Hypothalamic hamartomas are rare neuronal migration anomalies (incidence 1–2 per 100,000 newborn). These benign malformations are morphologically divided into sessile and pedunculated.

Over the past 2 years in our clinic two patients with both morphological forms were diagnosed by using MR imaging.

We report the case of a newborn, who presented with moderate seizures in NICU department. MRI was performed to assess severity of brain damage due to assumed HIE. Sessile hypothalamic hamartoma 1 cm in diameter was an incidental finding. Patient also had a minor intraventricular hemorrhage. On follow-up examination in a year hamartoma increased in size, however its relative size to the brain was the same. Few episodes of seizures (with gelastic component) were noted during the first year of life. No evidence of precocious growth.

A 12-year-old girl presented with signs of precocious puberty. Routine MR imaging of the brain showed large pedunculated hamartoma instead of assumed pituitary microadenoma. Neurological signs, seizures are absent.

According to these cases, clinical phenotypes and morphological types of hamartomas are highly correlated. Accurate prognosis and proper treatment can be provided for the patients with similar forms of malformations.
Audit on role of blood tests in children admitted with community acquired pneumonia

Background Community Acquired Pneumonia (CAP) is defined as a clinical diagnosis of pneumonia in a previously healthy child due to an infection which has been acquired outside hospital. It is the major cause of paediatric hospital admissions worldwide. Doing blood tests like CRP and white cell counts routinely in all the patients admitted with mild to moderate CAP is not recommended although in severe cases this can vary. Following the BTS guidelines, can prevent unnecessary burden on the laboratory and health care system and can reduce the duration of stay for patients admitted in Paediatric ward with mild to moderate community acquired pneumonia. It was observed that large number of children admitted with CAP routinely undergo blood investigations including white blood count & CRP. We therefore decided to conduct an audit and implement the changes to prevent unnecessary blood investigations in children and to reduce the workload on Pathology department.

Objectives To establish if we are following the BTS guidelines for mild to moderate community acquired pneumonia regarding white cell count and CRP in children admitted to the Paediatric Ward in Letterkenny University Hospital.

Methods Data was collected from the Medical Records of children who have been admitted to the Paediatric Ward during the period 1st Dec 2016 to 28th Feb. 2017. Children more than one year of age who were diagnosed as mild to moderate community acquired pneumonia as per BTS guidelines were included in the study. Data was collected using a short questionnaire using the audit tool provided by the BTS guideline.

Results A total of 49 patients chart were obtained. Out of these, 18 patients were excluded from the study, and 31 patients met the diagnostic criteria for inclusion. Out of these 31 patients, 26 patients (83.87%) had CRP done on them although it was documented that the children had community acquired pneumonia. All these 26 patients also had white cell count done on them as well.

Conclusion There is poor compliance as per BTS guidelines regarding routine CRP, White cell count in patients with mild to moderate community acquired pneumonia.

Recommendations
- British Thoracic society guidelines should be followed properly in managing patients with childhood community acquired pneumonia.
- Un-necessary CRP and white cell count should not be done in mild to moderate community acquired pneumonia.
- To conduct regular teaching sessions on recent guidelines to keep updated all doctors working in Paediatric unit in Letterkenny University Hospital.

Abstracts

An uncommon cause of spontaneous ecchymosis in children: Acute Idiopathic thrombocytopenic purpura

Çiğdem El*, Mehmet Emin Çelikkaya. Mustafa Kemal University, Hatay, Turkey

Introduction The most common cause of acute onset thrombocytopenia in childhood is idiopathic thrombocytopenic purpura (ITP). The disease may seen in previously healthy children with only thrombocytopenia or with petechiae, purpura, ecchymosis and mucosal hemorrhage without clinical evidence. In this study, we aimed to evaluate the clinical presentation of ITP.

Methods Patients with acute ITP diagnosed between 2017 and 2018 in Mustafa Kemal University, Research Hospital, Department of Child Health and Diseases were retrospectively studied. Patients were evaluated according to age, gender, frequent seasons, referral complaints, history of previous infection and vaccination and ethnic group.

Results The clinical findings of the patients were as follows: petechia 100% (n: 155), purpura 100% (n: 155), ecchymosis 100% (n: 155), epistaxis 11,61 (n: 18), gingival bleeding 9,67: 15), gastrointestinal bleeding was 1,93% (n: 3) and hematuria was 1.29% (n: 2). Bone marrow biopsy was performed in a patient with hepatosplenomegaly and