segregation error of maternal reciprocal translocation t(9;13) (p21;q12).

Conclusion Balanced reciprocal translocations in either parents can amplify and produce unbalanced gamets leading to defective conceptus. Prenatal diagnosis is strongly recommended where balanced translocation is found in parent. Clinical features of the affected conceptus depends largely on the regions of chromosome involved.

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**A CASE OF INSIDIOUS RECURRENT ABDOMINAL PAIN**

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Porphyrias are a group of inherited metabolic disorders of heme biosynthesis leading to excessive accumulation and excretion of porphyrins. The variable clinical manifestations may determine a delay in the diagnosis, followed by a possible negative clinical outcome.

We describe a case of a 14-year-old girl with Shwachman-Diamond syndrome (SDS) and epilepsy admitted with severe cyclic abdominal pain not responsive to antalgic therapy, localized in the epigastric area, irradiating to the whole abdomen and the back, associated to aspecific symptoms (diarrhea, fever, vomiting). During hospitalization, the girl was asymptomatic. We excluded infectious, autoimmune, endocrinological causes, a relapse of SDS and performed a screening for porphyria that resulted negative. After each attack, she referred presenting urinary retention followed by hyperchromic urines, anxiety and paresthesias. Past clinical data showed hyponatremia, tachycardia and hypertension. Eventually, increased values of ALA (8.21 mg/l) and PBG (3.96 mg/l) were found; exposure of fresh urines to sunlight caused a change of their color. Finally, genetic analysis was negative. These findings allowed the diagnosis of porphyria, therefore we prescribed a normocalorichyperglucidic diet and preventive glucose solutions in stressing situations, with regression of symptoms.

Acute porphyrias present with life-threatening crisis secondary to the injury of central, peripheral and autonomic nervous system. They can be triggered by drugs, alcohol, infections, reduced caloric intake, endogenous hormone cycles and stressing situations. The characteristic manifestations are severe cyclic abdominal pain, neurological or psychiatric symptoms and/or hyponatremia. Diagnosis is the assessment of plasmatic PBG/ALA, always increased during an attack, normal during remission. Treatment is human haem in although, in mild attacks, a diet with high carbohydrates and/or preventive glucose infusions is effective; a negative genetic evaluation should never exclude the diagnosis.

It is important considering acute porphyria in the differential diagnosis of severe cyclic abdominal pain, particularly in subjects affected by different and/or rare clinical disorders.
KERION: A NASTY SCALP INFECTION

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Background/Aims Kerion is a scalp condition that occurs in severe cases of scalp ringworm (tinea capitis) with the highest prevalence in children 3 to 10 years of age. It appears as an inflamed, thickened, pus-filled area, with scaly spots or patches of broken hair on the scalp. A kerion is treated with oral antifungal medicines because the fungus grows deep into the hair follicle where topical creams and lotions cannot penetrate. Oral corticosteroids are also started in cases where lesions are tender and to reduce the inflammation. Kerion is usually associated with infection by zoophilic dermatophytes, Tricophyton verrucosum and Tricophyton mentagrophytes, although other sources have been described. Our aim is to report an unusual scalp infection.

Methods The patient history, clinical presentation with photographs, examination and laboratory findings (skin scrapings were taken for mycology), treatment and outcome are described.

Results A previously well 6-year-old boy, of African origin, presented to the Paediatric Emergency Department with a 6-month history of scalp infection. It initially started on the right temporal region and was treated with Canesten cream for 6 months. There was no improvement and the condition was treated with Fluclouxacillin a week prior to presentation to us, at which point it had worsened and started spreading to the rest of his scalp. On examination there was a raised demarcated lesion on his right temporal area which appeared crusted and discharge was noted. There were also multiple round, dry, scaly patches on his scalp which were not infected. The dermatology team commenced him on oral Itraconazole, Nizoral Shampoo and Paraffin Gel for 6 weeks, and oral steroids for 1 week.

Conclusion Kerion is not often seen in our paediatric department. This case raises awareness of a rarely seen condition in an Irish context.

P577 INTRAVENOUS MAGNESIUM SULPHATE INFUSION IN THE MANAGEMENT OF SEVERE TETANUS: A CASE SERIES

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Background Tetanus is still prevalent in developing countries. In the management of tetanus, eradication of bacteria from the wound and neutralization of remaining toxins are detrimental. However, supportive management especially control of muscle spasm and airway protection is equally important. We...