4. To provide educational information on healthy eating/further weight management options.

Methods Children aged two years or older attending the Emergency Department were identified. Parents completed a survey indicating the perceived weight status of their child. The height and weight of the child were recorded, and the BMI and standardised body mass index (BMI SDS) were calculated using the 'Measure Me' phone application and communicated to the parents. Children were offered a 'Healthy Ireland' food pyramid sticker. Parents of those overweight/obese children identified were provided with details to be referred onto Temple Street Hospital Outpatient Services for further weight management.

Results 101 children in total participated. 17.8% (18/101) were classified as overweight/obese, with a standardized BMI above the 91st centile. Of those overweight/obese; 50% (9/18) of parents incorrectly identified their child to be of normal weight status. Of the parents who accurately identified their child as overweight (9/18), 77.8% (7/9) indicated they perceived their child to be 'mildly' overweight. Objectively 85.7% (6/7) of these were obese with a BMI SDS above the 95th centile. In total 83.3% (15/18) of the overweight children had a standardized BMI above the 95th centile. 83.3% (15/18) of overweight/obese children accepted educational information.

Conclusion In keeping with Queally M. et al.'s study a large proportion of children were objectively overweight/obese with a BMI SDS above the 91st centile. However half of the parents failed to accurately identify their child's overweight/obese status. Although the remainder of parents accurately identified their child as overweight, a large proportion indicated that they perceived their child to be 'mildly overweight'. The vast majority of these children were obese with a BMI SDS above the 95th centile. The high rates of parental acceptance of educational information would suggest a willingness to be further educated on weight optimization in children.

P658 ASSOCIATION OF SEVERE VIRAL BRONCHIOLITIS DURING INFANCY AND EARLY LIFE WITH DEVELOPMENT OF RECURRENT WHEEZE

Helena Živić*. *Health facility Zagreb Center, Zagreb, Croatia*

10.1136/archdischild-2019-epa.988

Introduction Respiratory viral infections in infancy and early life, especially with allergic sensitization, are associated with higher risks of developing recurrent wheeze and asthma.

Objective To analyze the association of viral bronchiolitis in infancy and early life with development of recurrent wheeze.

Design and participants Retrospective study of children younger than 1 year, in our primary care setting, treated for bronchiolitis during 3 consecutive fall to winter seasons (2014–2016). Causative viruses of bronchiolitis were RSV and rhinovirus species. Development of recurrent wheeze (as defined in national asthma guidelines) by age 3 years.

Results 100 infants who were treated for RSV or rhinovirus bronchiolitis. The median age was 3 months (range 1–7 months), 42 (42%) had RSV bronchiolitis, 58 (58%) had rhinovirus bronchiolitis. 42 (42%) had IgE sensitization, of which 14 (33.3%) to food, 18 (42.9%) to aeroallergens, 10 (23.8%) to food and aeroallergens combined. Overall, 39 (39%) developed recurrent wheeze by age 3 years. There was a significant interaction between viral bronchiolitis and IgE sensitization on

the risk of recurrent wheeze. All children who developed recurrent wheeze also had IgE sensitization.

Conclusions Infants with both bronchiolitis and IgE sensitization (to food or aeroallergens) had significantly higher risks of recurrent wheeze with subsequent development of asthma at age 3 years. It identifies infants at higher risk so we can introduce preventive measures, and enhanced follow-up.

P659 CORNELIA DE LANGE SYNDROME AND SPONTANEOUSLY REGRESSIVE BRONCHOGENIC CYST ABOUT A UNUSUAL CASE

¹Faiza Safi, ¹Sahar Trichilli, ¹Manel Hsairi, ¹Lamia Gargouri, ²Chiraz Regaieg*, ³Mahdi Ben Dhaou, ²Abdellatif Gargouri, ³Riadhi Mahiri, ¹Abdelmajid Mahfoudh. ¹*Pediatric Emergency and Resuscitation Pediatric Service, Hedi Chaker Hospital, Sfax, Tunisia;* ²*Neonates Intensive Unit Care, Hedi Chaker Hospital, Sfax, Tunisia;* ³*Pediatric Surgery Department, Hedi Chaker Hospital, Sfax, Tunisia*

10.1136/archdischild-2019-epa.989

Introduction Cornelia de Lange syndrome is characterized by intra uterine and postnatal growth retardation, developmental disorder, facial dysmorphism, hypertrichosis, and organ malformations. The association with a bronchogenic cyst is unusual.

