Conclusions

Conclusion Multiprofessional assessment using a biopsychosocial approach to CYP with PUPS leads to better recognition of underlying mental illness, improved short-term functional outcomes, reduced medical costs and improved school attendance. The challenge is securing longer term funding.

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British Paediatric Neurology Association

1605

PAEDIATRIC CEREBRAL VENOUS SINUS THROMBOSIS (CVST): A SINGLE-CENTRE AUDIT AND DISCUSSION OF BEST PRACTICE

¹Shoomena Anil, ¹George Hudson, ¹Alex Fung, ²Deepa Krishnakumar. ¹University of Cambridge; ²Addenbrooke's Hospital

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Background Cerebral venous sinus thrombosis (CVST) is a rare but serious condition that typically affects children and young adults. Its presentation is variable and non-specific, making diagnosis difficult. Systemic anticoagulation is the first-line treatment, but many patients deteriorate despite this and there is a lack of clear guidance on the management of these patients.

Objectives To characterise the patient population at our institution and evaluate their diagnosis, management and prognosis.

Methods We performed a retrospective, single-centre audit of 29 patients with CVST who were aged between 1 month and 16 years at diagnosis between 2014 and 2021. Patients' time of admission/discharge, presenting symptoms/signs, diagnostic imaging, treatment modalities and follow-up outcomes were recorded via review of electronic patient records. These were compared to a set of standards based on the American Heart Association/American Stroke Association and the British Journal of Haematology guidelines for paediatric CVST.

Results 29 patients (15 female, 14 male) were identified with a mean age at diagnosis of 7.5 years (range 30 days to 15.8 years). 12 presented acutely within 4 days, 10 subacutely and 6 chronically after 14 days of symptoms. The most common signs and symptoms were nausea/vomiting (18/29), decreased responsiveness (14/29) and headache (14/29). The most common risk factor was anaemia (15/29). 11/29 patients had thrombophilia testing with 1 testing positive. Most patients were diagnosed with CT venography and the sigmoid sinuses were most commonly involved. 24/29 patients underwent heparinisation, with 19 of these receiving a full-dose for 7 days. Some patients deteriorating despite anticoagulation were treated with decompressive craniotomy (3/29) and/or endovascular interventions (2/29). Average follow-up time was 19.6 months. 17 patients (59%) achieved full symptom resolution

and 5 had complete radiological recanalisation. 1 patient had a recurrence and 4 patients died.

Conclusions Children with CVST at our institution were a heterogeneous population. Most patients received and fully recovered on systemic anticoagulation with heparin. Efforts should be made to switch patients to warfarin once stable and to de-escalate anticoagulation after resolution of thrombus or risk factors. Patients not responding to anticoagulation may be offered decompressive craniectomy or endovascular treatment, but the precise indications for these are undefined.

Association of Paediatric Emergency Medicine

1606

WHAT'S IN THERE? ACCIDENTAL INGESTIONS AND INSERTIONS PRESENTING TO A CHILDREN'S EMERGENCY DEPARTMENT DURING COVID LOCKDOWN

Sally Melson, Mark Lyttle, Alex Turner. *University Hospitals Bristol and Weston NHS*

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Background During the COVID-19 pandemic, concerns surrounding safety in the home have been highlighted, as parents have had to manage additional challenges including working from home while simultaneously providing childcare and education. The peak age for accidental insertion of objects or liquids is between 6 months and 3 years of age, and it has been hypothesised that given the additional roles parents have taken on, there may be rise in such incidents due to a reduction in structure and supervision. We therefore reviewed attendances with these complaints over a 6 month period in order to determine whether this occurred, and to prioritise public health and safety messaging from our Children's Emergency Department (CED).

Objectives To describe the epidemiology of presentations with accidental insertion of foreign bodies and hazardous liquids, including demographics, and type of hazard. The secondary objective was to evaluate the possibility of any increase in presentations compared to the previous year.

Methods Retrospective chart review study of patients attending a tertiary urban CED between 23rd March and 23rd September 2020. Patients were identified, and data abstracted, using electronic tracking systems and hand searches of notes. Data abstracted included characteristics of the patients, and the objects ingested/inserted, clinical pathway, and outcomes. Results are provided using descriptive statistics. A secondary analysis compared the frequency of attendance with nasal/aural insertions between 1st June – 31st August 2019, and 2020.

Results We identified 330 eligible attendances; 166 (50.3%) were male, median age was 3 years 8 months (IQR 26–69 months). There was no difference in attendance between days of the week, and the time of incident was equally split between 0800–1559, and 1600–2359. Median CED length of stay was 90 minutes (IQR 45–145 minutes), and 254 (77%) were discharged from CED with no follow up. 22 (1.6%) were had pre-existing social care involvement.

Ingestion accounted for 153 (55.4%) presentations, with solid objects most commonly metal (67; 23.3%), food (40;