Methods We describe the clinical presentation, results of laboratory and radiological investigations, treatment and outcome to date.

A review of current available literature on this topic was also undertaken.

Results An 8 year old boy presented to the PED with severe nausea and vomiting with a cyclical pressure type right upper quadrant pain for 7 hours. On presentation the pain had reduced significantly. No symptoms of infection, no concerning vomit contents, diarrhoea or constipation.

This was the 10th similar episode in the previous 2 months. Previous investigations including blood panel, urine were normal and symptoms had resolved on attendance.

No abnormality was found on clinical exam.

Abdominal ultrasound demonstrated a large right sided hydronephrosis secondary to PUJO confirmed by CT KUB. A renogram demonstrated a partial obstruction and surgical management was planned electively.

Conclusion Our patient had experienced multiple episodes of Dietl's Crisis which had resolved independently. PUJO is not a common first time presentation in children of this age. We suggest that Paediatricians consider this diagnosis when the other more common differentials have been ruled out while being mindful that clinical examinations, radiological and laboratory investigations may be normal in between episodes of Dietl's crises.

P571 FOETAL FEMUR FRACTURE AND EXTERNAL CEPHALIC VERSION: A CASE REPORT OF METAPHYSEAL INJURY AND LITERATURE REVIEW

Dragos Valceanu*, Gerry Mackin, Patrick McIlwaine, Isabela Govor. *South West Acute Hospital, Enniskillen, UK*

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Introduction External Cephalic Version (ECV) is a procedure used to turn a foetus from a breech or transverse position into a cephalic position prior to the onset of labour. It is recommended by the UK national guidelines to enable vaginal delivery for breech presentation of a singleton pregnancy. ECV is considered a safe manoeuvre when dealing with breech presentation and fractured femur is a rare but recognised complication of this procedure, with only 3 cases reported in the speciality literature.

Case We herein report a 4 months old boy, born at 38+4/40 weeks gestational age by Kiwi extraction and episiotomy, with a birth weight of 4180 g, Apgar score 8 at 1 minute and 9 at 5 minutes of life, no active resuscitation was required. The pregnancy was carefully monitored due to the maternal nutritional controlled gestational diabetes and foetopelvic unstable lie. Was breech at 37+5 weeks and ECV manoeuvre performed, discharged home in stable condition afterwards. Postnatally paediatric team or parents did not raise any concern regarding pain or swelling of the knee. He was admitted to our Children's Ward at 10 days of age by a community midwife with suspected non-accidental injury. Physical examination revealed right lower limb in a flexed, antalgic position, non-ecchymotic swelling of the right knee, with tenderness to touch. Full examination revealed no additional injuries. Retrospective review of pictures taken by parents in the first day of life revealed a swollen knee being held in a flexed position.

Imaging investigations X-Ray Right knee reported florid callus formation surrounding the distal femoral metaphysis, representing an ossifying subperiosteal haematoma along with a bony fragment in relation to the anterolateral aspect of the distal metaphysis in keeping with an avulsion fracture.

Conclusion Based on antenatal, perinatal and postnatal history, revision of maternal case notes, and photographic evidence while being inpatient in the maternity ward, along with the presence of callus formation on X-Ray implied an injury older than 10 days. This suggests that the femoral fracture is most likely due to External Cephalic Version performed 6 days prior to delivery. A decision was made by the paediatric consultant to withhold any further safeguarding investigations as an aetiology for the child's fracture was detected.

P572 PARTIAL DOUBLE TRISOMY 9 AND 13-FIRST REPORTED CASE IN MEDICAL LITERATURE

¹Qasim Mahmood, ^{2,3}Birendra Rai*, ⁴David Betts, ¹Rizwan Khan. ¹University Hospital Kerry, Kerry, Ireland; ²Mullingar Regional Hospital, Mullingar, Ireland; ³Northampton General Hospital, Northampton, UK; ⁴Our Lady's Children's Hospital, Crumlin, Ireland

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Background Both trisomy 9p and partial trisomy 13q have been recognised in past with characteristics clinical anomaly, our case is the first reported case of combined partial double trisomy involving chromosome 9p and 13q. Phenotypic Characteristics vary based on the regions of the chromosome involved and the gene dosages effect. Characteristics of our index case would not only help clinician in genotype-phenotype correlation of any such future cases but would also add up to the already described consequences in offspring of balanced reciprocal translocations in either parents

Case report A female infant was born at 41 weeks gestation by normal delivery with birth weight 3.3 kgs. The pregnancy was uneventful. Baby had an episode of hypoglycaemia during very first day of life.

Physical examination of the baby revealed profound central hypotonia, head lag, low set ears, depressed nasal bridge and increased nuchal pad of fat. Cardiac examination revealed soft systolic murmur of grade 2/6 which subsequently on echocardiography was noted to arise from a small atrial septal defect. Remainder systemic examination was within normal limits. Further course in the special care baby unit was complicated by recurrent apneas, desaturations and poor feeding. She also developed symptoms of cow milk protein's intolerance and gastro oesophageal reflux later on in life. Cranial ultrasound, Electroencephalography, MRI of the brain, renal ultrasound, sleep study, Laryngo bronchoscopy, chest and thoracic inlet X-rays were all normal. Array comparative genomic hybridisation, using a 60K Agilent chip showed a gain of chromosome 9 material of approximately 30.9Mb at bands 9p24.3-9p21.1 between base pair coordinates 204193 and 31104204, and an another gain of chromosome 13 material of approximately 11.2Mb at bands 13q12.11-13q12.3 between base pair coordinates 20407295 and 31578124, with the former representing the most proximal probe on this platform. Subsequent analysis of G banded metaphase chromosomes demonstrated an abnormal female karyotype with an additional chromosome consistent with a der(13)t(9;13)(p21.1;q12).

Karyotypic analysis of the parents showed that the mother carried a balanced t(9;13) translocations. Therefore the transferred genetic defect in the index case was a product of 3:1