complications. LGIE contributed to the final diagnosis of gastrointestinal disorder in 102/210 (48.6%) by showing histological findings in favor of the diagnosis in biopsies or negative signs allowing to eliminate the diagnosis or by revealing abnormalities in proctologic examination.

Conclusion Rates of endoscopic and histological abnormalities from LGIE vary based on age and indication for endoscopy. The diagnostic yield of LGIE was moderate (39%). However, LGIE contributed to diagnosis and management of patients in about half of the cases (48.6%). Negative findings from LGIE can contribute in a positive way to the diagnosis and management of children with gastrointestinal symptoms. A study must be conducted to identify factors associated with diagnostic yield of LGIE in children.

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EXTRAINTESTINAL MANIFESTATIONS OF PEDIATRIC INFLAMMATORY BOWEL DISEASE: A TUNISIAN SINGLE-CENTER EXPERIENCE

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10.1136/archdischild-2019-epa.680

Introduction The incidence of pediatric inflammatory bowel disease (IBD) increased during last years. However, extra intestinal manifestations (EIM) in children with IBD are poorly characterized. The aim of this study was to describe clinical features of extraintestinal manifestations of IBDs in the Tunisian pediatric population.

Methods We conducted a retrospective study from 2012 to 2017 of children admitted to the pediatric gastroenterology department of BECHIR HAMZA Children's Hospital for Crohn's disease (CD) or ulcerative colitis (UC).

Results We collected 14 patients, six boys and eight girls, five cases with UC and nine cases with CD. The mean age at diagnosis was 10±3.3 years [18 month-14 years]. EIMs were reported in ten of 14 patients. EIMs included aphthous stomatitis (n=3), osteoporosis/osteopenia (n=4), peripheral joint inflammation (n=5), primary sclerosing cholangitis (n=1), ankylosing spondylitis (n=1), cerebral venous thrombosis (n=1) and cerebral vasculitis (n=1). We observed three children with skin involvement: one with erythema nodosum, the other with ulcerative skin eruption and a case of vitiligo. EIMs were more frequent in CD than UC (7/9 vs 3/5, p = 0.041). EIM appeared before IBD diagnosis in 11/18 cases. Three patients were treated with anti-TNF agents, six with azathioprine and only one with methotrexate.

Conclusion The prevalence of EIMs in children with IBD in our study was high mainly in patients with CD. EIM may appear before IBD diagnosis. Knowledge of these findings may lead to an increased awareness of underlying IBD, thereby decreasing diagnostic delay.

P332

COMPLICATIONS OF ACHALASIA IN A PAEDIATRIC PATIENT WITH DOWN SYNDROME

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10.1136/archdischild-2019-epa.681

Introduction Achalasia is a motility disorder whose pathophysiology is still incompletely understood. Although rare, achalasia can be associated with Down syndrome, with a higher prevalence than the general population. The treatment is palliative and the medical management often fails whereas the endoscopic and surgical treatment relief symptoms on the long-term with comparable success rates.

Case presentation We herein report the case of a 12 years old girl who was first referred to our hospital at the age of 3 for severe growth retardation. She was diagnosed from birth with Down syndrome by translocation, ventricular septal defect and interventricular membranous septal aneurysm. She presented post-prandial regurgitation from infancy, failure to thrive and numerous respiratory tract infections. Based on clinical symptoms and timed barium oesophagogram we defined the case as achalasia with megaesophagus. She was transferred to the surgical unit and underwent a surgical myotomy with fundoplication. She developed an oesophageal-mediastinal fistula for which a total oesophagectomy was performed, with colon interposition for oesophageal replacement. One year later, the patient presented melena and required another surgery for cologastric anastomotic stricture and anastomotic ulcerations. After a long-term asymptomatic period, during her last assessment she was diagnosed with pneumonia, aspiration syndrome and pleural effusion. The CT scan described a dilated, tortuous colon graph with significant stasis. As there was an important intra-thoracic compression with respiratory distress, she was transferred for surgical treatment considering this life-threatening disorder.

Discussion This case highlights the complex treatment of an uncommon association of achalasia and Down syndrome by translocation. Given that the treatment for achalasia in children is still continuously debated, the therapeutic option should depend on the patient and further attention should be given towards the long-term complications.

P333

AN UNUSUAL CASE- ASCITES IN A TWO YEAR OLD CHILD

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10.1136/archdischild-2019-epa.682

Aims Ascites in the paediatric population is very rare with no known prevalence. This case of ascites secondary to portal vein thrombosis demonstrates the work up required and complications that can occur.

Methods DH a previously healthy 2 year old boy presented with 3 week history of increased abdominal distention. He was clinically well with no anorexia, dyspnoea or discomfort. He had a normal urine output and bowel habit. No past medical history of note. On examination, he was a happy, well child with normal hydration status. His weight was 14.7 kg (91st-99th centile). His abdominal exam revealed marked distention; umbilicus everted & enlarged abdominal girth of 60 cm. Tense ascites present with positive fluid thrill. His bloods, including coagulation screen and liver function tests, were all normal. Ultrasound scan of liver showed cavernous transformation of left portal vein, splenomegaly and large volume ascites.

