

P598 **TRAUMA OF THE LIVER IN CHILDREN WITH FIREARM INJURIES DUE TO WAR: WHEN IT SHOULD BE OPERATED?**

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Aim The patients with liver injury should be considered multidisciplinary and the decision of operation should be decided according to the patient's clinic and hemodynamic stability. In this study, we aimed to present treatment management and appropriate operation time in children with liver injury due to war.

Methods Between 2010–2017, patients who be followed in pediatric surgery clinic with liver injuries due to firearm were examined retrospectively. Patients; according to age, gender, type of injury, accompanying trauma, treatment modality and mortality were evaluated.

Results 13 patients were injured with shrapnel, 7 patients had blast effect injury. The mean pediatric trauma score of patients was 5, the mean pediatric trauma score of 6 patients who died was 3.11. Liver suturing was performed in 2 patients due to bleeding. A segmentectomy was performed in a patient with active bleeding in segment 7. Bleeding was stopped by binding the branches of the hepatic artery. 2 patients who were operated in Syria and applied packing due to unstoppable bleeding were referred to Turkey. One patient with vena cava inferior injury died due to excessive blood loss and instability at the time of admission and 6 patients died due to accompanying head trauma and/or multiple body trauma.

Conclusion The main purpose in emergency operations is stopping the bleeding. Rarely though, suturing or even segment resection in the bleeding area may require.

P599 **ABSTRACT WITHDRAWN**

P601 **TAKAYASU ARTERITIS IN PEDIATRICS**

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Introduction Takayasu arteritis is an idiopathic chronic granulomatous panarteritis predominantly affecting the aorta and its main branches. The diagnosis is based on a set of clinical, biological and radiological criteria.

Observation There are two girls, average age 12 years. They presented a decrease in visual acuity and high blood pressure. One of the two girls had right radial and brachial pulse abolished. In the two cases a bilateral edema was objectified. An hypokalemia was noted in one case. The angio scanner showed a stenosis of the right subclavian artery with stenosis of the aortic arch extended to both renal arteries, with complete occlusion of the right right renal artery. For the other child, the aortic angiogram showed non-stenosing focal thickening of the descending aorta, with pre stenosis occlusive from the origin of the right renal artery. There was no brain damage in the two cases. One of the two girls was treated with a

high-dose corticosteroid with methotrexate and an antihypertensive drug. The other child was treated with potassium supplementation in addition to antihypertensive treatment.

Conclusion Takayasu arteritis is a chronic vasculitis of unknown etiology. Rare in children, it is a worldwide disease with significant morbidity and mortality.

P602 **EATING HABITS, PSYCHICAL ACTIVITY AND SELF-PERCEIVED HEALTH AS DETERMINANTS OF QUALITY OF LIFE OF ADOLESCENTS**

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Perceived quality of life (QoL) in adolescents can be useful in identifying their subgroups at risk of engaging in health-compromising behaviors. Establishing healthy nutritional behaviors and physical activity is important during adolescence, since habits established in this period often persist into adulthood. This study gives insights from the Croatian Health Study of School Children and Adolescence, with focus on QoL of adolescents. The aims of the study were to investigate eating habits, psychical activity and some aspects of self-assessed health of adolescents as potential predictors of their QoL. The sample consisted of 482 high-school students 16–19 years old (243 girls), who participated in project in 2013/2014. Adolescents' assessment of food frequency consumption, extra-curricular physical activities, frequency of health difficulties within last six months and QoL (WHOQOL-bref) were used.

Boys reported higher levels of QoL than girls in Physical health and Psychological domains. The greatest variance was explained in Physical health for boys (31.5%) and girls (43.2%) and smaller amounts in Psychological domain (18.5% boys, 32% girls), Social relationship (17.1% boys, 19.1% girls) and in Environmental health (16.4% boys, 21.4% girls). Structure of predictors differed for girls and boys in all four domains. The greatest variance was explained by self-perceived health in both boys and girls. More frequent emotional health difficulties within last six months were associated with smaller QoL in all domains, except in boys in Environmental domain. Greater adolescent's overall perception of their health was associated with higher QoL in all domains, except in Social relationship domain in both boys and girls. More frequent physical health difficulties within last six months were associated with smaller Physical QoL in both boys and girls. Frequency of healthy meals within last seven days predicted Physical QoL in girls; contrary, more frequent unhealthy meals were associated with better Social relationship in boys. Higher frequency of leisure time physical activities was associated with better results in Social and Environmental domain in girls and more frequent physical activities within last seven days were associated with better Psychological and Social relationship QoL in boys.

The selected set of predictors significantly predicted adolescents' QoL, especially Physical and Psychological domain. These findings support hypothesis that eating habits, physical activity and some aspects of self-assessed health could contribute to QoL of adolescents. Additional variables and predictors

of QoL domains need to be examined further. Identifying predictors of QoL could promote prevention and treatment plans for supporting adaptive lifestyle of adolescents.

