national A-T clinic in Nottingham. Here we present the results of the observational study of AFP levels.

Methods Patients’ paper and electronic clinical records were reviewed from 2006–2019 and data extracted. AFP levels of A-T patients who had a malignancy were compared with those who did not have any malignancy.

Results Data were available for 27 patients aged 0.9 to 17.2 years; 38 (49.4%) females. Six (7.8%) had a malignancy. AFP measurements (n=215) ranged from 4 to 1107 kU/L (normal range 0–10 kU/L). Mean AFP in those with a malignancy was 329.9 kU/L (range 6–541; SD 197.6) which was significantly higher than in those without malignancy at 228.8 kU/L (range 4–1107; SD 191.9; p 0.014).

Conclusions The AFP levels were significantly higher in those with a malignancy than in those without malignancy. However, 70/71 children without malignancy had AFP levels in the tumour marker range. Time trend analysis is required to investigate if serial AFP measurements might be an early indicator of malignancy in A-T.

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**Background** Bladder dysfunction (BD) is a chronic nephro-urolological condition, resulted from a multitude of aetiologies including posterior urethral valve (PUV), myelomeningocele (MMC), spina bifida, sacral agenesis and non-neurogenic neurogenic bladder. Any chronic childhood disease could trigger physical, emotional, social dysfunction and could also affect the educational performances leading to far-reaching consequences.

**Objectives** To assess the quality of life (QOL) in children with BD compared to age and sex-matched healthy control group.

**Methods** A case-control study was conducted in the nephrology and surgical clinics, Lady Ridgeway Hospital for Children Colombo. A validated self-administered multidimensional questionnaire of Paediatric Quality of Life Inventory 4 (PedsQL 4.0) was used to collect data. The tool evaluates the QOL in four domains: physical, emotional, social and school functioning, with higher PedsQL scores indicating a better QOL. Descriptive and analytical statistics were performed to compare scores. Possible predictors of poor outcome among the cases were assessed by both univariate and multivariate analysis.

**Results** A total of 17 cases and 26 controls aged 5–14 (9.11 ±3.21) years and 5–13 (8.73±2.58) years, respectively, were included in the analysis. The cases comprised of 13 patients with posterior urethral valves (PUV), two patients with meningomyelocele and one patient each of spina bifida and sacral agenesis. The mean PedsQL 4.0 Generic Core Scale score was found to be lower in cases compared to healthy controls (71.33 vs 82.62) but there was no significant difference (p=0.076). There was a significantly lower score in the physical domain (71.33 vs 82.62) but there was no significant difference (p=0.076). There was a significantly lower score in the physical domain (71.33 vs 82.62) but there was no significant difference (p=0.076). There was a significantly lower score in the physical domain (71.33 vs 82.62) but there was no significant difference (p=0.076). There was a significantly lower score in the physical domain (71.33 vs 82.62) but there was no significant difference (p=0.076).