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

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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

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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

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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

beyond'. It is recognised that the prevalence of children with life-limiting conditions (LLC) is increasing. In Ireland the majority of children with LLC are cared for by paediatricians working in hospitals with no direct access to specialist paediatric palliative care (PPC) services.

This study was part of a learning needs assessment of paediatrician's training and experience in PPC.

Methods Consultants and Specialist Registrars in Paediatrics were approached by email and asked to complete a questionnaire regarding their learning needs in PPC. The Quality of Care Collaborative for Australia in PPC Project Research Study Group Learning Needs Assessment template was used with permission.

The questionnaire included both multiple choice and free-text questions. Quantitative data from the study has been reported elsewhere. Thematic analysis based on the approach of Braun and Clarke (2006) was used to analyse data provided in the free-text answers.

Results 114 paediatricians responded to the survey, 72 respondents (63%) provided free-text answers to the question 'Reflecting on your most recent clinical interactions with children requiring palliative care support. What were the challenges?'

On analysis, three overarching themes emerged, 'Best interests of the child', 'Inadequate training and confidence' and 'Co-ordinating care'.

'Best interests of the child' referred to the challenges experienced in ensuring that best interests of the child remain at the core of all decisions made when providing palliative care. This overarching theme included two sub-themes 'Complex communication' which referred to the challenges in managing parental expectations in increasingly technologically advanced healthcare systems and 'First do no harm' referring to the frequent ethical dilemmas that arise in PPC.

'Inadequate training and confidence' referred to lack of specific education in complex symptom management and also to lack of familiarity with community based healthcare services. The theme of 'coordinating care' encompassed the need to liaise with community services but also the need to provide holistic care to the whole family which may be unfamiliar paediatricians working in an acute hospital setting.

Conclusion This study explores the challenges experienced by paediatricians providing palliative care to children with LLCs. The themes provide insight into those experiences and provides valuable direction to support the development of future educational programmes in this important and rapidly evolving paediatric sub-speciality.

GP88

ENHANCING SERVICES FOR VULNERABLE CHILDREN AND FAMILIES THROUGH PUBLIC HEALTH NURSES PARTICIPATION IN A WORKFORCE CAPACITY BUILDING INITIATIVE AND INTERAGENCY AND PARTNERSHIP IN A LOW-INCOME IRISH COMMUNITY

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Background The provision of high-quality support and care from pregnancy to age three can influence lifelong health and social outcomes. This is particularly the case for children born into intergenerational poverty. Evidence suggests that

progressive, targeted-universal approaches are most effective in enhancing early development outcomes, particularly when delivered through community-based infant health and well-being services.

In Ireland, Public Health Nurses (PHNs) provide the core nursing and midwifery care in the community working from a 'cradle to grave' model that span the lifecycle. This model requires PHNs to provide specialist early years support to vulnerable children and families within a largely generalist role. Additional training and engagement in innovative partnership can support PHNs to fulfil this role. Young Knocknaheeny (YK) is an interagency collaboration aiming to reduce child poverty and enhance child development (age 0 to 6) across four low-income Irish neighbourhoods. The programme is underpinned by an innovative Infant Mental Health (IMH) framework. Locally-based PHNs are key partners in YK and have engaged in a variety of initiatives. These included: an intensive IMH training and coaching programme; inter-disciplinary prevention and early intervention using an IMH framework, through a local *KidScope* paediatric clinic; working with YK Oral Language Officers to offer accessible speech, language and communication support to all parents with babies attending the 7 to 9 month developmental assessments (Babbling Babies clinic).

Aims The overall aim was to explore the impact of training, capacity-building and partnership working on services delivered by PHNs to vulnerable children and families.

Methodology This study formed part of a process evaluation of the YK programme undertaken between 2015 and 2017. A mixed methods approach was adopted. YK and *KidScope* administrative databases were analysed. Qualitative methods were used to gain PHNs perspectives on IMH training and their engagement with YK, *Babbling Babies* and *KidScope*.

Results Twenty-four PHNs participated in IMH training and on-going mentoring. 63% of children born in the area were seen at the Babbling Babies clinic. PHNs reported the IMH-informed 'common language' enhanced the quality of their interactions with community practitioners and with families. The partnership process further facilitated PHNs engagement with 'hard-to-reach' families.

Discussion/Conclusion The YK programme enhanced the capacity of PHNs to provide high-quality support to vulnerable families in the critical early years. The evaluation suggests that a shift in the current 'cradle to grave' PHN model towards a specialist early years PHN could improve health and well-being outcomes for children/families.

GP89

'TICK WITH TREAT'

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Ticks can determine various local reactions, among which scarring and non-scarring inflammatory alopecia. We describe a case of non-scarring alopecia in a two-year-old girl of Romanian origin who reported a recent history of tick bite. She referred to our pediatric department with diffuse alopecia of the scalp, in which there was an erythematous