH was 14 mm/h and CRP was 26 mg/L. The serum biochemistry analysis and complete urinalysis were normal. Discharge culture was performed and intravenous piperacillin-tazobactam and fluconazole were administered empirically. Beside the antimicrobial agents oral paracetamol, ibuprofen and topical lidocaine were added to the treatment. Uveitis was not observed and Pathergy test and HLA B51 were negative. The vaginal and urine cultures were negative. The serological tests for EBV, CMV, herpes simplex virus (HSV) type 1 and 2, *Toxoplasma gondii*, parvovirus B19, hepatitis B virus (HBV), hepatitis C virus (HCV), hepatitis A virus (HAV), human immunodeficiency virus (HIV), and VDRL were found to be negative. The patient was started on intravenous methylprednisolone (2 mg/kg/day) with the preliminary diagnosis of UVA. Application of topical steroid and anesthetic on the lesions was continued. After the methylprednisolone treatment, the ulcer rapidly shrank and the pain markedly relieved. On the 6th day of hospitalization, the dosage of methylprednisolone was reduced to 1 mg/kg/day and she was discharged. No new lesions were evident in the follow-up and the methylprednisolone was stopped gradually within 3 weeks. During the 9-month follow-up, there were no new lesions and complaints.

Conclusion The most prevalent cause of genital ulcers is HSV and it is related to sexual activity. When vulvar ulcer is observed in children, the history of sexual activity and sexual abuse should be carefully questioned. If there is no history of sexual activity, after excluding all the other possible causes, UVA should be considered first for the differential diagnosis.

P103 IMPROVEMENT ON PERSISTENT VOMITING AFTER ADMINISTRATION OF AMITRIPTYLINE: CASE REPORT FROM LIMITED RESOURCES SETTING IN EAST NUSA TENGGARA, INDONESIA

Angela Grace*. *St Rafael General Hospital, Cancar, Manggarai Regency, Indonesia*

10.1136/archdischild-2019-epa.458

Background Cyclic vomiting syndrome (CVS) is a functional gastrointestinal disorder (FGID), characterised by recurring episodes of intense vomiting accompanied by nausea and headache followed by asymptomatic period between the episodes. It remains recognised despite its known prevalence, which is 1.9% in school-age children worldwide. In Indonesia, neither the prevalence nor the incidence of cyclic vomiting syndrome has been reported. A number of published studies reported that CVS is more common among Caucasians, which explains its obscurity in our country. The lack of awareness of this disorder along with low-resource setting highlights the challenge of this case.

Case presentation This is a case report of paediatric cyclic vomiting syndrome in a local, limited resource private hospital in Manggarai Regency, East Nusa Tenggara, Indonesia. A 10-year-old girl was admitted due to her sixth episode of vomiting over the past six weeks. She was hospitalised a few times due to her episodes of vomiting and was diagnosed with gastro-oesophageal reflux disease (GORD) earlier. Her episodes were characterised by vomiting every 30–60 minutes at first, gradually declining over 3–4 days, and recurring in about 6–7 days. All the available test results were unremarkable. The diagnosis was established based on the criteria of The International Classification of Headache Disorder 2004 (ICHD-II), excluding possible aetiologies using the only available resources in our location, and resolution of symptoms after administration of amitriptyline. She was discharged with continuous amitriptyline for 2 weeks and went into remission.

Conclusion CVS should always be considered in repeated vomiting in children. When recurrent vomiting is suspected as CVS in limited resources settings, diagnostic therapy should immediately be performed. Recognition of this disorder is important to establish prompt diagnosis and convenient intervention, thus improving the quality of life of the children.

P104 A 9-WEEK BABY WITH PH OF 7.62 AND BICARBONATE OF 66.6

¹Phani Bhushan Sanneerappa*, ²Bazlin Ramly, ²Mathew Thomas, ²Moosakutty Chetiyarama. ¹*Our Lady's Hospital for sick children, Dublin, Ireland;* ²*Letterkenny University Hospital, Letterkenny, Ireland*

10.1136/archdischild-2019-epa.459

Introduction Infantile hypertrophic pyloric stenosis (HPS) is a condition where hypertrophy of the pyloric sphincter results in narrowing of the pyloric canal. It is the most common