over the posterior regions but no epileptiform features. At most recent follow up review in outpatients at 5 months of age the patient is neurodevelopmentally normal with no notable sequelae from the significant episode of paraechovirus meningoencephalitis.

Conclusion HPeV causes a wide spectrum of diseases ranging from mild respiratory illnesses to severe life-threatening myocarditis and meningitis. Clinical symptoms, which are related to genotype and patient age, vary hugely. It is especially important to recognise HPeV (serotype 3), as it has the potential for significantly poor neurodevelopmental outcomes due to associated white matter changes (1). Prognosis must be guarded as, although it is a benign virus in the majority of cases, there are some important sequelae that parents need to be counselled about and clinical follow-up is essential to assess for any adverse neurodevelopmental outcomes.

REFERENCES

1. Britton PN, Dale RC, Nissen MD, Crawford N, Elliott E, Macartney K, *et al.* Parechovirus Encephalitis and Neurodevelopmental Outcomes. *Pediatrics*. 2016;**137**(2): e20152848.

P509

POSTERIOR REVERSIBLE ENCEPHALOPATHY SYNDROME (PRES) IN A CHILD WITH STEROID-DEPENDENT NEPHROTIC SYNDROME: A CASE REPORT

^{1,2}Anthea Bottoni*, ²Felice Sica, ^{1,2}Alessandra Basile, ^{1,2}Lorenza Chiossi, ^{1,2}Barbara Damiano, ^{1,2}Laura Ficele, ²Alessandra Marinari, ^{1,2}Lucia Soldano, ³Massimo Pettoello-Mantovani, ²Angelo Campanozzi. ¹Pediatric Residency Program, Foggia, Italy; ²Pediatrics, University Hospital of Foggia, Foggia, Italy; ³Pediatrics, Scientific Institute 'Casa Sollievo della Sofferenza', San Giovanni Rotondo (FG), Italy

10.1136/archdischild-2019-epa.845

Posterior reversible encephalopathy syndrome (PRES) is a clinico-radiological condition characterized by headache, nausea, vomiting, seizures, and visual disturbances with typical radiological features of symmetrical edema mostly involving the white matter in the occipital regions ⁽¹⁻²⁾. PRES can develop in association with a wide array of clinical conditions, including systemic infections, hypertension, organ transplantation, and immunosuppression (especially with calcineurin inhibitors). Children who are on prolonged steroid therapy or on calcineurin inhibitor therapy in nephrotic syndrome (NS) are at risk of developing PRES ⁽³⁻⁴⁾.

A 6-year-old Moroccan-boy, followed in his country for nephrotic syndrome, was hospitalized in our unit of pediatrics for severe generalized body edema, proteinuria (18600 mg/day), low serum albumin (0.9 g/L), high serum cholesterol (468 mg/dl). His arterial blood pressure value was 122/77 mmHg. We treated him with steroid intravenous, albumin supplementations and we continued cyclosporine.

While his general conditions were improving, on the seventh day of hospitalization he developed headache, vomiting, dizziness, temporal blindness. A non-contrast computerized tomography was performed and it showed symmetrical hypodensities in parieto-occipital regions. His blood pressure was 132/71 mmHg. Then he developed two episodes of generalized tonic clonic convulsion, followed by unconsciousness. Magnetic resonance imaging (MRI) showed hyperintense signal in the parieto-occipital regions, and revealed bilateral cortical and subcortical white matter edema in parieto-occipital lobes.

The child was treated with antihypertensive medications, diuretic, steroids and immunosuppressant (cyclosporine A),

thereafter he got no seizure and regained full consciousness and vision. His blood pressure was kept at normal range and urinary protein excretion gradually decreased. MRI performed two weeks later revealed no abnormality of the brain, which is a usual phenomenon in case of PRES.

The pathophysiology of PRES remains controversial, and two main hypotheses have been suggested; impaired cerebral autoregulation resulting in increased cerebral blood flow, and endothelial dysfunction with cerebral hypoperfusion ⁽⁵⁻⁶⁾.

PRES must be managed carefully and its pathogenic factors should be suspected and recognized as soon as possible in order to properly treat the patient. In hypertension-related and drug-induced PRES, in fact, effective management includes prompt withdrawal of offending agent, aggressive control of blood pressure, timely anti-convulsant therapy. In our case, hypertension was undoubtedly an important cause, but we were uncertain whether cyclosporine also played a pathogenic role.

PRES should be always considered in the differential diagnosis of a child with idiopathic nephrotic syndrome, headache and visual disturbance.

P510

PARENTAL KNOWLEDGE OF CHILDREN'S SCREEN TIME AND THE DEPICTION OF NUTRITIONAL PRODUCTS ON CHILDREN'S TELEVISION

Niall Dalton*, Katriona Fox, Madalene Khalil, Alex Boldy, Paul Scully, Clodagh O'Gorman. University Hospital Limerick, Limerick, Ireland

10.1136/archdischild-2019-epa.846

Introduction Childhood obesity is a major risk factor for developing metabolic syndromes, with these patients five times as likely to develop type 2 diabetes compared to those without metabolic syndromes. Significant contributors to obesity include decreased physical activity, poor diet, and sedentary behaviours, especially television viewing. Current guidelines recommend no more than 2-hours non-educational screen-time per day.

Aims Examining parental knowledge regarding food-types on children's programming and ascertain self-reporting of television viewing and parental concerns regarding nutritional influence of television.

Methods Cross-sectional survey on parents of children aged 4–16 years old, presenting to University Hospital Limerick, October-April, 2018. Surveys regarding demographics, television viewing, perceptions of television portrayal of nutrition. Data analysed on SPSS.

Results Sixty parents completed the surveys with 15% reporting their children watched over 2 hours of television during weekdays, increasing 35% during weekends. Whilst the majority (55%) reported sweet snacks the most commonly depicted on television.

10% of children always watched television during meals with half of children regularly watching television during meals. 80% of parents admitted concern regarding advertising of unhealthy foods with 85% doubting the advertising industry would protect children. 75% of parents were concerned regarding children nutrition, with various concerns expressed.

Conclusions Results showed high level of concern regarding advertising and children eating habits. Overall results showed significant proportion of children spending greater than the recommended time watching television, with a significant