Case report This is an 8-month-old male, born at term from a non-consanguineous marriage. He was hospitalized twice for recurrent pneumonitis. It was addressed for further exploration. On clinical examination, he had microcephaly, a low set of hair on the forehead, arched and confluent eyebrows, long eyelashes, a wide nose root, anteverted nostrils, a long and bulging philtrum, a mouth falling at the corners and a very thin upper lip, a low implantation of the ears and a micro-retrognathism. He was puny with a weight loss of -4 DS. Biologically, the infectious balance was negative. An abdominal ultrasound performed was without abnormalities as well as the transfontanelar ultrasound. A thoracic CT showed a large right mediastinal hilar cystic mass measuring 69x68x44 mm with fluid density and regular clean wall enhanced after injection of contrast agent dealing with a bronchogenic cyst. The therapeutic abstention was opted. The evolution was marked by the spontaneous regression of the cyst.

Conclusion Cornelia De Lange syndrome is rare with variable severity. The association with bronchogenic cyst which had spontaneously regressive evolution is a rare entity.

P660 ABSCESS OF THE KIDNEY, A DIAGNOSIS NOT ALWAYS EVIDENT!

Faiza Safi, Lamia Gargouri, Manel Hsairi, Chiraz Regaieg*, Bayen Maalej, Abdelmajid Mahfoudh. *Hedi Chaker Hospital, Sfax, Tunisia*

10.1136/archdischild-2019-epa.990

Introduction Kidney abscess is defined as a suppurate lesion collected in the renal parenchyma. It is a rare pathology in pediatrics. We report four cases of renal suppuration.

Material and method This is a retrospective study over a period of 9 years (2010–2018) collating all cases of renal abscess having been hospitalized in the pediatric ward, emergency and pediatric resuscitation of Sfax.

Results We collected 4 cases of renal abscess. These were two boys and two girls. The average age was 5 ½ years with extremes ranging from 3 ½ years to 10 years. The delay of diagnosis was estimated at an average of 19 days. Fever and

lumbar pain were reported in three cases. In the other case, it was a respiratory chart. The urinary and digestive signs were variable or absent in one case. Hyperleukocytosis with a positive CRP were constant. The cytobacteriological urine exam practiced systematically was positive in 2 cases by isolating an *Enterobacter Cloacae* in one case and an *E. Coli* in another case, it revealed aseptic leukocyturia in one case and it showed no abnormality in the other case. The diagnosis of abscess was made thanks to the ultrasound-CT abdominal pairing performed in all patients. All patients were treated with intravenous antibiotic therapy. Percutaneous drainage was performed in one patient due to the inefficacy of antibiotic alone. The evolution was marked by apyrexia and improvement of other clinical and biological signs.

Conclusion The treatment of the kidney abscess is based on antibiotic therapy with or without percutaneous or surgical drainage depending on the size of the abscess and the clinical course.

P661 EVALUATION OF CHILDHOOD URINARY TRACT INFECTION AND ANTIBIOTIC SUSCEPTIBILITY IN A TURKISH CENTER

¹Ipek Kaplan Bulut, ²Alper Tunger, ¹Sevgin Taner, ³Ezgi Boluk, ¹Ahmet Keskinoglu, ¹Caner Kabasakal*, ²Sohret Aydemir. ¹Ege University Faculty of Medicine, Pediatric Nephrology, Izmir, Turkey; ²Ege University Faculty of Medicine, Medical Microbiology, Izmir, Turkey; ³Ege University Faculty of Medicine, Pediatrics, Izmir, Turkey

10.1136/archdischild-2019-epa.991

Introduction Urinary tract infection (UTI) is the most common bacterial infection in children under 2 years of age. Proper and timely treatment protects patients from long-term complications such as renal scarring, hypertension, and end-stage renal disease.

