SAFETY AND EFFICACY OF PROCEDURAL SEDATION AND ANALGESIA IN PEDIATRIC ONCOLOGICAL PATIENTS

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Background and Aim Procedural sedation and analgesia is the standard of care for painful procedures in children that require immobility. Children with cancer are subjected to many procedures for their treatment which are painful and cause anxiety in them. Our aim was to assess the safety and efficacy of procedural sedation and analgesia in pediatric oncological patients in a large tertiary care hospital in Karachi.

Methods A retrospective study was done and records were reviewed of children receiving PSA (procedural sedation and analgesia) for pediatric oncological procedures. This included patients for oncology procedures (lumbar puncture, intrathecal chemotherapy and/or bone marrow aspiration ± trephine). PSA was provided by non-anesthesiologists. These patients were assessed according to PSA protocol guidelines by American Society of Anesthesiology (ASA). Low dose Ketamine (0.5 mg/kg) and Propofol (2 mg/kg) were used.

Results A total of 1216 oncological procedures were performed out of which lumbar puncture was the commonest procedure performed (n=956; 78.6%) followed by bone marrow aspirate only (n=137, 11.3%) and both (n=123, 10.1%). A total of 565 children were enrolled in the study out of which majority (65.1%) were males and 34.9% were females (Table 1). Only eight (0.7%) of the patients were found to have hypoxia as an adverse effect of propofol-ketamine drug with 50% procedures utilizing propofol 1 mg/kg for sedation.

Conclusion This study concludes that the combination of Ketamine and Propofol is safe for procedures. There were no major complications. None of the patients required CPR or endotracheal intubation.
then spread to the entire body including limbs. It was itchy.
The family are originally from Quebec and had been residing
in Ireland for the past 2 years in relation to the father’s occu-
pation. Contact with infectious disease and recent travel were
denied. He had never been hospitalised and had no medical
diagnoses. His mother was adamant that all vaccinations were
up to date and included the Varicella vaccine at one year of
age in Canada. He had no known allergies and was not tak-
ing any medications.

On examination he had multiple vesicular and pustular
lesions with an erythematous base. Some lesion had necrotic
centres. There were some vesicles on his lower lip, buccal
mucosa and also on the throat.

His WCC was 2.08, Neutrophils 0.73, Lymphocytes 0.73,
CRP 20. Influenza, RSV and Monospot were negative.

He was initially treated with IV Augmentin and Fluoxac-
cillin for a presumed diagnosis of Impetigo. More lesions
appeared over his trunk and abdomen over the subsequent
24 hours although he was not systematically unwell. The Der-
atologist made a clinical diagnosis of ‘Chicken Pox’. He
was discharged home on an immunocompetent dose of oral
acyclovir pending results of skin swab, throat swabs and Var-
icella titre.

At follow up one week later he was clinically well with
multiple healing lesions. His Varicella titres were high confirm-
ing a diagnosis of Varicella Zoster infection. His mother
brought with her his vaccination records from Canada which
showed that he had received only one dose of the Varicella
vaccine and had missed the booster. This is in contrast to his
siblings who were fully vaccinated and did not develop Var-
icella despite close contact.

Conclusion Common conditions are common. Vaccines can
fail. Parents should be encouraged to keep detailed records of
all vaccinations including boosters and to follow through with
booster vaccines when indicated.

THE HAZARDS OF AN IRISH HEATWAVE; ECTHYMA
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Background and aims Ecthyma is a pyogenic, deep skin infec-
tion caused by Group a Streptococcus usually combined
with Staphylococcus aureus and sometimes pseudomonas in
the context of warm, moist weather and overcrowding, most
commonly seen in extremes of age and immunocom-
promised patients resulting in healing in a few weeks with
scarring.

Our aim is to report a case of this very rare dermatological
condition in a three year old boy.

Methods The clinical presentation, examination findings with
clinical photographs, laboratory investigations, natural history,
treatment and outcome are described.

A review of the current available literature was undertaken.

Results A previously well and neurodevelopmentally normal
three year old boy presented to the Paediatric Emergency
Department (PED) during the summer months with a rash
for 6 days and high grade fever for 2 days. The rash started
as vesicular lesions on the abdomen before spreading to the
limbs. On examination, lesions were 1.5x1 cm in size, pustu-
lar with hard crust of dried exudate and erythematous base
mostly on abdomen, genitals and lower limbs. Systemic
examination was normal. His full blood count was normal.
CRP was raised. After review by the Dermatologist a clinical
diagnosis of ecthyma was made. Skin swab grew Staphyllococ-
cus Aureus sensitive to Fluoxacillin with which he was
-treated intravenously for 5 days. He was discharged home
on oral erythromycin for 10 days, fucidin cream for one
week, hydromel baths and paraffin gel for 3 weeks. At Fol-
low up 2 weeks later he was found to be well with healing of
residual lesions.

Conclusion Our case raises awareness of this extremely rare
dermatological condition in a Paediatric and an Irish context.
To our knowledge it is the first case of its kind ever seen by
either the Paediatric or Dermatology services in our institution
but may not be the last if our good summers continue

P225 CONGENITAL HYALINE FIBROMATOSIS SYNDROME: A
CASE REPORT OF HETEROZYGOUS ANTXR2 AND
LITERATURE REVIEW
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Introduction Juvenile hyaline fibromatosis is a rare hereditary
disease characterized by deposits of a clear substance (hya-
line) in the skin and other body tissues, it becomes apparent
at birth or in infancy presenting with severe pain with move-
ment, skin lesions & bumps , gingival hyperplasia, progres-
se joint contractures, and bone lesions.1 Complications can
be life threatening. The inheritance follows autosomal reces-
sive pattern, Causing mutations in the ANTXR2 gene. Treat-
ment is supportive and aims to alleviate pain and other
symptoms of the condition. The prevalence is unknown;
about 84 people with this disorder have been reported in
2018 2.

Case We report a 23 month old boy, born at 38 weeks gesta-
tion, no neonatal complications. He was referred to paediatric
clinic at 3 month old with excessive crying, feeding difficulty
and failure to thrive crossing down on centiles from 9th to
<0.4th centile. At 8 months noted to have limited movement
of both shoulders. He then started to have gingivitis and gum
swelling which progressed to gingival hyperplasia. Develop-
mentally he sat unsupported at 8 months, not crawling or
standing no concerns about hearing or vision , plays and
interacts well with siblings.

Parents are non consanguineous of Syrian origin, He has
two sisters and one brother all well. They had no skin lesions
or joint problems. There was no history of similarly affected
relatives.

Physical examination He appears symmetrically small, generally
bright visually alert to his surroundings. Visible nodules over
left ear and left nostril, gum hypertrophy. Decreased muscle
bulk in his deltoids with limited passive movement of both
shoulders and extreme pain on any shoulder movement. Can-
not stand or walk independently.

Laboratory investigations Biochemical and metabolic work up
was all normal DNA PCR: Heterozygous ANTXR2 gene
detected.