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.