conducted to severe dilated cardiomyopathy with heart failure. Correction of anemia, iron administration and normal food intake slowly compensated the heart. A cardiology and hematology team was necessary to cooperate in healing this patient.

GP79 IS IT A PORT-WINE STAIN?: VASCULAR BIRTHMARK ON THE FACE POSING A DIAGNOSTIC CHALLENGE

¹Hafsah Szali*, ²Fiona Browne, ²Veronika Dvorakova, ¹Annette Murphy, ¹Nicholas Allen. ¹University Hospital Galway, Galway, Ireland; ²Our Lady's Children's Hospital, Dublin, Ireland

10.1136/archdischild-2019-epa.145

Infantile haemangioma is a group of vascular tumours arising during infancy which has characteristic clinical and histological findings. Although this type of tumours has a typical presentation, they can mimic the appearance of other vascular lesions.

Two infants, 2 weeks and 5 weeks of age respectively were referred to the dermatology department for 'port-wine stain' as well as 'orbital cellulitis' and also considered as possible 'Sturge Weber Syndrome'. Both infants had vascular lesions in V1 distribution of the trigeminal nerve noticed at birth and in the days prior to presentation developed significant swelling of the affected eyelid. Clinically these are telangiectatic macular lesions present on the eyelid and forehead, extending to the scalp, neck, shoulder and chest in one infant and affecting the perioral area and lower lip with ulceration in the other infant. In both infants there was a significant swelling of the upper eyelid involved resulting in complete closure of the eye. Magnetic Resonance Imaging and Angiography demonstrated intraorbital haemangioma together with abnormalities within the arterial system. One of the infants had involvement of the intracranial arteries and aortic arch qualifying for PHACES syndrome, and the other had involvement of the soft palate. Both patients were commenced on oral propranolol resulting in rapid shrinkage of the eyelid haemangioma, progressive healing of the lip ulceration and regression of the cutaneous component of the haemangioma. Treatment was well tolerated and is expected to continue for 6 to 12 months.

In summary these are two cases of segmental infantile haemangioma with involvement of internal structure mimicking capillary malformation associated with Sturge Weber Syndrome. These cases demonstrate the importance of distinguishing between infantile haemangioma and other vascular lesions to ensure early commencement of appropriate treatment as well as identification and management of internal involvement.

GP80 ONCE MORE ABOUT CUSTOMIZED VERSUS POPULATION-BASED GROWTH CHARTS: HOW TO ASSESS PHYSICAL DEVELOPMENT OF THE INDIGENOUS CHILDREN OF THE NORTH?

¹Vyacheslav Chasnyk, ^{2,3}Tatiana Burtseva, ³Maya Savvina, ¹Elena Sinelnikova, ¹Irina Solodkova, ¹Elena Barishek, ¹Iliia Avrusin*, ⁴Alina Liaskovik, ¹Sergei Avrusin. ¹Saint-Petersburg State Pediatric Medical University, Saint-Petersburg, Russian Federation; ²M.K. Ammosov North-Eastern Federal University, Yakutsk, Russian Federation; ³Yakutia Science Center for Complex Medical Problems of the Russian Academy of Sciences, Yakutsk, Russian Federation; ⁴First Moscow State Medical University, Moscow, Russian Federation

10.1136/archdischild-2019-epa.146

Introduction Despite evidence of race/ethnic differences in growth, the WHO's position nowadays is based on the understanding that all children who were breastfed as infants, grow similarly and a single set of charts can be used to judge growth in any child. The population-based growth charts (PBGC) in assessing physical development of the indigenous children of the North (ICN) lead to ambiguity: pediatricians must recommend correcting their diet because of malnutrition, but to change the diet means to face many associated health issues. The aim of this study is to assess the appropriateness of PBGC for monitoring of growth of ICN.

Methods We compared the dynamics of body weight, height, body mass index and arterial pressure of the Nenets, Khanty, Komi and Slavic children – inhabitants of the Yamal-Nenets Autonomous region (n=5940, age 3 – 17 years) as well as of the Sakha, Slavic and 5 ethnic groups of ICN living in Yakutia (n=278793, age 0 – 17 years). For some of them, the dimensions of inner organs (sonography) and salt taste sensitivity were also analyzed. We used standard methods of parametric statistics.

Results We revealed that in most ICN the body length and mass, being at birth the same or higher than in non-indigenous folks, after the age of 3 years became significantly lower. Both systolic and diastolic arterial pressure in Nenets children become lower than in non-original settlers beginning from the age of 10 years although the arterial pressure in ICN living in Yakutia is higher than in non-original settlers beginning from the pre-school age. There are also differences in salt taste sensitivity (in some groups of ICN lower) as well as in the sonographically determined liver (in ICN bigger) and in the aorta (in ICN wider) sizes.

Conclusions Understanding that racial/ethnic-specific charts are now not recommended because the differences in growth among racial/ethnic groups are shown to be the result of environmental rather than genetic influences, we still must conclude that PBGC may not be optimal for ICN. Customized growth charts adjusted for race/ethnicity are more appropriate. Further research is needed to investigate the benefits and harms of using customized charts for monitoring the growth of ICN. The use of a single standard in ICN is not justified and the claim that 'child populations grow similarly across the world's major regions when their needs for health and care are met' is probably just an assumption.

GP81 EARLY INTERVENTION TO SUPPORT PRETERM INFANT-PARENT INTERACTION AND DEVELOPMENT: RESULTS OF A RANDOMISED CONTROLLED TRIAL ON MATERNAL SENSITIVITY, SOCIAL-EMOTIONAL DEVELOPMENT AND PARENTAL MENTAL HEALTH

¹Aoife Twohig*, ²Ricardo Segurado, ^{3,4}Anthony McCarthy, Angela Underdown ⁵, ⁶Anna Smyke, ^{1,4}Fiona McNicholas, ^{7,8,9}Eleanor Molloy. ¹Our Lady's Children's Hospital, Crumlin, Dublin, Ireland; ²CSTAR, UCD, Dublin, Ireland; ³National Maternity Hospital, Dublin, Ireland; ⁴UCD, Dublin, Ireland; ⁵Jack Medical School (formerly), Warwick, UK; ⁶Tulane University, New Orleans, USA; ⁷Coombe Women's and Infants Hospital, Dublin, Ireland; ⁸TCD, Dublin, Ireland; ⁹National Childrens Hospital Tallaght, Dublin, Ireland

10.1136/archdischild-2019-epa.147

Objective To evaluate the effects of a range of modifying factors on an early attachment focused intervention for parents of very preterm infants in the NICU on maternal sensitivity and infant social-emotional development.