Results Ages ranged from two to fifteen years, mean age of nine years. Two were exposed to lamotrigine along with valproate. Valproate dosages ranged from 500 mg to 1 gram twice a day. Only three mothers were counselled regarding potential side effects of valproate exposure antenatally. Dose was adjusted in four cases, increased on two occasions and decreased on two. Two children have been diagnosed with dyspraxia and dyslexia, one has ADHD and eight have autism. All have some form of developmental delay. Slight facial dysmorphism was noted in sixty percent of these children. Thirty percent children were breast fed for different duration, while mums remained on valproate. All were referred to Geneticist after taking their blood samples for microarray and fragile X, for the final diagnosis of foetal valproate syndrome.

Conclusion Valproate has a significant role in causing global developmental delay, autism and congenital malformation. There is an urgent need to take necessary actions in order to stop its use in women of childbearing age and especially in pregnancy.

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GP84

CONSTITUTIONAL FEATURES OF THE BLOOD CELLS COMPOSITION IN ADOLESCENT MALES

Erkudov Valeriy, Lytaev Sergey, Pugovkin Andrey*. *Saint Petersburg State Pediatric Medical University, St. Petersburg, Russian Federation*

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Objective The research was aimed at a comparative analysis of the cellular composition of blood in adolescent young males with different anthropometric characteristics.

Materials and methods 83 healthy young men (14–17 years) were examined by 12 anthropometric indicators with the subsequent determination of the somatotype. Along with the general indicators, the size of the chest, the thickness of the skin-fat folds, longitudinal and transverse dimensions of the limbs, the body mass index (BMI), etc. were evaluated. Also the blood cells count, estimation of hemoglobin, hematocrit, and anisocytosis were provided.

Results All examined by anthropometric parameters were divided into leptosome (asthenic, 60%), mesosome (normostenic, 30%) and hypersome (hyperstenic, 10%) somatotypes. Statistically significantly lower values of the number of erythrocytes, hemoglobin, hematocrit, platelets, as well as statistically significantly higher values of anisocytosis (RDW-CV and RDW-SD) in adolescents with leptosome were compared to the hypersome somatotype. Hypersome somatotype with signs of obesity was characterized by thrombocytosis. Lepto- and mesosome somatotypes the number of thrombocytes in the blood was comparable with the normative.

Conclusions The BMI and the studied somatotypes correlate differently with blood components – erythrocytes, platelets and blood clotting. Among the main reasons mechanisms of plastic metabolism are discussed.

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GP85

THE IRISH EXPERIENCE IN PAEDIATRIC PARRY ROMBERG SYNDROME- A CASE SERIES HIGHLIGHTING MANAGEMENT AND SURGICAL OUTCOMES

¹Aileen Egan*, ²Aoibheann Flynn, ²Rosemarie Watson, ¹Dylan Murray. ¹Temple Street Children's University Hospital, Dublin, Ireland; ²Our Lady's Children's Hospital, Crumlin, Dublin, Ireland

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Parry Romberg Syndrome (PRS) - also known as Progressive Hemifacial Atrophy- is a rare disorder primarily affecting the soft tissues on one side of the scalp and face, existing on a spectrum with linear scleroderma and 'en coup de sabre' morphoea. Its myriad presenting features, ranging from skin dyspigmentation, thickening or atrophy, hair loss, ophthalmic, dental involvement or even seizures, mean these patients often encounter a variety of specialists before arriving at a diagnosis or commencing on a treatment regimen.

Primarily a clinical diagnosis, many children undergo adjunctive blood-based and radiological investigations. Thermographic imaging is also utilised as a non-invasive measure of disease activity, and has been demonstrated to compliment clinical assessment in our cohort.

Dermatologists are key in the instigation and monitoring of responses to treatment, which are primarily a regimen of methotrexate and/or pulsed methylprednisolone. Lesions that do not regress with treatment may leave significant facial soft tissue contour defects of the forehead, periocular region, cheek or jaw, which can be socially stigmatising and stressful for these children.

Our case series assessed the outcomes for ten children with PRS who underwent facial fat-grafting for these residual sequelae. This included five male and five females, with an age of symptom onset ranging from 3 to 11 years. All completed a single course of immunosuppressant therapy under dermatologic supervision without relapse.

After a mean time to stabilisation of 3.5 years, referral to a dedicated Paediatric Plastic and Craniofacial surgeon was made. Thereafter, time to lipofilling ranged from one to twelve months. Patients underwent a mean of 1.3 autologous fat grafting procedures, with very favourable results and no complications. There were no relapses following treatment.

To date, this is one of the largest paediatric series reporting outcomes regarding the efficacy of surgery in the management of Parry Romberg Syndrome. It demonstrates a safe, reproducible and well-tolerated procedure for paediatric patients with a condition requiring true multidisciplinary management, and highlights a need for increased awareness across specialties.

GP86

CHALLENGES EXPERIENCED BY PAEDIATRICIANS PROVIDING PALLIATIVE CARE TO CHILDREN; A THEMATIC ANALYSIS

^{1,2,3}Joanne Balfe, ^{1,3}Laura Whitla*, ⁴Mary Devins, ^{3,1,4}Eleanor Molloy, ⁴Marie Twomey, ⁴Maeva O'Reilly. ¹Tallaght University Hospital, Dublin, Ireland; ²Lauralynn Children's Hospice, Dublin, Ireland; ³Trinity College Dublin, Dublin, Ireland; ⁴Our Lady's Children's Hospital, Dublin, Ireland

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Background and aim Palliative Care for Children is defined as 'an active and total approach to care, from the point of diagnosis or recognition throughout the child's life, death and