symptoms managed were pain, breathlessness, nausea, vomiting, and constipation.

Conclusions Patients with LLC are referred to palliative care from a number of paediatric subspecialties, with the majority of referrals coming from cardiology and oncology. SMPs and SDPs are written for a significant number of patients referred to palliative care. Perhaps not surprisingly, often only a few drugs from the SMP/SDP were required at the end of life, particularly opiates and midazolam.

Further study including the perspectives of all stakeholders –parents and professionals- to better understand the purpose, use and impact of SMP/SDP on symptom control, particularly at the EoL.

Of note this project took place during the coronavirus pandemic, and hence bears repeating when circumstance change.

Paediatricians with Expertise in Cardiology Special Interest Group

1470

A CASE REPORT OF RE-INVESTIGATION OF A PATIENT TRIGGERED DUE TO THE PANDEMIC- DIAGNOSIS OF AORTOPULMONARY (AP) WINDOW WITH PULMONARY HYPERTENSION

¹Anshoo Dhelaria, ²Boby Rupa Sarder. ¹Lister Hospital; ²East and North Herts NHS Trust

10.1136/archdischild-2021-rcpch.667

Background Abstract:

The unprecedented COVID situation has led to a steep learning curve. This is a case report of a patient who previously known to have a diagnosis of innocent murmur was re-investigated and found to have a rare congenital heart disease – aorto-pulmonary window (AP window).

Objectives Introduction:

‘No question is simple’. Alert parents and an astute GP aided in the re-investigation of a murmur which led to the re-visiting the diagnosis from an innocent murmur to Aortopulmonary window (APW).

APW is a rare congenital heart defect occurring as an isolated cardiac lesion or with other cardiac anomalies and rarely with abnormal coronary arteries. Its clinical presentation is dependent on the size of the defect and the associated lesions.

Methods Case report:

A 4.5-year-old boy referred to PEC(Paediatrician with expertise in cardiology) clinic due to the query raised by parents - ‘What are the implications of the pandemic on my child with a murmur?’

This murmur had which was previously investigated when he was a toddler and found to be innocent, was assessed by the GP during the pandemic. Apart from mild difficulty breathing at rest on occasion, the parents posed no other concerns. Parents on reflection comprehend why he did not enjoy physical sports like his peers.

On clinical examination, he had frontal bossing, prominence of the left chest wall and engorged vein in the upper part of chest. He had visible apical impulse, hyperdynamic impulse, gallop rhythm. The P2 was loud and 4/6 pansystolic murmur that radiated all over the precordium and back, loudest at the left lower sternal edge. Rest of his examinations were normal.

Results A further ECHO confirmed AP window with pulmonary hypertension. He had an initial device closure but a residual shunt was identified following a diagnostic cardiac catheterization. He has now had corrective surgery was performed with no intraoperative complication and good echo results. Pulmonary hypertension has persisted and he will be under continued to be followed up in cardiac clinic.

He is going to be followed up in 4–6 weeks in a cardiology clinic.

Conclusions Discussion:

No question is simple and although it has been an unprecedented time last year, it led to re-visiting the child's clinical condition and thus a rare diagnosis.

APW consists of a communication between the ascending aorta and the pulmonary trunk and/or the right pulmonary artery. Some literature suggests a majority of the APW is associated with other cardiac anomalies. Our patient was a case of isolated APW.¹

Literature also suggests APW can be confused with other defects. Clinical findings associated with an adequate echocardiogram can provide the information for the correct diagnosis.

APW has similar hemodynamic features to a patent ductus arteriosus or, even more so, to a common truncus arteriosus (CTA).

REFERENCE

1. <https://www.scielo.br/pdf/abc/v73n1/a06v73n1.pdf>- Aortopulmonary Window. Clinical and Surgical Assessment of 18 Cases. Andressa Mussi Soares, Edmar Atik, Tâmara Martins Cortéz, Angela Maria T. Albuquerque, Claudia P. Castro, Miguel Barbero-Marcial, Munir Ebaid São Paulo, SP - Brazil

Paediatricians with Expertise in Cardiology Special Interest Group

1473

OUTCOME OF ADOLESCENT ONSET POTS (POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME)

Pramod Nair, Toby MacCarthy, Nisrien Eltag Mohamed Osman. Bedford Hospital NHS Trust

10.1136/archdischild-2021-rcpch.668

Background POTS (Postural Orthostatic Tachycardia Syndrome) is an autonomic dysfunction associated with symptoms of dizziness, headaches, palpitations, fatigue, pre-syncope feelings etc. This is diagnosed with a positive tilt table test which shows a increase in heart rate of more than 40 beats per minute on tilt with stable blood pressures or a sustained heart rate of more than 120 beats per minute in the first 12 minutes of tilt. In children this is commonly diagnosed in the adolescent age group and there is currently not much information on the long-term outlook in this subgroup of children. This case series looks at a cohort of 20 adolescents with POTS and their long-term outcome.

Objectives To look at the clinical course of children with tilt positive adolescent POTS to assess symptom resolution or progression.

Methods Review outcomes with 20 children with adolescent POTS and their clinical information. Children with diagnosis of chronic fatigue syndrome were not included in this study. Clinic follow up letters were reviewed.

Results Of the 20 children in the study there were 15 girls and 5 boys. All of the patients were diagnosed following a positive tilt table test. The age range at diagnosis were