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

P603

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, Amoxycillin, 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 Amoxycillin (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 Amoxycillin 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.

P604

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(2.1–3.4) months. Neurological findings; in 7babies there was swallowing disorder and in 4babies undeveloped ability to tonic 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 never 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.

P605

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 (11–18 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%),

both in girls and boys. Also, it was the leading FGID in the infant/toddler (41/57) and the children group (66/124). Retentive encopresis was present in about 1/5 of children (29/132 or 21.9%). Accompanied encopresis was mainly observed in the age group of 4–10 years (22/66 or 33.3%, $\chi^2=9.9431$, $p<0.05$). Also, encopresis tends to be more frequent among male patients with functional constipation (male, 27% vs female, 15.5%). In patients who visited PG for the first time, substantial discordance in the referral and the final diagnosis was observed. About 1/3 of patients with diagnosed constipation was referred with another diagnosis (29/92 or 31.5%). However, most of patients with constipation as referral diagnosis had the same disorder as final diagnosis (49/53 or 92.5%).

Discussion Frequency of functional constipation in paediatric patients in tertiary hospital setting, as well as sex and age distribution, is comparable to reported incidences in the population. The discordance of referral and final diagnosis shows that constipation is not adequately recognized in primary care, but when recognized, it is mostly diagnosed correctly.

Conclusion Functional constipation is not recognized enough in primary care and more efforts are needed to assure a positive diagnosis of this disorder prior to the referral to tertiary care.

P606 TRANSIENT CHOLESTASIS IN NEONATAL INTENSIVE CARE UNIT (ABOUT 46 CASES)

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Background Transient cholestasis is common in neonatal intensive care unit. It accounts for 5 to 10% of neonatal cholestasis.

Objectives To describe the characteristics of neonatal cholestasis and to identify the etiology and associated factors.

Methods It's a retrospective study registering 46 cases of transient cholestasis in the neonatology department of Sfax from 2010 to 2018.

Results A great prematurity was noted in half of the cases as well as a hypotrophy. Perinatal asphyxia was noted in 41% of cases. Nosocomial infection was present in 50% of cases and severe hemodynamic disorders in 9% of cases. Four full term newborns had received intensive phototherapy. The average of parenteral nutrition duration was 18 days (1–64 days). The mean age at the time of diagnosis of the cholestasis was 29 days (3 to 69 days). Abdominal ultrasound showed vesicular lithiasis in two cases, portal vein thrombosis in two cases, and anaerobic abscess in one case. Etiological explorations were normal in all other cases. Follow up showed a disappearance of cholestasis and the restoration of liver function after 2 to 3 months. Finally, this transient cholestasis was related to an inspissated bile syndrome in the 4 full term newborns and a portal vein thrombosis in 2 cases. In the other cases, it was associated with prematurity with multifactorial mechanisms including hepatic immaturity, ischemic lesions secondary to perinatal asphyxia and hemodynamic disorders, parenteral nutrition and infections.

Conclusions The results of our analysis suggest that most of these cases of transient neonatal cholestasis may result from the association of several factors including immaturity of bile

secretion because of prematurity and perinatal insults leading to hepatic hypoxia or ischemia. Finally, the diagnosis of transient neonatal cholestasis should be considered only with the most extreme caution and after a careful and prolonged follow-up. It is mandatory to rule out other causes of neonatal cholestasis by conducting the appropriate investigations.

P607 PERFORATED ULCER IN A 3 MONTHS AGED INFANT

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Introduction The digestive manifestations of stress are polymorphic. Gastric or duodenal ulcer is the most characteristic expression. We report the rare case of an infant with severe dehydration complicated by digestive perforation.

Case report A 3 months aged infant was admitted for diarrhea and vomiting evolving since 4 days. She was apathic with severe dehydration. In the biology, she has a hypochromic microcytic anemia, a hyponatremia, an onset of functional renal insufficiency and an infectious syndrome. A triple antibiotic therapy with intravenous rehydration was administrated.

The initial evolution was marked by the improvement of its state of hydration and correction of hydro-electrolytic disorders with secondary appearance of abdominal bloating. Imagery showed pneumoperitoneum at radio and mixed air and fluid intraperitoneal effusion which deals with the diagnosis of digestive perforation.

The baby was operated urgently The peroperative diagnosis was a gastric perforation secondary to a stress ulcer most likely. The postoperative course was simple. The reintroduction of breastfeeding was gradual with good tolerance.

Conclusion The perforation of the stress ulcer is a very rare complication in the infant that must be evoked in front of a pneumoperitoneum. The treatment is always surgical. The prognosis is primarily related to the speed of diagnosis and management. The best treatment is preventive.

LB P608 AN ATYPICAL PRESENTATION OF CROHN'S DISEASE WITH ACUTE JOINT SWELLING

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We present an unusual case of a 9-year-old boy, who attended our emergency department with acute left knee swelling, abdominal pain and fever for the past two days. He was well known to our department with a history of constipation. After Orthopaedic, Surgical and Paediatric review a provisional diagnosis of septic arthritis was made. Later, a diagnosis of Crohn's disease was confirmed and treated accordingly, with the improvement of his symptoms.

This case highlights the importance of exploring vague symptoms of inflammatory bowel disease (IBD) at presentation. Knowledge of extra intestinal manifestations (EIM) is essential. Providers should be able to recognize the unusual manifestations of IBD and initiate an appropriate and timely evaluation.