P652 AN UNUSUAL CASE OF RECURRING DEMYELINATING NEUROLOGICAL DISORDER IN A 3 YEAR OLD

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Background Multiple sclerosis (MS) is an increasingly recognised acquired demyelinating neurological disorder in the paediatric population. Although 3 to 7 per cent of cases of multiple sclerosis experience their first attack during childhood and adolescence, onset before 10 years of age is extremely uncommon and its incidence is reported as 0.2 to 0.7 percent. Youngest age of presentation reported in literature is 2 years.

Case summary A 3 year old female child presented with a four week history of ataxia, lethargy, intermittent headache, a 2 week history of right sided torticollis and new right convergent strabismus for 5 days. Of note she had recovered from an upper respiratory tract infection two months previously. She had low grade pyrexia. The neurological examination confirmed impaired cerebellar function. Ophthalmological examination confirmed a right sided optic neuritis, decreased vision and concomitant esotropia. Magnetic resonance imaging (MRI) of the brain showed increased T2 signal intensities bilaterally in the brainstem and cerebral hemispheres. Spinal cord cervical and thoracic lesions were also noted.

CSF analysis was normal, including routine viral PCR and culture, as well as oligoclonal bands. She received a three day course of methylprednisolone. Clinically isolated syndrome of demyelination was considered and she was discharged on a decreasing dose of prednisolone. Her initial symptoms resolved completely and follow-up ophthalmological examination was normal.

Two years and 9 months later, she represented with recently increasing lethargies, poor balance, dizziness, vomiting and irritability. She complained of difficulty seeing the whiteboard at school and headaches for a few weeks. On examination Romberg's sign was positive and she also had a right sided divergent strabismus.

A repeat MRI showed multiple T2 hyper intensities bilaterally, some old, some new, involving basal ganglia, cerebral hemispheres and brainstem.

MRI and spectroscopy were both normal. CSF oligoclonal bands were positive on this occasion. Results of lysosomal enzyme panel, metabolic screening, CSF ACE levels, and molecular genetic testing for the MELAS mutation were normal. She responded to a five day course of methylprednisolone. Third MRI done three months later revealed significant resolution of the previous changes globally. She is clinically well 6 years post her diagnosis and is currently on immunotherapy.

Conclusion Early consideration of multiple sclerosis is necessary in young children presenting with remitting/relapsing unifocal or multifocal neurological features with recurring MRI changes in brain and spinal cord. Early diagnosis of MS is particularly important, given the current immunotherapy treatments available.

P653 SWALLOWING DISORDER REVEALING LEIGH'S SYNDROME

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Introduction Leigh's syndrome is a sub-acute necrotizing encephalomyopathy involving brainstem involvement and basal ganglia. The symptoms are variable. The prognosis is rather unfortunate.

Case report An infant aged 1 year 2 months consulted for acute dyspnea as part of a penetration syndrome. He has no background and his parents are first cousins.

The history back to 2 hours before admission marked by the ingestion of a piece of meat bone and the installation of progressive worsening dyspnea.

On examination, he was eutrophic. Its temperature was 38.5°C. He has respiratory distress. The chest radio showed a bronchial syndrome. Fibroscopy completed with esophagoscopy was without abnormalities. Neurologically, the infant was irritable and whiny. A lumbar puncture was negative. Brain imaging was without abnormalities. The evolution was marked by the installation of a hypotonia and an alteration of consciousness. The metabolic balance showed metabolic acidosis with hyperlactataemia, hyperammonemia and increased lactate/pyruvate ratio. The electroencephalogram showed paroxysmal discharges. The MR spectroscopy showed an involvement of brainstem, gray nuclei, cerebellum and marrow with a lactate peak confirming the diagnosis of Leigh's syndrome. The evolution was quickly fatal due to a neurological distress chart.

Conclusion There is currently no therapy for Leigh's syndrome. The treatment is symptomatic and does not significantly alter the course of the disease.

P654 A RARE CAUSE FOR ACUTE HYDROCEPHALUS IN CHILDREN

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Colloid cysts are congenital benign lesions constituting 1% of CNS tumors. Pediatric colloid cysts are rare lesions compared with adults. These are more common in the third and fifth decade. Their occurrence in the pediatric age group is less commonly seen. These pediatric colloid cysts have aggressive and varied behavior than in adults. They are non-neoplastic true epithelium lined cysts of the central neuraxis.

They may be totally asymptomatic or may manifest with symptoms of raised intracranial pressure. The symptoms may be intermittent, self-limiting, and nonspecifically apparent when the foramen of Monro is blocked temporarily by pendulous movement of the cyst or may be acute and severe presenting with acute hydrocephalus, brain herniation, and sudden death.

