Abstract 801 Table 1 Stated indications

	CAP	Effusion	Cardiac	Wheeze	Foreign Body
2017	62%	13%	7%	7%	1%
2018	55%	3%	6%	3%	2%
2019	45%	5%	2%	5%	10%

Abstract 801 Table 2 Discharge diagnoses

	CAP	Cardiac	VIW/Asthma	URTI	Bronchiolitis
2017	43%	4%	8%	15%	7%
2018	31%	0%	15%	17%	15%
2019	26%	0%	13%	8%	15%

findings. Secondly, all other things being equal, a patient undergoing x-ray will spend longer in ED than one who does not. This potentially has an impact on patient flow, even more important with the current need for social distancing.

We plan to use this data as a baseline for future quality improvement work with the aim of reducing chest X-ray use in patients unlikely to benefit.

British Association of Perinatal Medicine and Neonatal Society

803 RETINOPATHY OF PREMATURITY: INCIDENCE AND RISK FACTORS: A HOSPITAL BASED STUDY

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Background Survival rate of preterm neonates have reported to be higher compare to previous due to recent advancement in neonatal care with subsequent increase in the number of babies affected by retinopathy of prematurity (ROP). This study evaluates the incidence of ROP and estimates associated potential risk factors.

Objectives To evaluate the risk factors predisposing to severity of retinopathy of prematurity (ROP) in a level III neonatal unit. ROP screening was done by experts from Aravind Eye Hospital, Coimbatore, Kerala using RETCAM. Treatment was offered for Type I ROP and aggressive posterior retinopathy of prematurity (AP-ROP) with intravitreal Injection Bevacizumab (Avastin) and LASER.

Methods Prospective study on infants fulfilling the screening criteria admitted to Neobless (Neonatal Unit, Moulana Hospital Perinthalamana, Kerala, India) between November 2017 to April 2018.

Babies admitted to Neobless who met the following criteria for ROP screening, according to Neobles guidelines for screening, were included in the study.

(a) < 34 weeks gestation, (b) ≤1800 g of birth weight, (c) Babies >1800 g or born after 34 weeks with unstable clinical course requiring cardio respiratory support.

ROP was graded into stages and Zones as per International Classification of ROP (ICROP). Type I ROP or Threshold ROP, is defined as Zone 1 any stage ROP with plus disease,

Zone 1 stage 3 ROP without plus disease and zone II stage 2 or 3 ROP with plus disease. Aggressive Posterior ROP (APROP) is defined as severe plus disease, flat neovascularization in Zone I or Posterior Zone II, intra-retinal shunting, hemorrhages and rapid progression to retinal detachment. Type I ROP and APROP have been grouped into Severe ROP Group, who required treatment for ROP. Type 2 ROP or pre-threshold ROP is defined as zone 1 stage 1 or 2 ROP without plus disease and zone II stage 3 ROP without plus disease. ROP screening was done by experts from Aravind Eye Hospital, Coimbatore using RETCAM.

Treatment was offered for Type I ROP and APROP with intravitreal Injection Bevacizumab (Avastin) and LASER.

Results Out of that 91 babies, who fulfilled the screening criteria, were included in the study. Out of 91 infants screened 9 (9.8%) were diagnosed as Severe ROP and required treatment, the remaining 82 babies (90.2%) did not require treatment (Non ROP group). Out of the 9 cases with Severe ROP, 8 were treated with intravitreal injection of Bevacizumab (Avastin) and only one case required Laser treatment. All of them had good outcome on subsequent follow ups.

Conclusions There was found to be significant association between duration of oxygen therapy (p value <0.001), sepsis (p value <0.001) and blood transfusions (p value 0.001) with Severity of ROP.

British Inherited Metabolic Disease Group

805 CONGENITAL DISORDER OF GLYCOSYLATION WITH FIBULAR HEMIMELIA

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Background Congenital disorders of glycosylation (CDG) are a group of hereditary diseases characterized by the deficiency of enzymes involved in proteins glycosylation. CDG are multisystem diseases, caused by more than 140 different genetic defects in glycoprotein and glycolipid glycan synthesis. The most known CDG is PMM2-CDG, in which the genetic defect leads to the loss of phosphomannomutase 2 (PMM2), the enzyme that catalyzes the conversion of mannose-6-phosphate into mannose-1-phosphate.

Fibular hemimelia is also a congenital lower extremity anomaly characterized by complete or partial absence of the fibula. This deformity may consist of only fibular shortening or maybe together with femur, tibia, ankle, and foot deformities. Although rare in occurrence, it is the most common congenital absence of long bone of the extremities. Fibular hemimelia is usually an isolated anomaly and occurs sporadically. However, in our case, it occurred together with congenital disorders of glycosylation.

Objectives We aim to share the clinical features of a patient diagnosed with congenital disorders of glycosylation which has fibular hemimelia and contribute to an increase in the awareness of this disease group.