Methods The file records of 729 patients aged between 0–18 years, followed up with diagnosis of urinary tract infection, vesicoureteral reflux and neurogenic bladder in Ege University Pediatric Nephrology Unit between February 2013 and November 2018 were retrospectively reviewed.

Results A total of 1126 positive urine cultures of 729 patients (65% female/35% male) were included in the study. The mean infection time was 56 ± 53 months. Most of the cultures (88.2%) were gram negative. *Escherichia coli* (*E. coli*) was the most common isolated bacteria with a prevalence of 59.1% (n= 666) followed by *Klebsiella pneumonia* with 17.9% (n= 202), *Enterococcus faecalis* 8.3% (n= 93), *Proteus mirabilis* 3.2% (n= 37), *Enterococcus faecium* 2.9% (n= 33) and *Pseudomonas aeruginosa* 2.5% (n= 28). *Enterobacteriaceae* in 962 cultures (85.4%) constitute most bacteria in this study. Ampicillin, cefuroxime and trimethoprim-sulfamethoxazole with susceptibility rates of 18.6%, 39.6%, 49.0% respectively, constitute of the highest resistant antimicrobials to *Enterobacteriaceae*. Antimicrobials with the highest susceptibility in this group were meropenem, imipenem and ertapenem with susceptibility rates of 99.2%, 97.1% and 96.1% respectively. *Enterococcus spp.* showed the highest resistance to gentamycin

with 50% resistance to tested cases. *Pseudomonas spp.* with 64.3% susceptibility, showed the highest resistance to piperacillin-tazobactam.

Conclusion Enteric bacteria, majority of which constituted by *E. Coli* are at the forefront in the etiology of UTI. Diagnosis and accurate treatment of the disease prevents or reduces late complications and morbidity. Determination of local antibiotic susceptibility patterns, that expected differ by region and time, has a great importance for initiating effective empirical treatment and prevent complications.

P662 DOES ULTRASOUND MEASURED RENAL LENGTH AND VOLUME DISCREPANCY PREDICT DIFFERENTIAL FUNCTION ON DMSA SCANNING?

¹Ciannait Lehane*, ²Stephanie Ryan, ²Gabrielle Coleran. ¹Department of Paediatrics, Children's Health Ireland at Temple Street, Dublin, Ireland; ²Department of Radiology, Children's Health Ireland at Temple Street, Dublin, Ireland

10.1136/archdischild-2019-epa.992

Investigation of children with urinary tract infection (UTI) or other renal disease often involves a combination of dimercaptosuccinic acid (DMSA) imaging and ultrasound (US) imaging to identify structural and functional defects.

DMSA imaging provides information on the relative function of the right and left kidneys and is considered the gold-standard imaging modality for the detection of renal scarring. DMSA imaging requires an intravenous injection of a radioactive agent and often requires sedation in babies and young children. DMSA imaging takes more than two hours to complete and is not suitable for frequent repeat studies.

US imaging provides information on renal size, parenchymal appearance and structural abnormalities such as calyceal and/or renal pelvic dilatation. US imaging is non-invasive, does not involve ionising radiation and can be performed in most children without sedation or anaesthetic. US imaging takes less than 30 minutes to complete and can be repeated easily for follow up.

We have obtained ethical approval to investigate the associations between DMSA-assessed renal function discrepancy with US assessment of renal length, renal volume, renal length discrepancy and renal volume discrepancy. Image data will be captured and analysed from children who underwent both DMSA imaging and renal US imaging in our hospital between 2015 and 2018. The analytical group (n=200) has been limited to those who underwent imaging as part of investigation of UTI or other renal disease who had DMSA and ultrasound scanning within six months of each other and whose images are adequate to obtain the relevant measurements.

Finding strong associations and sufficient diagnostic accuracy may mean that the non-invasive and more easily performed US examination, which does not involve ionising radiation, may reduce the need for DMSA scanning in some children.