Pediatric colloid cysts have rarely been reported. We report A 4-year-old boy with the history of headache, anorexia, over

sleeping and vomiting was referred to our emergency to undergo a brain CT scan. CT images demonstrated a well-defined, rounded, hyper-dense lesion at the level of the foramen of Monro causing moderate dilatation of the lateral ventricle. The findings from imaging perspective were consistent with the colloid cyst of the third ventricle. Therefore, the diagnosis of the colloid cyst was made.

Early detection and total excision of the lesion is a permanent cure with minimum morbidity.

P655 MOYA MOYA IN CHILDREN: ABOUT 2 CASES

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Introduction Moya Moya is a rare chronic intracranial arterial disease that affects internal carotid arteries. It is characterized by a progressive occlusion of the end portions of the internal carotids with the development of a locum circulation.

Cases report Two cases of Moya Moya have been reported. They were a 9 years old male and a 6 ½ years old female. Both children had a history of ischemic stroke revealed in one case by right hemiparesis, and in the other case by transient bilateral blindness. The first child had a stroke in the left superficial sylvian artery at the age of 2.5 years, with no thrombogenic pathology or haemostasis disorder. He received an anti platelet aggregation and practiced motor rehabilitation. He consulted after 6 years for generalized tonic-clonic seizures with behavioral disorder and mental confusion. The angio MRI showed multiple systemic vascular accidents dealing with the diagnosis of Moya Moya. The second child had at the initial brain scan a recent occipital ischemic hypodensity with multiple porencephalic cavities probably sequellar in bi frontal and anterior arm of the right internal capsule. Then she reconsulted after 3 months for a recurrence of blindness associated with an alteration of the state of consciousness. A brain MRI showed the presence of multiple strokes of different ages. The diagnosis of Moya Moya was confirmed by cerebral palsy. Both children had severe sequelae.

Conclusion Moya Moya is a rare but serious chronic cerebrovascular disease in young children. The diagnostic delay is frequent, related to its polymorphous symptomatology. The diagnosis is based on Angio CT and Angio MRI brain which are requested in 1st intention. It must be evoked in front of repetitive vascular accidents of children of different ages.

P656 EVALUATING THE INFANT NUTRITION UNDER 2 YEARS OF AGE

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Aim of this study was to evaluate the infant nutrition in the first 2 years of age, to determine the factors effecting nutrition, and reveal the relationship among nutrition with infant growth.

Material Method: The study was carried out between September-December in 2018 by Cerrahpasa Faculty of Medicine, Department of Pediatrics in Istanbul. 297 infants included who were not diagnosed with any disease born above 2500 gram. Face-to-face survey method was applied to parents using the indicators of infant and young child feeding (IYCF) which was established by WHO in 2007 to evaluate breastfeeding and complementary feeding. Information about sociodemographic data was recorded in the same interview. Height and weight were taken by the trained outpatient clinic and according to the WHO growth curves, weight according to age <-2SDS measured as underweight, height according to age <-2SDS stunted and weight according to height <-2SDS wasted.

Findings In the study, 52.5% were female while the rest were male. Infants age were between 15 days and 2 years. Initiating breastfeeding in the first hour was 25.6%. Exclusive breastfeeding rate was 62.1%. Breastfeeding up to 2 years of age rate was 60%. In the study, 5.1% infant was wasted, 3% was stunted and 2% was underweight. According to the IYCF minimum meal diversity rate was 62.3%, minimum meal frequency 72.7%, minimum acceptable diet 62.3%. Starting solid food appropriate was 74%. If father was educated or an officer, the rate of breastfeeding was increasing for the first 6 months. It was found that babies whose father was younger than 30 years of age were more likely to breastfed in the first hour. Cesarean significantly reduced breastfeeding during the first 6 months and increased the rate of using bottles. Babies with birth order more than 3 were fed less with bottles. Breastfeeding in the first 6 months who's weighting less than 3000g ratio were lower than others. If the number of children in the family were more than 3 wasting was higher. Breastfeeding babies up to 2 years of age were higher in whom born in a state hospital rather than private hospital. If the babies are male, rate of breastfeeding in the first 6 months and starting solid food suitability were higher. If maternal age was 30 or above minimum acceptable diet rate was higher.

Conclusion In our study nutrition rate according to WHO was majority this emphasizes the importance of educating the parents.

P657 TO ESTABLISH PARENTAL PERCEPTION OF CHILDREN'S WEIGHT STATUS IN THOSE ATTENDING TEMPLE STREET CHILDREN'S UNIVERSITY HOSPITAL EMERGENCY DEPARTMENT

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Background A 2018 study based on the 'Growing Up in Ireland' data published by Queally M. et al. identified that approximately 22% and 18% of mothers failed to recognise that their child was overweight/obese at three and five years of age respectively.

Aims

1. To calculate the body mass index (BMI) of children attending the Temple Street Emergency Department using the 'Measure Me' phone application.
2. To establish parental perception of their child's weight status.
3. To Identify discrepancies between the subjective and objective weight status and communicate this to the parents.