

lymphadenopathy and subsequent EBV infection diagnosed and also on 2 patients whose thrombocytopenia continued more than 6 months. Two patients with long-standing thrombocytopenia of 6 months get a diagnosis of chronic ITP.

Discussion and conclusion ITP is a disease that worries families and physicians because of clinical findings like leukemia and it is not rare cause of thrombocytopenia. Therefore, findings of thrombocytopenia; should be evaluated together with detailed history and careful physical examination and acute ITP should be kept in mind.

P584 A 'TRIAGE' AUDIT

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Background Triage systems are utilised internationally to rapidly assess patients and subsequently categorise based on the need for medical intervention. A functioning triage system is essential for patient safety and flow in an emergency department. University Hospital Limerick Paediatric Emergency Department (UHL PED) utilises the Manchester Triage System which contains 10 paediatric flow charts with discriminators to triage the paediatric caseload in categories 1 – 5.

It is not the role of the triage system to establish the requirement of admission; however it is the aim of this audit to establish a potential level of correlation between triage category and rate of admission. This has previously been examined prior to the introduction of the Irish Children's Triage System in a number of hospitals in Ireland.

Aim Our aim was to perform an audit of the Manchester Triage System in UHL PED: admission rates and vital sign documentation of the 5 triage categories.

Methods All paediatric patients will be included in the audit from MAXIMS, the electronic attendance record in UHL ED from 3 different 24 hour periods randomly chosen in March 2019. Triage category, vital signs recorded yes/no and admission yes/no will be documented. 3 separate days are used to avoid bias from a small number of clinicians triaging for the audit in a single 24 hour period.

Results Results will be presented examining the rate of admission in each triage category across all 3 days. Results of vital signs documentation will also be presented across each triage category. Following analysis another audit cycle will be performed of the vital sign documentation following education consisting of visual prompts.

Conclusion UHL ED will move to the Irish Children's Triage System. An audit of the current Manchester Triage system prior to this will be useful data to collect prior to the introduction of the new system.

P585 DOES EARLY STABILIZATION APPLICATIONS AFFECT CLINICAL PROGRESSION IN POISONING LINKED TO SNAKE BITES?

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Object Although snake bites are an emergency situation requiring rapid treatment, there is no consensus the management of these cases. Even there are different opinions about the dose/route of administration of antivenom. In fact that poisoning due to snake bites are associated with the speed of passage of venom into the circulation, therefore, the first intervention is very significant for both the treatment of poisoning and prevention of complications. In our study, we aimed to evaluate that as possible as early extremity immobilization with splints application whether it is effective in progressing these poisonings by reducing the passage speed to circulation of snake venom.

Study design 147 patients.

In this study, at Department of Pediatrics in Faculty of Medicine, in Mustafa Kemal University, between October 2016 and March 2018, the data of the patients who were hospitalized with diagnosis of snake bite was examined.

All patients divided into two groups. The patients who applied splinting after the first evaluation were evaluated as group-1 and the cases without splinting were evaluated as group-2.

All patients between 0–17 years who treated due to snake bites in were analyzed, clinical findings and effects of extremity immobilization with early splints application on poisoning progression.

And also in 0, 8, 16, 36. hours extremity diameter increases were compared between groups.

Of the total 147 patients, %48.29 (n:71) were female and %51.71 (n:76) were male. The average age of the patients was 7.2 years.

The most frequent applications were summer (%69.38).

First interventions of families to these patients were washing with soapy water, suction and spitting, make bleeding of injury region, and bandaging the extremities

The time of taken to the health facility after the snake bite of patients was for an average of 7.8 hours in group-1 and it was for an average of 7.6 hours in group-2.

The increase in the extremity diameter at 8th hours in group 1 was 0.6 cm while the group-2 was 1.1 cm.

The increase in the extremity diameter at 24th hours in group 1 was 0.8 cm while the group-2 was 1.5 cm. These data were statistically significant.

Discussion This study were supported that the extremity immobilization with early splints application without wasting time is effective in the poisonings due to snake venom by reducing the passage speed to circulation of snake venom.

P586 SOME ASPECTS OF ADJUVANT THERAPY OF RECURRENT VULVOVAGINITIS IN GIRLS WITH URINARY TRACT INFECTIONS

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The aim was to study the features of vaginal microbiocenosis and the effectiveness therapy of vulvovaginitis (VV) in girls with urinary tract infection (UTI).

Abstracts

Patients and methods Have a 94 girls 3–6 years with VV, of which 1 group (n=52) – VV on the background of the UTI, group 2 (n=42) - isolated VV the assessment of biocenosis of the vagina by microscopy and PCR. Local antibiotic therapy was combined with the use of interferon alpha 2b 500 000 ME 2 times a day for 5 days, then 1 time a day – 5 days. Prevention of exacerbation of UTI was carried out by photo-preparation CAN-UTI-7 15 drops 3 times a day for 4–6 weeks.

