Conclusion Regular nitrous oxide abuse causes an active vitamin B12 deficiency; usually total vitamin B12 is normal and more sensitive markers including homocysteine, methylmalonic acid (MMA) and active vitamin B12 are needed for diagnosis. Nitrous oxide abuse is commonplace amongst teenagers and young adults, it is important that paediatricians are made aware of how commonly it is abused and the neurological consequences. Nitrous oxide is cheap and easy to obtain; particularly as it can be bought legally for whipping cream. Those abusing it regard nitrous oxide to be a safe legal high and a thorough drug history is needed to recognise abuse, consideration should also be made for patients requiring recurrent nitrous oxide for medical procedures and pain relief.

G71(P) ABSTRACT WITHDRAWN

G72(P) ANOTHER TUBE IN SCROTUM: AN UNUSUAL CAUSE OF HYDROCELE

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Aim To report a case of a child presented with unilateral scrotal pain and hydrocele.

Method 27 months old boy with known background of hydrocephalus, mild global delay and chromosomal deletions, had his VP shunt inserted 7 months ago. He presented in emergency department with one day history of vague symptoms of right scrotal pain and swelling. It was noticed by his mother while giving bath who also felt some tube like consistency in the upper part of right scrotum.

Physical Examination revealed a well looking boy who wasn't in any distress/pain with a CRT < 2 sec. His vitals were normal for his age.

Systemic examination was unremarkable apart from mild right sided hydrocele and coiled tube in the right scrotum. He was reviewed by surgical team to R/O right sided torsion. Impression was VP tube in Right Scrotum which was confirmed by x-ray pelvis. He was transferred to tertiary care surgical team for Elective hernioplasty.

Results VP shunt tip in scrotum is among rare complication of procedure as in our case.¹ Far end of tube in peritoneum goes in and out of scrotum via patent *processus vaginalis* and could be felt on examination.¹⁻²

Conclusion Surgical exploration and bilateral hernioplasty is mandatory to prevent testicular torsion and other potential complications.¹⁻³

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G73(P) NEUROCYSTICERCOSIS IN A 9 YEARS OLD GIRL WITH FIRST EPISODE OF FOCAL SEIZURES – A REPORT FROM DUBAI

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Background 50% of afebrile epileptic seizures in children are symptomatic resulting from an underlying cause. Neurocysticercosis (NCC) accounts for more than 50% cases of partial epilepsy in some series. Reported cases of NCC are very rare in Gulf region as consumption of pig meat is restricted and slaughterhouses are effectively supervised. Herein we present a 9 years old girl with first episode of focal status epilepticus who was diagnosed as NCC and successfully managed in our hospital.

Case Report This 9 years old girl presented with focal tonic clonic seizures involving right upper limb and conjugate gaze deviation to right side at home and in another hospital many such episodes recurred despite IV diazepam and hence she was referred to us. Seizures were controlled with IV phenytoin infusion followed with oral oxcarbamazepine. Magnetic Resonance Imaging (MRI) brain done at 15 hours post admission revealed a ring enhancing lesion on the left temporo-occipital lobe with surrounding edema that was consistent with neurocysticercosis. Electroencephalography (EEG) was abnormal with persistent delta range activity noted in the left occipito parietal region. She received a 21 days course of oral albendazole (25 mg/kg/day in 2 doses) under cover of steroids initially for 7 days. Follow up MRI scan 6 months later revealed resolution of edema and a significant decrease in the size of initial ring lesion. Her anticonvulsant therapy was discontinued after a year of uneventful follow up.

Discussion Neurocysticercosis is widely prevalent in many developing countries including India, Latin America, Sub Saharan Africa and South East Asian region. 10 – 20% of general population showed residual brain parenchymal lesions in CT imaging in Peru and Honduras. More than 5 million cases of preventable epilepsy worldwide are causally related to NCC. Albendazole treatment for 2 to 3 weeks was found to hasten the resolution of NCC and also achieve better seizure control. Ours is only the second reported case of NCC from this Gulf region, the previous one having been a 4 years old Indian girl with transient loss of vision (ictal amaurosis) due to a solitary occipital NCC.

G74(P) AUDIT OF PREGNANCY PREVENTION PROGRAMME (PPP) COMPLIANCE IN VALPROATE PRESCRIBING IN FEMALE PAEDIATRIC PATIENTS

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Introduction Taking valproate during pregnancy can cause serious birth defects, 1 out of 10 children will have physical defects and 3 to 4 out of 10 will have early developmental problems potentially leading to significant learning disabilities. In April 2018 the Medicines and Healthcare products Regulatory Agency (MHRA) released guidelines stating, 'Valproate must no longer be prescribed to Women or girls of childbearing potential unless they are on the Pregnancy Prevention

Programme (PPP). Childbearing potential is defined as a premenopausal female capable of becoming pregnant.

