The highest incidence of burns during the summer of 2020 was in the 6–11 years olds which may reflect increased BBQ usage in the summer weather and potentially reduced supervision.

**Conclusions** Gloucestershire ED and PAU has seen upwards trends in burns and dog bites during the pandemic indicative of the burden and stressors placed on households. However, these injuries suggest a lack of supervision and safety in the home and are a safeguarding concern. Injuries are a preventable cause of morbidity in the paediatric population.

This data collection highlights the needs not only in strengthening our public health measures but also in strengthening the services responsible for investigating judiciously safeguarding concerns, detecting vulnerable families, protecting children from maltreatment and promoting their overall welfare.

**British Paediatric Neurology Association**

**Presenting Features of Patients with Ataxia-Telangiectasia (A-T): A Scoping Review**
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**Abstract**

**Background** Ataxia-telangiectasia (A-T) is a rare autosomal recessive, progressive, multi-system disease caused by mutations in the ataxia-telangiectasia mutated (ATM) gene on chromosome 11q26. There are 2 types of A-T: the more severe phenotype of classical A-T with a complete absence of ATM protein kinase, and the milder phenotype of variant A-T in which there is some residual protein kinase activity.

A-T has a wide spectrum of manifestations including cerebellar ataxia, movement disorders, ocular telangiectasia, recurrent infections, and an increased risk of malignancy. Although textbook narratives exist describing the clinical features of A-T, no attempt has been made to collate the available information to give a complete picture of the presenting features of this rare disease.

**Objectives** To describe the presenting features of A-T and determine any difference in presenting features between classical and variant A-T.

**Methods** 17 searches were carried out in each of 5 databases (Ovid SP (Medline), EMBASE, Web of Science, PubMed, Scopus). The Cochrane Library was also searched. The search protocol is available.

The inclusion criteria were all dates, all languages, all ages, human subjects, and clinical relevance. The exclusion criteria were: no reference to A-T within the article, not an original article, animal studies, article not clinically relevant.

**Results** Search returned 194,890 articles; 14,622 titles and abstracts were reviewed after removing 180,268 duplicates.

Full text review of 1,163 articles was performed and 1,039 studies were included (13,459 exclusions, 124 excluded after full text review).

The presenting symptoms (first symptom) were reported in 1209 cases with a total of 1702 signs or symptoms included. The most common presenting complaint reported was an abnormal gait (n=931), followed by recurrent infections (n=223), speech difficulties (n=113) and movement disorder and other co-ordination difficulties (n=69). Cerebellar ataxia was the most common pattern of abnormal gait. Although cerebellar ataxia was the most common first presenting feature, chronologically we found other symptoms that presented at an earlier age included recurrent infections and other neurological signs and symptoms. The age of onset of presenting symptoms will be presented in more detail.

The median age of diagnosis for classical A-T was 6 years (IQR 3 – 9 years) and for variant it was much later in life with a median age of 30 years 6 months (IQR 19.25–40.25 years).

**Conclusions** A-T has a wide variety of presenting features which is further complicated by a wide difference in the age of diagnosis of between classical and variant A-T. The most common presenting feature was an abnormal gait of which cerebellar ataxia was the most common pattern. However other symptoms appear to present earlier including telangiectasia and recurrent infections and dystonia in variant A-T. It is hoped that by developing a better understanding of the spectrum of presenting features of A-T may reduce the age of diagnosis of both forms of A-T.

**British Association of Perinatal Medicine and Neonatal Society**

**A Mixed Methods Study of the Follow Up of Extremely Preterm Babies in the North East of England**

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**Abstract**

**Background** Neonatal intensive care medicine has improved over time, leading to improved survival of preterm babies (babies born before 37 weeks gestation age, GA). The National Institute for Health and Care Excellence (NICE) recommends developmental follow-up of children and young people born preterm. The follow up of preterm babies influences their outcomes, determines their parents’ needs, and informs planning of health and social care resources.

**Objectives** This study used mixed methods to assess the neonatal follow up of extremely preterm babies (born before 28 weeks GA), and parents’ and health care professionals’ (HCPs) perceptions of the neonatal follow up, to describe barriers and facilitators to neonatal follow up.

**Methods**


Phase two: a qualitative study of parents’ and HCPs’ views, perceptions, and experiences of the follow up of extremely preterm babies. We interviewed 23 parents and 20 HCPs; thematic analysis was used.