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UROPATHOGEN PROFILE IN THE PAEDIATRIC POPULATION – A COMPARATIVE STUDY BETWEEN TWO GEOGRAPHICALLY DISTINCT REGIONS IN IRELAND

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Background Urinary tract infection (UTI) is one of the most common bacterial infections among children. The high level of antimicrobial resistance in uropathogens worldwide is a cause for real concern. Currently empirical first line antibiotics used for UTI in children are similar in most hospitals. There is limited data in relation to geographical variation in uropathogen prevalence and their antimicrobial sensitivity. This study aims to evaluate and compare the prevalence and resistance pattern of UTI pathogens in two geographically distinct areas in Ireland.

Methods Paediatric patients admitted with an uncomplicated laboratory confirmed UTI at Sligo University Hospital and Cavan General Hospital between January 2017 and December 2018 were reviewed; Patients with structurally or neurologically complicated urinary tracts were excluded from this study. Antimicrobial susceptibility to Amox-clavulanate, Amoxicillin, Ceftazidime Fosfomycin, Gentamicin, Nitrofurantoin, and Trimethoprim was determined for urinary isolates.

Results Profiles of organisms and antimicrobial sensitivities in Sligo and Cavan patients were broadly similar but with some differences., *Escherichia coli* was the most prevalent pathogen contributing to UTIs representing 80.22% and 87.34% of isolates in Sligo and Cavan respectively. Highest rates of resistance were noted to Amoxicillin (49.45% and 62.03% respectively) and co-Amox-clavulanate (42.86% and 41.77%). Highest rates of antimicrobial sensitivity for isolates from Sligo were for Nitrofurantoin (91.2%), followed by Fosfomycin (90.11%) while in Cavan, they were for Gentamicin (96.2%) followed by Nitrofurantoin and Ceftazidime (92.4% both).

Conclusions High resistance was observed to Amoxicillin and co-Amox-clavulanate which are commonly used as empirical treatments for UTIs. It may be timely to review our local empirical antibiotic choices. The results of this small study in two local acute paediatrics services would indicate it may be useful to conduct a wider national review of uropathogen patterns and sensitivities in the paediatric population.

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IS IT THE NEGATIVE EFFECTS OF SERUM VITAMIN DEFICIENCY OF PREGNANT AND LACTATING WOMEN ON DEVELOPMENT OF NEWBORN NEUROLOGICAL SYSTEM CAN BE AVOIDED

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Purpose Deficiency of vitaminB12 if not diagnosed and treated early in infant period where the growth and development is very rapid which are very important for the construction of

DNA/RNA and neurotransmitters, can lead to irreversible neuromotor pathologies.

Material and method Babies who were admitted with neurological complaints due to vitaminB12 deficiency between the dates of January2018-January2019 were included in this study. During the pregnancy and lactation intake of vitamin supplements, duration of breastfeeding and vitaminB12 levels were examined.

Results In our study, the mean age of 11babies was 2.6(2-3.4) months. Neurological findings; in 7babies there was swallowing disorder and in 4babies undeveloped ability to take neck reflex. The serum levels of vitaminB12 in babies were determined under 150pg/dl and in all mothers was under 250pg/dl. Although they were not regular receive iron and folate supplements during pregnancy, they did not need receiving vitaminB12 supplement during pregnancy-lactation.

Discussion VitaminB12 deficiency in babies may be associated with neurological findings and that delay in the diagnosis and treatment of infants may cause permanent neurological damage. In addition, maternal deficiency is considered to be an independent risk factor for the development of fetal neural tube defect. Deficiency of vitamin B12 in pregnant and lactating mothers is the main cause of Vitamin B12 deficiency in fetus and babies.

Conclusion VitaminB12 deficiency is one of the causes of neurological retardation in babies (affect the development of the brain in the prenatal/postnatal period). In order to prevent this deficiency, healthy nutrition of the mother and taking the necessary vitamin supplements both the prenatal period and postnatal period should be provided. We think that should be given vitamin B12 routinely to all pregnant women like folic acid and iron supplementation.

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FUNCTIONAL CONSTIPATION IN A TERTIARY HOSPITAL SETTING

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Objectives Functional constipation in children should be diagnosed in primary care, based on Rome criteria. Management in tertiary care is rarely needed. The aim of this study was to assess the frequency and structure of paediatric patients diagnosed with functional constipation in a tertiary hospital setting.

Methods This study enrolled children referred to the paediatric gastroenterologist (PG) at the UHC Zagreb from January 1st 2017 to December 31st 2017 (N=1729). Data on patients was extracted retrospectively from clinical records. The subjects were classified in three age groups: infants and toddlers (0-3 years), children (4-10 years) and adolescents (11-20 years). Descriptive statistics and chi-square test were used, statistical significance was determined as $p < 0.05$

Results After appropriate evaluation, about 8% of all outpatients seen by the PG at the UHC Zagreb during year 2017 had functional constipation with or without encopresis (7.63% or 132 patients, boys: 56,1% vs girls: 43,9%). Half of the patients were in the age group of 4 to 10 years (66/132 or 50%), about 1/3 was 0 to 3 years old (41/132), and about 1/5 were adolescents (25/132). It was the most common functional gastrointestinal disorder (FGID) (132/328 or 40.24%),