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 77 patients age: 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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HEALTH-RELATED QUALITY OF LIFE IN CHILDREN WITH NEPHROTIC SYNDROME: A PRELIMINARY REPORT

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Background Nephrotic Syndrome (NS) is the commonest chronic glomerular disease of childhood. A majority (70–80%) have relapsing disease persisting throughout childhood. Any chronic childhood disease causes psychosocial impact and behavioural difficulties that have implications for the mental health, social and personality development of the child.

Objectives To assess the quality of life (QOL) in children with NS compared to a matched healthy control group.

Methods A case-control study was conducted in the nephrology clinic, Lady Ridgeway Hospital for Children, Colombo to assess the quality of life (QOL) in children with NS compared to a matched healthy control group. A self-administered multi-dimensional questionnaire of Paediatric Quality of Life Inventory 4 (PedsQLTM) 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 51 cases and 23 controls aged 5–18 (9.96 ± 3.41 year and $6-13$ (9.2 ± 2.34) years, respectively, were included in the analysis. The mean PedsQL 4.0 Generic Core Scale score was found to be lower in cases compared to healthy controls. (78.94 vs 88.8) but there was no significant difference ($p=0.176$). There was a significantly lower score in the physical domain (79.65 vs 93.97 , $p = 0.02$, $p<0.05$). However, emotional (77.65 vs 83.82), social (82.20 vs 89.00) and school (68.43 vs 86.11) functioning were not significantly

different between cases and controls ($p > 0.05$). Children with hypertension had significantly lower mean PedsQL score compared to children without hypertension (71.6 vs 82.14 , $p = 0.04$, $p<0.05$). There were significantly lower scores in physical (65.14 vs 85.93 , $p=0.01$, $p<0.05$) and social (77.19 vs 84.56 , $p = 0.04$, $p<0.05$) domains.

Conclusions The mean PedsQL scores in all domains were lower in children with nephrotic syndrome with a significant difference in the physical domain. Hypertension was an independent risk factor associated with lower quality of life.

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HEALTH-RELATED QUALITY OF LIFE IN CHILDREN WITH BLADDER DYSFUNCTION: A PRELIMINARY REPORT

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Background Bladder dysfunction (BD) is a chronic nephro-urological 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 multi-dimensional questionnaire of Paediatric Quality of Life Inventory 4 (PedsQLTM) 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 ($p=.076$). There was a significantly lower score in the physical domain (71.39 vs 84.80 , $p=0.028$). However, emotional (74.53 vs 79.00), social (74.00 vs 86.50) and school (66.80 vs 79.50) functioning were although lower, not significantly different between cases and controls ($p > 0.05$).

Conclusions The mean PedsQL scores in all domains were lower in children with bladder dysfunction with a significant difference in the physical domain.