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 phyto-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 $>10^3$ 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 $6.8\pm0.05\cdot10^6$ to $1.7\pm0.03\cdot10^2$ 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; feet, 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.

P588

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.

P589

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.

The cranial ultrasound and the fundus eye were normal. Abdominal Doppler ultrasound was showed Compartmentalized cyst of the left kidney. The electroencephalography and the cardiac echography were normal.

Conclusion CMTC is a rare skin disease whose determinism remains unknown. Other congenital anomalies can be seen. The prognosis depends on the associated anomalies but it is generally good. Some cases have spontaneous resolution.

P590 INVESTIGATING THE RELATIONSHIP BETWEEN PARENT DIABETES-RELATED DISTRESS AND FAMILY COMMUNICATION IN PARENTS OF ADOLESCENTS LIVING WITH TYPE 1 DIABETES

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Aims Parents of adolescents living with type 1 diabetes often struggle with sharing self-management responsibility with their children as roles change throughout adolescence. Existing evidence suggests that parents' own emotions may impact how responsibility is shared. Parent diabetes-related distress may lead to ineffective communication between parents and adolescents throughout this developmental period as self-management moves from parent-led to adolescent-led. This study explored the relationship between parent diabetes-related distress, diabetes family responsibility, and parent-adolescent communication.

Methods Parents ($N = 146$; 121 female; mean age = 46.56 years) of adolescents (11–17 years) living with type 1 diabetes completed a questionnaire which included measures of parent diabetes-related distress, diabetes family responsibility, and parent-adolescent communication. Parents were recruited via one national paediatric diabetes and endocrine unit and a national diabetes advocacy organisation.

Findings Significant ($p < 0.05$) negative correlations were observed between parent diabetes distress and overall parent-adolescent communication ($r = -0.570$), as well as open communication ($r = -0.453$) and problems in communication subscales ($r = -0.549$). All subscales of the diabetes distress scale (personal distress, teen management distress, parent-teen relationship distress, and healthcare team distress) correlated negatively with overall parent-adolescent communication, open communication, and problems in communication. Most notably, parent-teen relationship distress correlated with overall parent-adolescent communication ($r = -0.679$), open communication ($r = -0.527$), and problems in communication ($r = -0.664$). A significant ($p < 0.05$) positive correlation was observed between parent diabetes distress and parental involvement in diabetes management ($r = 0.357$).

Conclusions Relationships between aspects of parent diabetes-related distress and parent-adolescent communication were observed; higher levels of parent diabetes-related distress indicated less open communication and more problems in communication. Higher parent diabetes-related distress was associated with more parental involvement in adolescents' type 1 diabetes management. Adolescence is a key time in which diabetes management moves from parent-led to adolescent-led. Understanding the challenges that parents experience when sharing management responsibility and communicating with their

adolescent children about type 1 diabetes management may help healthcare professional to provide more effective supports for parents and adolescents during this developmental period.

P591 NEONATAL DIABETIS

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Background Neonatal diabetes mellitus (NDM) is rare, noted in only 1 of every 300 000–400 000 live births. Both transient and permanent conditions have been described (TNDM and PNDM, respectively) which have different clinical, genetic features and outcomes.

Cases presentation Three newborns were included, 2 males and 1 female. The mean gestationnel age was: 35.3. All of them had born to *consanguineous parents*. The mean birth weight was 1506 g. Two patients had a family history of neonatal hyperglycemia. By the first week of life, glucose concentrations increased, Ketonuria and glycosuria were noted in two cases, the third patient had hyperglycemia, glycosuria without ketonuria at the age of 2 months. The serum insulin and C-peptide levels were low. Tests for anti-islet cell and anti-glutamic acid decarboxylase antibodies were all negative. Abdominal ultrasound was normal. The infants were diagnosed with NDM. Genetic testing was performed. Results are not yet available. All patients were managed with insulin therapy (1–2.5 UI/kg/J). During follow up Recurrent hospital admission for diabetic ketoacidosis were noted in two cases, but long term outcome was favorable. One patient had died.

Conclusion Neonatal diabetes mellitus is uncommon. It is important to distinguish neonatal diabetes mellitus from other causes of hyperglycemia in newborns. Early recognition and urgent genetic testing are important for predicting the clinical course and raising awareness of possible additional features.

P592 PAEDIATRIC ECG INTERPRETATION BY NON-CONSULTANT HOSPITAL DOCTORS (NCHDS) WORKING IN AN IRISH TERTIARY PAEDIATRIC CENTRE

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Introduction Paediatric ECG interpretation is a core clinical competence in postgraduate paediatric specialist training. Doctors treating paediatric patients with potential cardiac conditions should be familiar with the principles of ECG interpretation and the diagnoses requiring emergency treatment. Research has shown that paediatric ECG interpretation amongst doctors may be suboptimal and that the most effective method of teaching ECG interpretation is unclear.¹

Aims This study aims to establish the accuracy of paediatric ECG interpretation by NCHDs working in an Irish Tertiary Paediatric Hospital and to measure the impact of a teaching intervention.

Methodology NCHDs working in acute clinical areas in an Irish tertiary paediatric hospital were invited to participate ($n=45$). Participants were asked to report three ECGs (long