P609 NEW AND OLD CRITERIA FOR DIAGNOSING CELIAC DISEASE

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Background CD is an immune-mediated systemic disease elicited by gluten and related prolamines, it affects genetically susceptible individuals and it is characterized by the presence of gluten-dependent clinical manifestations, CD-specific antibodies, HLA-DQ2 or HLA-DQ8 haplotypes and enteropathy. According to the guidelines published by ESPGHAN in 2012, it is possible to diagnose celiac disease without intestinal biopsy, in symptomatic children and adolescents with very high levels of transglutaminases type-2 antibodies and positive HLA DQ2/DQ8.

Aims The aim of our study is to analyse two groups of patients: one in which diagnosis was based on the new ESPGHAN criteria, and another based on the 1991 Revised Criteria. Both are tested for average age of diagnosis, sex, presenting symptoms and comorbidities. The objective is to find relevant differences between the two groups.

Patients and methods Our study involves 25 patients having the CD onset from February 2013 to February 2019 with the following features: presence of anti-TTG IgA antibodies with a titer higher than at least 10 times the threshold value, presence of EMA IgA serology, compatible genetic profile (HLA-DQ2 and/or DQ8), clinical features. Patient recruitment was performed using data collected at our Pediatric Gastroenterology Center. The values obtained were compared with those of 25 children (control group) with CD diagnosis performed through the 1991 Revised Criteria.

Results In group 1 a prevalence of comorbidities such as IDDM and thyroiditis equal to 48% was found (12 patients out of 25, of which 8 males and 4 females). Out of these: 7 patients have IDDM exclusively, 4 IDDM and thyroiditis together, 1 patient with thyroiditis only.

In group 2 there was a prevalence of comorbidities such as IDMM and thyroiditis equal to 20% (5 patients out of 25, of which 2 males and 3 females). Out of these: 4 patients present exclusively IDDM, 1 IDDM and thyroiditis.

A statistically significant difference emerged between the two groups of patients when we analyzed the incidence of autoimmunity comorbidities. The P value of χ^2 test was indeed <0.05 . The IDDM and Thyroiditis variables taken individually are not significant.

Conclusion An increased prevalence of overall comorbidities (IDDM and thyroiditis) in the first group shows that the new diagnostic criteria could expose patients to a greater diagnostic delay responsible for the onset of such comorbidities. Further studies should be carried out on more numerous samples to highlight possible statistically significant differences between the two groups.

P610 GASTROINTESTINAL MANIFESTATIONS IN SYSTEMIC LUPUS ERYTHEMATOUS

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Gastrointestinal involvement in systemic lupus erythematosus may be the main manifestation and advance other symptoms. It can affect any organ and any part of the intestinal tract. Imaging has a major role in the diagnosis, the follow up and the screening of complications.

SLE-related gastrointestinal manifestation can be life-threatening if not treated promptly. Lupus mesenteric vasculitis is the most common cause, followed by protein-losing enteropathy, intestinal pseudo-obstruction and acute pancreatitis...

The main objective of our observation is to remind this spectrum of manifestation and to delineate the role of imaging in this pathology through 2 cases.

The first observation is about a 14-year-old girl, treated for SLE, who was admitted in our department for diffuse abdominal pain, abdominal distension and vomiting. The diagnosis of intestinal occlusion was made and an enhanced computed tomography was therefore performed showing circumferential wall thickening of jejunal and ileal loops and multiple fluid levels. No vascular thrombosis was observed. The final diagnosis was intestinal pseudo obstruction.

The second observation is of a 12 year-old girl, with no particular history, presented vomiting and epigastric pain. Biological test revealed elevated serum amylase. Abdominal enhanced CT showed enlarged pancreatic gland with no other complications.

The positivity of antinuclear antibodies were in favor of SLE.

P611 THE THERAPY AND MONITORING OF EFFECTS IN INFANTS WITH SIDEROPENIA ANEMIA

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Introduction Anemia affects more than 42% of children under the age of five in developing countries, most often between the ages of 6 to 24 months. According to a study conducted by UNICEF, as of 2000, sideropenia anemia has affected 46% of children between the ages of six to 11 months in Montenegro. Even though there are numerous factors connected to anemia, the most common cause is the lack of iron in diet.

Goal Establishing successful therapies for infants with sideropenia anemia.

Materials and methods The use of medical files and blood results of children born between 2014–2017 who were treated at the Medical Center in Budva.

Results Of the 215 children examined, 70% of them showed to have Hemoglobin levels lower than 110g/l. We divided the children into three separate groups; the first which consisted of altering the child's diet, the second which were prescribed 'Legofer' and the third group in which children were prescribed 'Ferum.' All three groups contained children whose Hemoglobin was between 95–109 g/l and ranged in age from 4–12 months. After the first month of therapy, the Hemoglobin levels increased by 3% in the first group and by 5% in the other two groups. After three months of therapy, the levels increased by 10% for all three groups.

Conclusion Results show that in infants with lower levels of Hemoglobin a proper diet has the same therapeutic effect as medication. It is important to note that a proper diet rich in iron and the absence of cow milk before the age of 12 months are crucial in the prevention of sideropenia anemia and treatment of lighter cases in infants.