Results In girls with VV and UTI, compared with group 2, the frequency of chronic VV was high (57.7% and 29.6%, p<0.05), the frequency of relapses (46% and 14.8%, p<0.05). In both groups, growth of opportunistic microflora and facultative aerobes >10⁵ CFU/ml was revealed. St. epidermidis, E. faecalis were sown more often in isolated VV. The detection rate of E. coli, Candida alb. in group 1 was higher than in group 2. After treatment in group 1, E. coli decreased from 6.8±0.05*10⁶ to 1.7±0.03*10² CFU/ml (p<0.05), microbial contamination - from lg 5.6±0.07 to lg 2.4±0.01 CFU/ml (after 1 month), lg 2.1±0.1 CFU/ml (after 12 months) (p<0.05).

Conclusion Complex therapy of girls with UTI improves the condition of the vaginal biotope, reduces the rates of microbial colonization and the number of relapses of VV.

P587 IS THE SECOND DOSE ANTIVENOM IN SCORPION STINGS: IS IT EFFECTIVE?

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Objectives The toxic effects of scorpion stings may be mortal have been known for many years. The progression of poisonings due to scorpion stings is more severe in childhood. These poisonings can cause complications from local skin findings such as pain, redness, and pruritus to fatal complications such as heart failure and pulmonary edema. We aimed to investigate the effectiveness of the second dose antivenom in this study.

Methods 100 patients between 0–17 years who were followed up due to scorpion stings or poisonings in Mustafa Kemal University, Faculty of Medicine, Department of Pediatrics between October 2016 and March 2018 were analyzed for age, sex, season, place of scorpion bite, clinical findings, treatment and follow-up steps, effects of second dose antivenom on clinical progression retrospectively.

Results Of the total 100 patients, 45 were female (45%) and 55 were male (55%).The average age of the patients was 3.5 years (3,6 years for girls and 3,5 years for boys).The most frequent applications were summer (71%). Bite locations in order of frequency; foots, hands, legs, arms, head-neck, genital area.

Conclusions We have observed that early antivenom therapy reduces the risk of developing systemic symptoms, and even recurrent dose antivenom corrects systemic findings. We think that antivenom should be applied especially in pediatric patients and all patients should be observed for at least 24 hours.

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HERPES ZOSTER IN A 2-MONTH-OLD INFANT: A CASE REPORT

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Background Herpes zoster (HZ) is a cutaneous viral infection of the skin that presents in a dermatomal distribution. It represents reactivation of herpes varicella zoster virus that has continued to exist in a latent form in the neurons of the posterior root ganglia. Although it is rare to see HZ in children, cases have been reported after exposure to varicella zoster in utero or during the first months of life.

Objective The purpose of this report is to present a case of herpes zoster in a 2-month-old infant, conservatively managed without oral antivirals, and its 5 years follow-up, demonstrating no sequelae or recurrences.

Case report A 2-month-old female infant presented with skin lesions in the chest. His mother developed a varicella infection 20 days before delivery. The child was asymptomatic at birth. Physical exam noted a fever and skin lesions made of grouped vesicles on erythematous plaques. The characteristic herpetiform lesions distributed in the dermatome of the left hemi chest. The infant was treated by only local antiseptic treatment. The lesions were completely resolved in 2 weeks. After 5 years of follow-up the child has no sequelae, such as post-herpetic neuralgia, or recurrence.

Conclusion After maternal varicella during pregnancy, herpes zoster may occur in the first year of life in a completely asymptomatic child at birth proving in utero infection. The presentation of the rash is characteristic; but otherwise, the condition differs from that in adults in that it is mild and not associated with postherpetic neuralgia. In uncomplicated cases, conservative treatment measures support the quick resolution with no sequelae.

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CUTIS MARMORATA TELANGIECTATICA CONGENITA

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Background Cutis marmorata telangiectatica congenita (CMTC) is a rare congenital cutaneous vascular anomaly. About 300 cases were reported in the literature. It is associated persistent cutis marmorata, telangiectasia, and phlebectasia.

Case report We report a case of male neonate who has multiple bruises and purple macules on the skin anastomosed making a reticulated appearance as a spider's web, those skin lesions cover the trunk and legs but did not affect the face and did not disappear during the warming of the baby. Limits between normal and involved skin were atrophic. Given the constellation of clinical finding, Cutis Marmorata Telangiectatica Congenita (CMTC) was diagnosed.