by children with malignancy (82%), nearly a third had never considered asking a patient or family if they would consider donation. The main barriers to having these conversations were recognised as lack of knowledge and training, and 36% cited concerns about initiating these conversations. Free text answers suggested the beneficial role in exploring this topic further and the majority of respondents felt online training such as webinars and E-learning would be most useful.

Conclusions Organ and tissue donation by children can feel a daunting topic of conversation by patients, their families and professionals alike. However, evidence shows that these discussions are beneficial in their own right, regardless of whether donation is achieved. Our survey shows there is a need to raise awareness of the concept of OTD amongst clinicians caring for children and young people with malignancy, with a view to supporting those introducing OTD to families who might otherwise regret the lost opportunity to understand this element of their child's journey with cancer.

British Society of Paediatric Endocrinology and Diabetes

1345 SHARP RISE IN NEW ONSET TYPE 2 DIABETES IN A LARGE DGH POST LOCKDOWN

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Background Type 2 diabetes in children is on the rise in the UK alongside childhood obesity. NPDA 2018/19 data reported that the percentage of children and young people with Type 2 diabetes managed in Paediatric Diabetes Units (PDU) in UK has risen from 1.3% in 2012/13 to 2.6% in 2018/19. Pietrobeli et al 2020 reported that after the first wave of lockdown in Italy, a rise in obesity was seen in Italian children due to a combination of less exercise, unhealthy eating and increased screen time.

We have noted a sharp increase in Type 2 diabetes among our local paediatric population and we hypothesise that this spike could be a consequence of the COVID-19 pandemic and lockdown.

Objectives To review the cases of children and young people with type 2 diabetes presenting to our local PDU since April 2020, identify any similarities in presentation/risk factors and any potential impact of the COVID-19 pandemic.

Methods A retrospective study was made of all patients diagnosed with diabetes in our local PDU over a 10 month period from April 2020 to February 2021. This included the presenting features, social circumstances, blood results and presence of risk factors.

Results There were five children and young people who were diagnosed with Type 2 diabetes during the period of study. All patients had a high BMI with most patients having signs of metabolic syndrome at presentation.

In case 2 and 3 lockdown had a clear impact on diet and level of physical activity. In case 2 in particular, timely help for new onset bed wetting was not sought and this could be due to anxiety over medical environments during the pandemic.

Abstract 1345 Table 1 Demographics and significant findings of the children diagnosed with type 2 diabetes during the study period

	Age and sex	Presenting BG	HbA1c	BMI percentile	Signs of metabolic syndrome	Social circumstances
1	17y F	Unwell with pyelonephritis, noted to have high blood glucose.	84	>99.6th	High cholesterol	Overweight since age 3. Previous gestational diabetes. Family history of diabetes.
2	12yM	Polyuria and polydipsia for 2 years and new bedwetting.	105	3SD > 99.6th	Acanthosis nigricans	ADHD. Previous neglect and obesity. Mother type 2 DM. Diet worsening in lockdown.
3	13yM	Polydipsia.	113	>98th	Dyslipidaemia and acanthosis nigricans	Father type 2 DM. Sports team cancelled in lockdown.
4	13yM	Abdominal pain.	57	3SD>99.6th	Dyslipidaemia and deranged liver function with Fatty liver disease.	ADHD and learning difficulty. Father type 2 DM.
5	7yF	Polydipsia and increased urinary frequency.	79	91–98th	Nil	Diplegic Cerebral palsy, anxiety. Family history of type 2 diabetes.

Conclusions All children were considerably overweight with a significant family history of diabetes as well as multiple risk factors. There was clear account of reduction in physical activity. The indirect impact of lockdown perpetuating and exacerbating lifestyle risk factors, on a background of possible genetic predisposition towards insulin resistance, may have likely led to the development of overt type 2 diabetes in these children and young people.

British Association of General Paediatrics

1346 A RETROSPECTIVE, FIVE-YEAR REVIEW OF PRESENTATION, INVESTIGATIONS AND MANAGEMENT OF ACUTE TESTICULAR PAIN IN PAEDIATRIC PATIENTS

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Background Testicular torsion (TT) is a urological emergency that must be considered in patients with acute testicular pain (ATP). The literature is conflicted on both distinguishing features in presentation of TT, compared to other causes of ATP, and the use of investigations in diagnosis

(1). Testicular salvage rates are known to be improved by surgical detorsion of testis within 4–8 hours of symptom onset (2). Follow-up after scrotal exploration allows assessment of fertility and hormone production secondary to testicular atrophy (1).

