48.41)). M1 and M2 did not have a significant effect on the requirement for PT.

Conclusion Massage therapy could be an effective adjuvant to PT in order to reduce the PT duration. However, it did not reduce the requirement for PT.

P485 ANNULAR SKIN LESIONS IN A NEONATE – *TRICHOPHYTON SOUDANENSE*

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Background Cutaneous fungal infections in healthy neonates are a very rare occurrence. We report a case of a previously well seventeen-day-old neonate presenting with a five-day history of multiple annular skin lesions. These were located on the neck, groin and scalp. Microbiological culture of skin scrapings confirmed the presence of *trichophyton soudanense*. *Trichophyton soudanense* is an anthropophilic dermatophyte endemic to sub-Saharan Africa, however it is now recognised as an emerging cause of dermatophytoses in the Western world - in our case Tinea Capitis and Tinea Corporis.

Case Summary A seventeen-day-old neonate presented to our paediatric outpatient department with an annular skin rash. Five days previously lesions had been noted on the scalp and over subsequent days similar lesions appeared on the neck and groin. There were no associated symptoms and the baby was afebrile and had been feeding well. The patient's mother was an African lady from Sierra Leone who had traveled to Ireland while pregnant at 35 weeks gestation. The baby was born at 40 weeks gestation via spontaneous vaginal delivery. The mother developed intra-partum pyrexia, investigations for sepsis were performed and she was commenced on intravenous antibiotics. The high vaginal swab was positive for Group B streptococcus and maternal CRP was 105 mg/L. In light of the maternal history had a workup for sepsis performed and was commenced on intravenous antibiotics. Investigations were negative, antibiotics were discontinued and the baby was clinically well on discharge from the hospital. On routine attendance at POPD five days post delivery, the baby was clinically well with no evident skin lesions.

The patient was referred to the POPD from his primary care provider. An annular rash was noted at the base of the neck, measuring 1.5 cm in diameter with central clearing. Similar lesions were noted on the scalp – which had associated circumferential pustular lesions, and in the groin – which had an erythematous base. Skin scrapings were sent for microbiological investigation.

The skin scraping was incubated on potato dextrose and dermasel agar at 30° C. At five days isolates were identified based on distinctive colony morphology i.e. fluffy yellow colour growth and microscopic features as *Trichophyton soudanense*.

Follow up Skin rash disappeared in ten days with residual hyperpigmentation which is typically seen in *Trichophyton* infections.

Conclusion Though extremely rare, ringworm or tinea infection should be considered as differential diagnosis while dealing with annular lesions

P486 AUDIT OF PROPHYLACTIC VITAMIN K DOCUMENTATION IN UNIVERSITY MATERNITY HOSPITAL LIMERICK

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Background Phytomenadione (Vitamin K1) is given at birth to all neonates for the prevention of Vitamin K Deficiency Bleeding (VKDB) because there is decline in vitamin k after birth. Reasons for decline are lack of intestinal bacteria required to synthesize vitamin K, quick depletion in stores after birth, poor vitamin k transfer across placenta and low vitamin k concentration in breast milk.

Objectives To evaluate adherence to the policy for administration of Phytomenadione (Vitamin k) to Neonates and documentation of prophylactic vitamin k, in UMHL.

Methodology This is a Prospective study, conducted in University Maternity Hospital Limerick, Limerick, Ireland, in postnatal wards and Neonatal Intensive Care Unit (NICU), during the period from 01/08/2017 to 31/08/2017 with exclusion criteria of not including babies born outside hospital

Results Total of 50 patients Healthcare records were assessed, 32 in postnatal wards and 18 in NICU. 48(96%) have documented evidence of vitamin K injection. 48 (96%) mothers consented for vitamin k administration; in 29(60%) there was evidence of verbal consent compared to 19 with no evidence of consent. On PNW in 90% prescription date, dose and route were mentioned and 40% parents received information leaflets. In NICU there was 100% documentation of date, dose and route of administration while no parents were given information leaflets.

Conclusion There was a good compliance to the audited policy, in term of number of patients who received vit k but there was a significant deficiency in documentation practice and information giving to parents.

P487 CHANGING PATTERNS IN PRESSOR SUPPORT IN THE NEONATAL INTENSIVE CARE UNIT. A TEN-YEAR OVERVIEW

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Background & Aims Haemodynamic instability is a problem frequently encountered in Neonatal Intensive Care. It is a relatively common complication of preterm birth. In term neonates, it is often associated with significant disease processes such as pulmonary hypertension and sepsis. Infants with low blood pressure are usually treated with fluids, inotropes and occasionally steroids, in cases of refractory hypotension. The

aim of treating hypotension is to preserve adequate end-organ perfusion and to avoid low cerebral blood flow which in premature infants can be associated with Intra-Ventricular Haemorrhage, Periventricular Leukomalacia and ultimately adverse neuro-developmental outcomes. The objective of this study, was to determine the pattern of inotrope and vasopressor use at a tertiary care Neonatal Intensive Care Unit (NICU) over a ten-year period from 2008 to 2017.

