Conclusions Further research evaluating quality of life in cCMV is needed. To assess quality of life in cCMV, quality of life measures should be selected based on their relevance to sequelae of cCMV (for example, inclusion of a hearing-specific measure to assess the effect of sensorineural hearing loss), but generic quality of life measures are also important for comparison to the general population. Researchers should consider the importance of spillover effects on quality of life of family members as well as effects on the child's own quality of life. A national multi-informant cross-sectional questionnaire-based study in the UK is being undertaken, aiming to describe quality of life of children with cCMV and their families. Quality of life data could be used to inform health economic analyses and decision-making regarding cost-effectiveness of interventions for cCMV prevention and treatment.

1186 PSEUDOMONAS IN THE 'HOT TUB'

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Background *Pseudomonas* hot-foot syndrome is a skin infection of the soles caused by *Pseudomonas aeruginosa*. It is characterized by painful erythematous plantar nodules, typically occurring in children following use of *Pseudomonas*-contaminated pools. Similar involvement of the palms has been reported less frequently. It is clinically distinct from folliculitis caused by *Pseudomonas*.

Objectives To report a case of hot foot.

Methods Electronic records were used to collect data

Results A previously well 8yr old presented to his GP with history of acute onset of blanching rash on most of his torso and excruciating painful lesions on his feet. Had been jumping on the trampoline bare feet and subsequently had been in the hot tub afterwards. This was 12 hours prior to the presentation. Interestingly his 5-year-old sister had similar rash, but no feet complaints and young uncle developed both similar rash and the feet complaints as our patient. All the three were on the trampoline and in the pool.

The pain was severe in nature despite being on regular paracetamol and ibuprofen. He was unable to weight bear.

He also developed high grade fever and headache prior to presentation.

On examination: He was bright . Not systemically unwell . No mucosal involvement.

Had a cold towel on his feet to 'ease the pain'. The rash on his torso including buttocks, was widespread, maculo-papular erythematous blanching rash. Few of them looked like white head pimples.

Both feet -widespread rash both feet, including sole margins. Red, papular, lumpy nodular, more prominent on the balls of the toes and the base of the metatarsals.

No joint involvement

The working diagnosis was Hot Foot syndrome

His bloods showed a mildly elevated CRP 29mg/l. He was initially treated with IV antibiotics and changed to oral ciprofloxacin for a duration of 10 days. He remained well during the stay

Discussion This condition typically occurs in young children. It is thought that children may have a thinner epidermis on

their palms and soles compared with adults, and also that they may be more active in pool areas; this increases the risk for friction injuries and susceptibility to infection.

Symptoms typically occur 6–48 hours following exposure to contaminated pools and include intense pain followed by swelling, redness, and warmth in the affected areas. Clinical course is usually benign, with rapid resolution. The condition does not typically require antibiotic therapy; however, leukocytosis and low-grade fevers may occur with infection, and antibiotics may be given in more severe cases.

Infections typically occur as outbreaks, with history revealing use of the same contaminated pool or hot tub.

Conclusions Patients and their parents should be informed of the self-limiting nature of pseudomonas hot-foot syndrome and its likelihood to reoccur with re-exposure to the contaminated water. Recall of the exposure source is important in order to notify other individuals who may be affected. Suspected water may also be tested for *Paeruginosa*; its treatment may be adjusted to obtain an optimal pH and chlorine level. Prevention may be achieved with the use of rubber pool shoe.

British Association of General Paediatrics

1187 A MULTI-CENTRE SERVICE EVALUATION OF THE IMPACT OF THE COVID-19 PANDEMIC ON PRESENTATION OF NEWLY DIAGNOSED CANCERS AND TYPE 1 DIABETES IN CHILDREN IN THE UK

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Background The COVID-19 pandemic led to changes in patterns of presentation to Emergency Departments. Child health professionals were concerned that this could contribute to the delayed diagnosis of life-threatening conditions, including childhood cancer (CC) and type 1 diabetes (T1DM).

Objectives Our multicentre, UK-based service evaluation assessed diagnostic intervals and disease severity for these conditions.

Methods We collected presentation route, timing and disease severity for children with newly diagnosed CC in three principal treatment centres between January-June 2020 and T1DM in four centres between January-July 2020. We compared these to the corresponding period in 2019. The impact of