P117 ACUTE HAEMORRHAGIC OEDEMA OF INFANCY: AN IMPORTANT SPOT DIAGNOSIS

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Background Acute haemorrhagic oedema of infancy (AHOI) or Finkelstein/Seidlmayer disease, is an uncommon leukocytoclastic small-vessel vasculitis typically occurring between the ages of 6 months and 2 years. Despite its alarming presentation, it is benign and often has a self-limiting course.

Case report A 4-year-old girl presented to the Emergency Department with a 2-day history of a diffuse spreading erythematous rash, joint pain and swelling. She was unwell for the previous 2 weeks with cough and upper respiratory tract symptoms, and was treated with a course of co-amoxiclav. Otherwise she had no relevant past medical history.

There was a widespread, macular rash that spread to form large confluent areas over the face, buttocks, torso, posterior legs, and arms [PICTURED]. The lesions had an erythematous margin with a central area of clearing. Characteristically these lesions faded in places as bruises with blue discoloration, particularly in the popliteal fossa and at the ankle, concerning for vasculitis. There was pain and swelling of both ankle joints rendering her unable to mobilise. There was a history of Sjogren's disease in the maternal grandmother.

Investigations revealed an elevated white cell count of 20.5, predominantly neutrophilic, and a C-Reactive Protein of 51. Urinalysis and blood pressure were normal. Initial treatment with prednisolone and antihistamines in ED had minimal effect. Following medical and dermatology consultation, a diagnosis of Acute Haemorrhagic Oedema of Infancy was considered.

She improved significantly over the next 48 hours without further intervention and was discharged home. There was complete resolution of her symptoms on follow up 2 days later.

Discussion AHOI is a rare, benign form of vasculitis. It typically follows a recent respiratory prodrome. There are overlapping features with Henoch-Schönlein purpura (HSP) that have been described. Some have contemplated whether AHOI is merely a milder variant of HSP or a separate entity. Nevertheless, its dramatic presentation often results in consideration of more sinister ailments.

Skin biopsy can confirm AHOI but if identified early, the diagnosis can be made on clinical findings alone. Conservative management is the most commonly followed approach. Renal involvement and gastrointestinal bleeding are uncommon complications. Prompt recognition of this condition can spare children from invasive investigations and unnecessary treatment, therefore heightened physician awareness of this phenomenon is paramount.

P118 RUSSIA'S FIRST EXPERIENCE OF POEMS AS A CHILDHOOD

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Introduction Achalasia of the cardia (AC) is a congenital or acquired disorder of the organ's motility, manifested by a violation of the passage of food into the stomach as a result of insufficient reflex opening of the lower sphincter of the esophagus during swallowing and disorderly peristalsis of the overlying parts of the esophageal tube.

It is 1% of all diseases of the esophagus in children, mainly in children over 3 years.

Materials and methods Patients a girl of 16 years, a boy of 11 years.

The girl from 2015, there were complaints of heaviness behind the sternum after eating, periodic vomiting, low body weight (43 kg). After the examination, on radiographs – sprucedale extension of the esophagus to 4 cm, on endoscopy – kardiya impassable for unit d 9 mm, and signs of catarrhal esophagitis. Signs of AC are revealed. The clinical diagnosis was established: AC, 2 stages, dysphagia of 2–3 degrees.

Received treatment during the year nitrates, calcium channel blockers, manual therapy; no effect.

Ate only liquid food Vomiting was noted periodically. Without extraesophageal symptoms.

16.12.2016 Surgery: (POEM).

After surgery, the complication was carboxyperitoneum. Laparocentesis. On day 14, free intake of liquid food, dysphagia 0–1 points.

On the radiograph-the appearance of a gas bubble in the stomach, the free passage of contrast throughout.

At control examination in 1 year – dysphagia 0 points. Gaining weight (48 kg). X-ray: the lumen of the esophagus narrowed to 2.5 cm. The contrast flows freely into the stomach. Signs of GERD is not.

The boy in February 2015 with the acute gastroenterocolitis was hospitalized, AC was suspected by endoscopy. In May 2015, he was examined: EGDS, radiography of the esophagus with barium – revealed signs of AC of the 3rd degree, with a significant expansion of the esophagus. Dysphagia 1 point. Low body weight – 26 kg.

In September 2017, he was hospitalized with acute pneumonia.

04.10.2017 made balloon cardiopatici. He ate adapted mixtures and wiped food. Within 14 days improvement. But complaints about the feeling of heaviness behind the sternum were protected.

26.10.2017 performed surgery – POEM.

30.10.2017 radiography– without complications.

No dysphagia.

At control examination in 1 year – dysphagia 0 points. Gaining weight -30 kg. Signs of GERD is not.

Summary POEM as a fairly safe and effective method of treatment of AC, is an option of choice in children over the age of 11 years, but needs further study in children in different groups.

P119 WOLF HIRSCHHORN SYNDROM (A CASE REPORT)

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Introduction Wolf-Hirschhorn syndrome is a rare condition including a characteristic facial appearance, delayed growth