also known as dyspnea. The exact determining of etiology is still a main diagnostic challenge.

Standard methods include: taking a history, clinical examination, auscultation and radiological procedures. But for many reasons, such as exposure to ionizing radiation and the inability to apply at bedside the chest radiography is not any more 'Gold standard' to acute respiratory insufficiency.

Lung ultrasound (LUS) has been shown to have great sensitivity and specificity in the differential diagnosis of the most common respiratory conditions. This method can be applied bedside, it can be used even outside of hospitals, follow-up is easy and does not expose the patient to harmful ionizing radiation.

According to a diagnostic algorithm called 'BLUE protocol' established by Daniel Lichtenstein lung ultrasound has been proven to be accurate in finding the true cause of respiratory insufficiency in a large number of cases.

Major acute respiratory disorders are pulmonary edema, pulmonary inflammation, acute respiratory distress syndrome (ARDS), pulmonary embolism, asthma exacerbation and chronic obstructive pulmonary disease (COPD), pleural effusion and pneumothorax.

Aim To demonstrate the role of lung ultrasound (LUS) as the first line of pulmonary condition diagnosis, to define the role of LUS during follow-up visits in order to prevent complications, to increase awareness of LUS importance in relation to the most frequent pulmonary disease in pediatric patients.

Materials-methods We have described the LUS examination technique as normal LUS images and LUS findings in the most frequent pulmonary pediatric diseases.

Results and conclusion LUS has been proven to be a very important diagnostic tool in almost all lung disease in pediatric disease described but obviously still need continuous research to explore its potential.

P557 REVIEW OF INCIDENCE AND INDICATION OF MICTURATING CYSTOURETHROGRAM (MCUG) IN PAEDIATRIC PATIENTS IN CORK UNIVERSITY HOSPITAL (CUH)

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Micturating Cystourethrogram (MCUG) is commonly used to investigate Vesicoureteroreflux (VUR). While the test lends itself to a high sensitivity and specificity rate in identification of VUR it doesn't come without risks. The biggest challenge is practicality and tolerability. MCUGs are not pleasant and the window of opportunity to perform them without sedation is narrow. Furthermore, MCUG is an invasive test predisposing the patient to iatrogenic infection. Keeping the above in mind, it is essential that MCUGs are only performed in those who need them and will influence their future management and treatment

Aims

1. Identify all children in who had a MCUG at less than two years of age
2. Identify the indication for MCUG
3. Investigate if reason for MCUG met guidelines.

Methods A retrospective review of MCUGs performed in CUH in all children less than two years of ages between 01/01/15–31/12/17. Patients from Cork University Maternity Hospital were included. Patients were identified via IMPAX Radiology system. Nice Guidelines were used as the standard.

Results

Ninety nine children were identified

Appropriate Indications	95
Inappropriate Indications	4

INDICATION	NUMBER
Atypical UTI	20
Recurrent UTI	1
Hydronephrosis	68
Scarring	1
Other	5

- Two children met more than one indication; atypical UTIs and hydronephrosis
- One child had more than three indications; hydronephrosis, scarring and 'other'

The main reason for not meeting criteria was for recurrent UTIs outside the <6 month of age period.

Discussion MCUG is recommended in children who have had a renal ultrasound revealing hydronephrosis, scarring or other findings that may suggest high grade reflux or in children less than six months with atypical and or recurrent UTIs. There is considerable controversy regarding the optimal management of VUR varying between prophylactic antibiotics versus surgery. Early identification optimizes kidney preservation. By defining risk, early stratification allows earlier identification of high risk children. Incidence of VUR has been difficult to ascertain but it has been estimated that 0.8–1.4% of normal children will have reflux. This incidence soars to 30–50% in children with UTIs depending on age and a higher incidence in males despite a higher incidence of UTIs in females.

In our hospital, we adhere to current best medical practice and don't perform MCUGs when not indicated. This is important given the significant risks associated with MCUGs.

Conclusion The majority of MCUGs were performed in line with current guidelines. The most common indication was hydronephrosis. There is good knowledge among paediatric and radiology teams of the best practice.

P558 A RETROSPECTIVE STUDY OF MANAGEMENT OF HENÖCH SCHONLEIN (HSP) NEPHRITIS IN CHILDREN IN IRELAND A

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HSP is a prevalent disease with an incidence of 6–24 per 100,000.(1) It can lead to significant chronic disease with