Hospital specialists are required to review females on valproate to establish childbearing potential and only continue if other treatments are ineffective and pregnancy is excluded by means of a serum pregnancy test. PPP should be started if valproate is to be continued ensuring there is understanding of the risks to an unborn child and an Annual Risk Acknowledgement form (ARAF) is completed.

Aim Identify all female paediatric patients taking valproate under the care of a paediatrician in a district general hospital in November 2018 to assess compliance with PPP.

Method 163 female paediatric patients identified via clinic lists of 5 consultants seeing Epilepsy and neurology patients.

Results 12 (7.4%) were taking Valproate (mean age 10; range 4 to 16). 5 out of the 12 (41.7%) had a signed ARAF. 1 GP and 1 pharmacist had alerted hospital specialists of 2 of the 12 (16.7%) patients. There was no documentation regarding contraception. 2 patients without an ARAF (16.7%) were in the process of being weaned off valproate following the MHRA guidance.

Conclusion Following departmental presentation in February 2019, 2 further female patients were weaned off valproate and consultants have been made aware of PPP and familiarised with the ARAF. Concerns were raised by specialists regarding the ethics of contraception in young females that may lack capacity to consent. On the 29th March 2019 A Guidance Document on Valproate Use in Women and Girls of Childbearing Years was released. It provides practical information, guidance and sources of further support to clinicians managing patients on Valproate. Valproate is now under strict regulation and use is expected to be in line with the modified ARAF and updated guidance.

G75(P)

PREOPERATIVE BOTULINUM TOXIN A FOR CHILDREN WITH BILATERAL CEREBRAL PALSY UNDERGOING MAJOR HIP SURGERY: A RANDOMISED DOUBLE-BLIND PLACEBO-CONTROLLED TRIAL WITH 6 MONTHS FOLLOW-UP

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Aims Cerebral Palsy (CP) describes a group of permanent disorders of movement and posture. Children with CP often have severely displaced and dislocated hips and require hip surgery. These children are in pain post-operatively and are likely to find it difficult to communicate pain due to cognitive and communication impairments. The use of Botulinum Toxin Type A (BoNT-A) injections has been proposed to help reduce the pain and in doing so, improve quality of life (QOL). The objective of the abstract is to model the typical course of pain and QOL over 6 months of follow-up, taking the missing data into consideration.

Methods The trial was a randomised, double-blind, longitudinal trial. Children from a tertiary hospital awaiting hip surgery, allocated to receive either BoNT-A injections or placebo treatment. After surgery, the primary outcome of pain was measured using the paediatric pain profile (PPP) at 9 time points, up to 6 months post-randomisation. The secondary outcome of QOL was measured using the Caregiver Priorities

and Child Health Index of Life with Disabilities (CPCHILD) questionnaire at 3 time points, up to 6 months post-randomisation. The pattern and nature of missing data was explored, and a logistic regression method was used to find any characteristics measured at baseline that were predictive of missing data. The data was analysed at each time point using an analysis of covariance (ANCOVA) method and multiple imputation was used to account for the missing data.

Results 54 participants were equally allocated to either the BoNT-A or placebo group. There was a reduction in pain at each consecutive time point in both groups. There was weak evidence to suggest BoNT-A was beneficial compared to placebo treatment at 6 months post-randomisation with an estimated difference of 3.115 ($p=0.065$) in PPP Score. However, no statistically significant difference was found at the other time points. All models showed an improvement in QOL over time, but no statistically significant differences were found between BoNT-A and placebo.

Conclusions The trial did not demonstrate a benefit in using BoNT-A to reduce pain or improve QOL postoperatively.

G76(P)

MANAGEMENT OF HYPERTONIA IN CHILDREN AND YOUNG PEOPLE (CAYP) WITH INTRATHECAL BACLOFEN (ITB) IN A TERTIARY CENTRE

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Aims To review the indications for and outcomes following ITB for CAYP managed at our centre.

Methods 42 Patients undergoing ITB pump insertion from 2006 to 2015 were identified at our centre. 35 had reports available and were included in a retrospective note review, using a standardised data collection proforma.

Results Median age at ITB pump insertion was 9 (range 4 to 18). Hypertonia was described as dystonia, spasticity and/or dyskinesia.¹

Median length of follow up was 3 years. Pre-surgery goals determined the choice of outcome measures.

Care Provider Child Health Index Living with Disability (CPCHILD) data, available for 23 CAYP at baseline and 18 CAYP at 1 year, improved from a median score of 45.5 to 58.2 ($P=0.03$, Wilcoxon signed rank test).

Burke-Fahn-Marsden Dystonia Rating Scale (BFMDRS) data was available for 12 CAYP with dystonia at baseline (median

Abstract G76(P) Table 1

Type of hypertonia	Number of children
Spasticity only	6
Dystonia only	12
Dyskinesia only	0
Spasticity + Dystonia	6
Spasticity + Dyskinesia	0
Dystonia + Dyskinesia	4
Spasticity + Dystonia + Dyskinesia	1
Missing data	6