both in girls and boys. Also, it was the leading FGID in the infant/toddler (41/57) and the children group (66/124). Retenti
tive 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 constipa
tion was referred with another diagnosis (29/92 or 31.5%).
However, most of patients with constipation as referral diagno
sis 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 dis
tribution, is comparable to reported incidences in the popula
tion. 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 posi
tive 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 cholesta
sis and to identify the etiology and associated factors.

Methods It’s a retrospective study registering 46 cases of tran
sient 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. Endoscopic 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 tran
sient neonatal cholestasis should be considered only with the
most extreme caution and after a careful and prolonged fol
low-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 poly
morphic. 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 antibi
otric therapy with intravenous rehydration was administrated.

The initial evolution was marked by the improvement of
its state of hydration and correction of hydro-electrolytic dis
orders with secondary appearance of abdominal bloating.
Imagery showed pneumoperitoneum at radio and mixed air
and fluid intraperitoneal effusion which deals with the diagno
sis 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 reintroduc
tion 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.