Results He was diagnosed with a portal vein thrombosis (PVT), this is a cause of ascites in 6 per 1,000 children^[1]. The PVT aetiology was investigated analysing for intrinsic &

extrinsic coagulation defects, intra-abdominal infection & congenital abnormalities. These analyses were normal with diagnosis PVT of unknown cause; over 50% of cases have no known aetiology^[2]. DH had complications including ascites, splenomegaly & an oesophageal varix. He will need regular OGD follow up to check if change to varix or development of new varices, 79% of children with PVT have one upper gastrointestinal bleed in their lives^[3].

Conclusion Ascites is an unusual presentation with specific investigations. PVT is a rare cause of ascites with complications that require investigation.

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P334 CONGENITAL CYTOMEGALOVIRUS INFECTION

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10.1136/archdischild-2019-epa.683

Introduction Congenital cytomegalovirus (CMV) infection is the most common congenital infection, with an incidence of 0.5% among neonates. Mother to child CMV transmission could be transplacental (mostly), at delivery or after birth, through exposure to breast milk. The clinical picture may range from asymptomatic disease to severe form of illness, sometimes occurred immediately after birth. These symptomatic infants have a high risk for neurologic sequelae, including sensorineural hearing loss, mental retardation, microcephaly, development delay, seizure disorders, and cerebral palsy. Congenital CMV is the most common cause of acquired hearing loss in childhood.

Clinical cases We report the clinical and laboratory parameters of three patients with severe congenital CMV infection. In all the maternal infection was asymptomatic and TORCH serology before/during pregnancy was not performed.

The first patient was a preterm boy (born at 28 weeks of gestation with the weight of 1,190 g) with cholestatic hepatitis and complex perinatal pathology, necrotizing enterocolitis, recurrent episodes of apnoea and bradycardia, severe anaemia and thrombocytopenia in the context of CMV infection. The second patient was a girl, born at 37 weeks of gestation with intrauterine growth retardation (weight 2,420 g), who developed immediately after birth CMV pneumoniae, cholestatic hepatitis and severe cytopenia. Also, the audiogram was suggestive for hearing impairment. The third patient was a preterm girl, born at 35 weeks of gestation, weight 2,600 g, with cerebral vasculopathy and splenomegaly after intrauterine CMV infection.

In all these patients, the infection was confirmed by positive serological IgM-CMV antibodies and by quantitative CMV

PCR assay in plasma and all of them received antiviral therapy with ganciclovir.

Conclusions Congenital CMV is an important cause of morbidity in children. Early detection of CMV infection by CMV PCR or culture from saliva or urine and a prompt treatment can prevent life threatening complications like acute liver failure, pneumonitis or sepsis-like syndrome or can improve hearing and neurological development. All children with congenital CMV should be periodically monitored to prevent hearing loss or other neurocognitive sequelae.

P335 'LIPID TRIAD' IN PATIENTS WITH CHRONIC PANCREATITIS IN COMBINATION WITH ARTERIAL HYPERTENSION

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10.1136/archdischild-2019-epa.684

Introduction Modern scientific research in the field of medical knowledge has repeatedly confirmed that the issue of 'comorbidity' is becoming widespread. More and more rare occurrences of the mononozological course of various diseases and the further, the more often - variants of a comorbid or multi-morbid.

Materials In order to achieve this goal, we carried out a general clinical, laboratory and instrumental examination of 102 patients with comorbid pathology of CP and GC that were in the hospital treatment of Khust district hospital during 2017–2018. The average age of the examined patient was 51 ± 10 years.

Results Concerning the features of lipid metabolism, the results obtained by us confirm the presence of 'lipid triad' in patients with Chronic Pancreatitis (CP) in combination with Arterial Hypertension a generalized persistence of inflammatory changes at the level of vascular endothelium. It is difficult to say with certainty that the primary focus in the examined group of patients, or dislipoproteinemia against the background of an existing CP with AH, but it is possible to clearly state the imbalance in the system of lipid homeostasis, which ultimately changes the activity of all organs and systems. The results of the study, which reproduce the changes in Apolipoprotein levels, were as follows: in the main group, the concentration of Apo A1 decreased to 0.85 ± 0.11 g/l against 1.08 ± 0.12 g/l in the control group ($p < 0, 05$), and the excessive level of proatherogenic ApoB in the group of patients with CP and AH- 1.46 ± 0.23 g/l, and in practically healthy individuals - 0.99 ± 0.24 g/l ($p < 0,05$)

In addition to the absolute values of lipidogram rates, in order to assess the presence or potential risk of developing atherosclerotic vascular damage, the ratio of Apo B/Apo A1 and the atherogenicity index that were higher in the group of patients with CP and GC: Apo B/Apo A1 – $1, 77 \pm 0.46$ versus 0.92 ± 0.14 (in the control group ($p < 0,05$) and IA - in the I group - $5,42 \pm 2,25$ versus $2,4 \pm 1,02$ ($p < 0, 05$). The latter indicators are necessary to determine the further treatment of patients and control of the prescribed therapy effectiveness.

Conclusion The results of the study carried out during the hospitalization period in the main group indicate an increase in concentrations of proatherogenic fractions of lipids and apolipoproteins (LDL, LPDH, Apo B) and reduction of anti-atherogenic (HDL, Apo A1). The atherogenicity index and the