adolescents' school functioning and the pain management interventions in school settings for adolescents with chronic pain.

Methods A systematic review was conducted on school functioning in adolescents aged 13–18 years with chronic pain and pain management in the school setting. A comprehensive search of seven databases; Medline, CINAHL, PsycINFO, ERIC, ScienLO, Cochrane Library, and EMBASE databases, was accomplished covering the period from January 1st, 1976 to December 31st, 2018.

Results The studies on the topic of school functioning reported that chronic pain has a significant influence on school attendance. Adolescents with chronic pain appear to miss more days than healthy peers. In addition, chronic pain among adolescents is associated with a sense of isolation. This population see themselves as different than their school classmates and peers. However, other studies indicate that chronic pain has no effect on adolescents' academic competence. In order to overcome the struggles of adolescents with chronic pain face in the school settings, studies suggested that the medical team and family members should work in tandem with the teachers to enable an appropriate response to children's chronic pain.

P139 PARTIAL TRISOMY 3P – A CASE REPORT

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Introduction Partial trisomy 3p results from an unbalanced translocation or de novo duplication. Clinical features include of structural brain abnormalities, dysmorphic facies, congenital heart defects, learning disability and hypoplastic genitalia. We report the clinical manifestations of a case of partial trisomy 3p.

Case report The female proband, now 3 years and 9 month female was born to a 33 year old Caucasian mother with 2 neurodevelopmentally normal male children. Intrauterine growth restriction and microcephaly identified antenatally prompted investigation. Fetal MRI at 21 weeks gestation demonstrated dilation of the occipital horn of the right lateral ventricle. Amniocentesis confirmed partial trisomy of chromosome 3

The infant was born at term with no resuscitation or respiratory support required. Echocardiogram revealed a secundum atrial septal defect, muscular ventricular septal defect and a restrictive patent ductus arteriosus. Neonatal MRI demonstrated several structural abnormalities:

1. A parieto-occipital encephalocele measuring 2×3.7 cm containing brain tissue and cerebrospinal fluid
2. Dilation of the occipital horn
3. Bilateral atresia of lateral ventricles
4. Areas of cortical malformation
5. An abnormal corpus callosum

Abdominal and hip ultrasound examination were normal.

The encephalocele was successfully repaired in the neonatal period. Post operative recovery was complicated by development of hydrocephalus requiring a ventriculo-peritoneal shunt. At 10 and 18 months the patient had seizures related to

intercurrent illness and fever. She has never had an afebrile seizure.

At present this child is 3 years 9 months with global developmentally delay in all domains. She can walk unaided but has difficulty running. She can use stairs with support but has not progressed to cycling a tricycle. She is visually impaired secondary to a cortical impairment, requiring corrective lenses. She has bilateral sensorineural hearing loss with a cochlear implant. E has remained medically well to this point and has avoided hospital admissions. She requires intensive multidisciplinary involvement by community allied health professionals including physiotherapy, speech and language therapy and occupational therapy. Her parents hope she will be able to access mainstream education with support.

Given the rarity of her condition with few reported cases in the medical literature, her long term developmental outcome remains unclear.

REFERENCES

1. Partial 3p trisomy and different rearrangements involving chromosome 3 in the proposita's family, De Pinto Neto et al, American Journal of Medical Genetics, 1980

P140 8P 23 DELETION: A CASE REPORT ON AN INFANT WITH HYPOTONIA

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Background An infant with hypotonia and dysmorphic features.

Case report A pre term baby boy born to Irish traveller parents at 32 weeks gestation. Mom was Gravida 5 Para 4 with history of oligohydramnios during pregnancy. Baby was born by Emergency LSCS because of premature rupture of membranes and absent liquor with birth weight of 2.19 kg. Baby required intubation and surfactant at admission for RDS. Baby was extubated next day. On examination baby was noticed to have depressed nasal bridge, hypertelorism, high forehead, bilateral reducible inguinal hernias, posterior plagiocephaly with hypotonia. A normal male genitalia with both testis in scrotum identified. Hypotonia persisted with poor feeding requiring NG feeds. X rays showed thoracic scoliosis with curvature convex to right along with hemivertebrae T4-T9. Infant was also having left sided hydronephrosis with hydroureter and normal right kidney. He had normal newborn hearing screen. Ophthalmologic examination showed underdeveloped macula and hypoplasia of fovea. MRI examination showed evidence of Agenesis of corpus callosum. In view of multiple congenital anomalies microarray was requested that confirmed the diagnosis of 8p 23 deletion. There was no family history of note. Currently baby is 14 weeks old and still requiring nasogastric feeds.

Discussion 8p 23 deletion is a rare syndrome that was first described in 1976 by Weleber et al. It has an estimated prevalence rate of about 1:20000 newborns. Patients display moderate to severe developmental delay, characteristic facial features, congenital heart defects, hypotonia, skeletal abnormalities such as scoliosis and agenesis of the corpus callosum. Prognosis is mainly dependant upon the severity of the signs and symptoms and its associated complications.