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%), χ²=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.

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 hypocromic 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.