friends-focus on supporting children going from primary to secondary schools. Young person centred

- Reduce isolation of young people during lockdown, with the chance to meet others virtually who also have type 1 diabetes-Peer Support.

- To be accessible, using technology young people are familiar with.

Methods The team dietician decided to run Zoom sessions, virtual cooking and carbohydrate counting. Targeting the 8–12 years age bracket with parents in the background. The sessions; scones, pizza, mince pies/strawberry stars. Each session to be run virtually by a dietician and a nurse zooming in separately from their own kitchens. A poster was designed advertising the 'Cook and Count' session, with pictures of the delicious cooking they would have chance to produce. These were distributed by e-mail as well as mentioning when being seen in virtual clinics. If a young person showed interest, a follow up telephone call took place from the dietician, to tell them more about the sessions and see if they would like to take part. One week before a list of ingredients and equipment that will be needed on the day was e-mailed to each young person attending. Reminder e-mails and texts were sent the day before and the morning before.

Results Each session was attended by 5 to 6 young people. Feedback:

'Jane loved the baking yesterday and enjoys these sessions with everyone. Thank you'

'Dear Kate, Thank you for your time, Louise loved the session'

'Thank you for the pizza workshop today'. As you may have guessed I am not good at all at cooking and hence, Sara was nervous about it not turning out well. But she was very pleased the pizza turned out not as bad as she was thinking. Thank you for all the support.'

'James has a severe peanut allergy so it gives him more confidence to try new foods when he prepares himself, with the added bonus of working out the carbs too!'

Conclusions As health care professionals it is a sheer pleasure to see children learning through having fun. This has been a successful way to do this during a time where face to face teaching has not been possible. It has been such a huge success that this is something we will continue to do when lockdowns lift. Young people don't need transport for these sessions, however they do need computer and internet access. Lockdown has meant that young people have had time available to access these sessions. Going forward we will run these in the school holidays, the next being Easter.

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PAEDIATRIC SINOGENIC SUBDURAL EMPYEMA: A 10-YEAR RETROSPECTIVE ANALYSIS

Rachel Atherton, Deirdre O'Shea, Maria Tsakok. *Oxford University Hospitals NHS Foundation Trust*

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Background Acute rhinosinusitis (inflammation of the mucosal lining of the nasal passage and paranasal sinuses) is a common and predominantly benign problem in children and young people. Although the initial infection is usually viral in aetiology, it may be complicated by superimposed bacterial infection of the sinus cavities. Rarely, contiguous spread can result in epidural abscess, subdural empyema (SDE) or brain abscess, with significant associated mortality and morbidity. Outcomes have greatly improved with recent advancements in diagnostic imaging as well as changing neurosurgical approaches. However, there remains a lag period between onset of clinical features and diagnosis, which may be due to the subtle development of intracranial signs in an already unwell child.

Objectives We aimed to conduct the largest focused analysis of paediatric sinogenic SDE in the UK to date. Previous descriptive studies have analysed this cohort alongside other intracranial suppurative infections, despite recognised differences in the clinical features and management of these conditions. We examine the chronology of events leading up to the diagnosis of SDE, and evaluate the subsequent management at our neurosurgical centre. We focus on clinical features so as to be particularly relevant any clinician assessing children in an acute setting.

Methods We performed a retrospective analysis of all cases of sinogenic SDE in children and young people (<18 years) managed in our tertiary neurosurgical centre in the UK, from January 2011 to December 2020. Descriptive data is presented on patient demographics, presenting features, management and outcomes.

Results Over a 10-year period, we identified 20 patients with a diagnosis of sinogenic SDE, equivalent to an incidence of approximately 4/1,000,000/year. Median age at presentation was 11 years, with a male preponderance (75%), consistent with previous studies. The classical triad of symptoms widely acknowledged as indicative of intracranial infection (headache, fever and vomiting) was not present in any of the patients. These were present in 80%, 45% and 25% of patients, respectively. 20% of patients had experienced at least one seizure prior to presentation. 79% of patients had signs of intracranial involvement on initial examination; most commonly altered consciousness, focal weakness, and cranial nerve palsy. At our centre, subsequent management progressed rapidly following clinical suspicion of SDE; the median time to definitive surgical intervention was 1 day. Mortality was 15%, consistent with previous reports, and 2/3 cases of mortality occurred prior to surgical intervention. 33% of surviving patients had evidence of ongoing neurological deficit, with a median follow-up duration of 1.5 years.

Conclusions This study represents the largest focused analysis of paediatric sinogenic SDE in the UK. Our data emphasise the importance of thorough neurological examination in evaluation of patients with rhinosinusitis, which is likely to be challenging in a child who may already present as lethargic and uncooperative. A streamlined in-hospital management pathway exists at our centre (similar to others in the UK); however, initiation of this relies on a high index of suspicion for intracranial infection in the assessing clinician, both in primary and secondary care.