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

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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

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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;

13.9%) and toys/lego (32; 11.1%). Button batteries and magnets were ingested by 35 (12.2%). Liquids were ingested by 42 (13%), with the most common liquid ingested being liquid tabs (8; 20%). Insertions accounted for 122 (44.4%) attendances, most commonly in a single nostril (72; 25.3%) or ear (39; 13.7%). Eight (3.7%) families were provided with advice on preventing recurrence of ingestion/insertion at discharge.

The total number of aural/nasal insertions between 1st June–31st August 2020 was 59, compared to 65 in 2019. The insertion location and offending object were similar between years.

Conclusions We demonstrated no change in frequency of aural/nasal insertions between 2019 and 2020, though comparison between years for ingestions was not possible. We have highlighted areas for improvement in communicating safety messages to families as part of a wider programme of discharge advice, and public health messaging. A significant minority had ingested very hazardous materials, and almost one-quarter required hospital admission or follow-up. These offer particular focus for strengthened messaging to reduce serious injury through prevention.

RCPCH Trainees Committee

1607

PAEDIATRIC INFLAMMATORY MULTISYSTEM SYNDROME TEMPORALLY ASSOCIATED WITH SARS-COV-2 (PIMS-TS) – REATTENDANCE RATES AND LESSONS FOR URGENT CARE FACILITIES

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Background Paediatric Inflammatory Multisystem Syndrome Temporally associated with SARS-CoV-2 (PIMS-TS) emerged as a novel condition causing serious illness in affected children, in late April 2020. Multi-organ involvement with systemic, cutaneous, gastrointestinal and cardiac features and clinical overlap with conditions like sepsis, toxic shock syndrome and Kawasaki disease (KD) and have led to delays in recognition of PIMS-TS.

Objectives We evaluated the clinical characteristics and reattendance rates of children presenting to urgent care facilities [(primary care or Emergency Department (ED))] prior to definitive hospital admission.

Methods An observational study using retrospective data collection was undertaken on children with a diagnosis of PIMS-TS, who presented to a specialist children's hospital, between 1st April 2020 and 17th May 2020. Diagnosis of PIMS-TS was based on published RCPCH criteria¹ Reattendance rates, patient demographics, initial presenting features and subsequent progress was assessed

Results Eighteen children were included in the study (median 9.6 years; IQR 7–12.6 years). All children required high dependency or intensive care treatment. 89% (n=16) required fluid resuscitation and inotropes with 17% (n=3) requiring invasive ventilatory support.

In this cohort, 39% (n=7) were first assessed by a primary care physician and 61% (n=11) presented to ED. Overall, 89% (n=16) of the children were discharged after initial presentation and subsequently reattended with worsening symptoms. Only 11% were admitted at first presentation. Of the

study population, 22% (n=4) received advice from either 111 or 999 before attending GP or ED. The majority of reattenders (88%) were admitted during their third attendance and 12% were admitted at their sixth attendance. All children (100%) presented with fever above 38.5°C with a median duration of 3 (range 1–5) days. Gastrointestinal symptoms at presentation included abdominal pain in fifteen children (83%), vomiting in eleven children (61%) and diarrhoea in thirteen children (72%). Syncope was reported in six children (33%) and lethargy in fourteen children (77%). Mucocutaneous features of rash and conjunctivitis resembling KD, were seen in eleven children (61%). Other symptoms at presentation were oedema (38%), myalgia (61%), headache (38%), neck pain six (33%) and sore throat (33%).

Conclusions Children with PIMS-TS were older (above 9 years) and presented with persistent high-grade fever, hypotension, gastrointestinal and mucocutaneous features. High reattendance rates were seen in our cohort of children with PIMS-TS. While this could indicate the natural course of evolution of the condition, prolonged duration of fever in an older age group and requirement of fluid resuscitation at admission suggests a missed opportunity for earlier recognition and intervention. UK data of median of 5 days interval between presentation and referral for KD, suggests a similar delayed recognition of PIMS-TS, due to the multi-system features and overlap with childhood infections. A high index of suspicion of PIMS-TS and lower thresholds for admission in children presenting with these features to urgent care facilities in the current pandemic, will help institute early definitive treatment, thus reducing morbidity.

British Society of Paediatric Gastroenterology, Hepatology and Nutrition

1608

WHAT DOES THEIR GUT SAY?

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Background Chronic neurodisability is often associated with a range of Gastro-intestinal issues (GI) and can involve any part of the GI tract. Some issues are promptly diagnosed and managed appropriately. However, others are grossly misunderstood and under recognised. Leading to aggravation of underlying conditions, distress for patient and family and poor overall quality of life.

Objectives

1. Study the range of GI problems in cohort of patients with chronic neurodisability in a District General Hospital (DGH).
2. Study range of treatments offered and possible practice variation
3. Study most effective treatments used in cohort
4. Study impact of GI issues on patients and families' quality of life

Methods Twenty patient charts were retrospectively reviewed to compile a list of suitable patients with chronic neurodisability. We classified chronic neurodisability as a group of congenital or acquired long-term conditions that attribute to