Methods We conducted a retrospective cross-sectional study over a ten-year period. The data gathered included the number of vials of dopamine, dobutamine, adrenaline, noradrenaline and hydrocortisone registered by the Pharmacy department to the NICU. From these figures, we extrapolated the pattern of pressor usage. We also reviewed the pattern of surfactant and antenatal steroid administration.

Results This study highlights that dopamine remains the first-line agent, regardless of the clinical scenario. Dobutamine is less commonly used, but figures remain high. An increase in endogenous catecholamine usage in 2013–2015 is apparent, with the administration of hydrocortisone tapering off in recent years. Rates of surfactant administration have decreased since 2013, coinciding with an ongoing upward trend in antenatal steroid administration to women up to 33 completed weeks of gestation

Discussion Low systemic blood flow is commonly encountered in extremely premature infants. Despite this, it remains unclear what the safest and most effective drug is to prevent and manage hypotension. Few controlled trials have directly compared the individual agents and the effects that these drugs have on any meaningful outcome. As such, the database with the highest level of medical evidence, the Cochrane Library has come to few solid clinical recommendations.

Conclusion Despite the ongoing upward trend in admissions to NICU, inotrope and vasopressor use is falling. We hypothesise that this reflects an overall improvement in the management of newborns, as pressor agents act as a surrogate marker of a baby's underlying condition. Through the judicious use of antenatal steroids, greater attention to initial resuscitation, early initiation of CPAP and early extubation, survival rates are improving, incidence of Cystic PVL is falling and overall morbidity is down

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SURVIVAL OF PAEDIATRIC AND ADOLESCENT/YOUNG ADULT (AYA) CANCER PATIENTS WITH SARCOMA IN IRELAND DURING 1994–2014: COMPARISONS BY AGE

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Some studies indicate that survival of AYAs with cancer may be inferior to that of younger children with similar cancers, possibly related (in part) to differences in access to centralised or standardised treatments. We sought to examine the comparative survival of paediatric & AYA patients in Ireland across a 20-year period.

Methods Using the National Cancer Registry Ireland (NCRI) database, all patients diagnosed with a sarcoma age 0–24 between 1994–2014 were identified. Survival was based on

matching of cases against national death certificate data complete up to 31 December 2014 & grouped in 2 diagnostic cohorts: 1994–2003 and 2004–2014 and examined according to the ICCC.

Results 577 patients less than 25 years were diagnosed with a sarcoma between 1994–2014; 321 under 15. Significantly poorer survival was noted for the AYA patients compared with paediatric patients for the following sarcoma groups and diagnosis periods

- Malignant bone tumours, 1994–2013 (EHR 1.62, 1.05–2.48, P=0.026) and 1994–2003 (EHR 1.87, 1.05–3.33, P=0.032);
- Ewing & related tumours), 1994–2013 (EHR 2.04, 95% CI 1.11–3.72, P=0.021) and 1994–2003 (EHR 2.68, 95% CI 1.22–5.87, P=0.014);
- Soft tissue sarcomas), 1994–2013 (EHR 2.14, 1.29–3.53, P=0.03) and 2004–2013 (EHR 2.52, 1.20–5.25, P=0.014).

Conclusions This study highlights the disparities that exist in outcomes for AYA patients with sarcomas treated in Ireland. The exact cause for this is unclear and is likely multifactorial, possibly owing to lack of standardised/centralised services. Future development on a national level is imperative.

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CANCER PREDISPOSITION SCREENING IN CHILDREN WITH CANCER IN IRELAND

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Background Presently, 8–10% of children and adolescents diagnosed with cancer have an underlying cancer predisposition syndrome, however the true figure may be higher. Family history alone identifies <4% of such patients and is therefore not sufficient in isolation as de novo mutations also occur. It is important to identify patients with cancer predisposition syndromes to guide further screening and tailor long term follow up and surveillance programmes. In addition, such information may help counsel family members on cancer risk. At present we believe we are under-referring patients for genetic cancer predisposition testing. The Royal Marsden Hospital is piloting a new system of identifying childhood and adolescent cancer patients for genetic screening.

Aim To document how many patients at Our Lady's Children's Hospital, Crumlin, relevant to their specific cancer diagnosis, may benefit from genetic referral to identify those who may have an underlying cancer predisposition syndrome

Methods Retrospective review of all patients diagnosed with cancer in OLCHC between 01/01/2017 – 31/12/17.

Using the Royal Marsden Hospital 'Stop-light' system relative to the patient's diagnosis, patients who have a diagnosis labelled as:

1. Red - automatically eligible for genetic referral
2. Yellow – may benefit from referral
3. Green – do not require referral

Results There were 160 patients diagnosed in the period 01/01/2017 – 31/12/2017. Of these, 6 were excluded because of a pre-cancerous, rather than cancer, diagnosis: aplastic