(1) DaJusta DG, Granberg CF, Villanueva C, Baker LA. Contemporary review of testicular torsion: new concepts, emerging technologies and potential therapeutics. *J Pediatr Urol.* 2013;9(6 Pt A):723–730. doi:10.1016/j.jpurol.2012.08.012

(2) Sharp VJ, Kieran K, Arlen AM. Testicular torsion: diagnosis, evaluation, and management. *Am Fam Physician.* 2013;88(12):835–840.

Objectives To investigate ATP, in particular TT, regarding presentation, investigations and management in paediatric patients.

Methods A retrospective review of paediatric patients who presented with ATP who underwent scrotal exploration between June 2015 and March 2020. Patients with a history of trauma were excluded.

Results 81 patients, aged 5–18 years (median age 12), underwent exploration; 29% had TT, 21% epididymo-orchitis (EO), 29% torticollis (TH), 12% normal testes, 4% intermittent torsion and 4% other diagnosis.

In age groups up to 12 years, EO and TA were the most common diagnosis. EO also accounted for 57% of ATP in the 17–18 years old age group. TT caused ATP in 53% of cases in ages 13–14 years and 69% in ages 15–16 years.

Patients who presented with nausea and vomiting were 2.7- and 2.5-fold more likely to be diagnosed with TT, respectively. An abnormal lie of testis was 3-fold more common in patients with TT. 30% of TT patients presented with an intact cremasteric reflex.

Of those that presented within 4 hours, the most common diagnosis for ATP was TT (44%). Causes for ATP were more evenly distributed amongst different diagnoses after 4 hours.

Urine analysis and ultrasonography were used in 59% and 18% of cases, respectively. Urine analysis was not sensitive or specific for TT. Ultrasound never falsely diagnosed TT in 15% of patients.

The orchidectomy rate was 32% and all patients who required orchidectomy presented with symptoms lasting 12 hours or more, with one patient who presented after 12 hours of symptoms having viable testicular tissue.

32% of patients were offered follow-up following scrotal exploration and 14% underwent post-surgery ultrasound.

Conclusions Patients, aged 13–16 years old, who present with ATP within 4 hours after symptom onset, associated nausea, vomiting and abnormal lie of testes, are highly likely to have TT. Urine analysis and ultrasonography were not widely used in our studied centres. The orchidectomy rate in this study is in line with others in the literature. Orchidectomy was only required in patients presenting after 12 hours of symptoms. Viable testicular tissue revealed in histology provides a warning of caution to surgeons when considering orchidectomy. Follow-up post-exploration was not routinely performed.

Association of Paediatric Emergency Medicine

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YOUNG WOMEN AND SERIOUS YOUTH VIOLENCE: WHAT CAN WE LEARN FROM A HOSPITAL-BASED VIOLENCE INTERVENTION PROGRAMME?

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Background Serious youth violence is a public health issue that has been increasing in number and severity in recent years, affecting young people in major cities especially. A youth violence intervention programme based in the emergency department of a district general hospital has been working towards addressing this concern. However, previous research has not primarily focused on female involvement, their associated risk factors, impacts of violence, or compared them to males'.

Objectives Investigate the trends in violence over a three-year period, draw comparisons between male and female referrals, and examine the effectiveness of the service in meeting the needs of young women.

Methods 1. Retrospective review: to establish trends in violence and compare the involvement of males and females, using referral data.

2. Interviews: conducted with youth workers, to determine the needs of affected young women and evaluate the ability of the service to provide appropriate support.

Results Referrals for violence have increased in recent years, which includes a rise in number of females referred. The proportion of referrals for males (72.3%) and females (27.7%) has remained relatively consistent, whilst total number of referrals have escalated. Young women were often victims of interpersonal violence, similarly to young men, but were disproportionately affected by domestic violence (24/29), sexual violence and exploitation (13/13) as shown in table 1. Many were also involved in drug-related incidents (12/26), further supported by youth workers who reported how substance abuse came to light, even if it was not the reason for their

Abstract 1347 Table 1 Type of Violence frequencies and percentages by gender of referral

Type of Violence	Males (frequency)	Males (%)	Females (frequency)	Females (%)
Violence without weapon	380	45.2	183	56.7
Violence with weapon	227	27.0	36	11.1
Self-inflicted/Anger/Aggression	94	11.2	29	9.0
Self-harm	5	0.5	11	3.4
CSE	0	0.0	8	2.5
Sexual Assault	0	0.0	5	1.5
Violence of unknown type	135	16.1	51	15.8