British Society for the History of Paediatrics and Child Health

1810 WHEN WAS MULTIAGENCY WORKING TO SAFEGUARD CHILDREN INVENTED?

Patricia Brennan.

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Background I was a Consultant Paediatrician and Designated Doctor for Safeguarding Children for Sheffield. I have completed an MA in the history of the interaction of health and education in Sheffield schoolchildren, 1870–1906. I am currently undertaking a PhD in Safeguarding Children in Sheffield, a rapidly expanding industrial city from 1870–1914.

Objectives To investigate whether there was evidence of multi-agency work in Sheffield from 1870–1900 to safeguard children from maltreatment.

Methods The study is based on prosecutions for child maltreatment as reported in local newspapers from 1870–1900, 19 years before and 11 years after the 1889 Prevention of Cruelty to, and the Protection of Children Act, and the setting up of an NSPCC office in the city.

Results 113 cases of child maltreatment by parents or step-parents, involving 260 children were found, 41 in the 19 years 1870–1889 (Group 1) and 72 in the 10 years 1890–1900 (Group 2). Group 1 involved mainly cases of non-accidental injury of a single child with only the presenting physical symptom, eg bruising, investigated by a single agency. In Group 2, whole families were holistically assessed by a range of professionals led by the local NSPCC inspector. These include doctors, police, sanitary inspectors, workhouse staff and education staff and cases of neglect predominated in this group.

Conclusions

1. The number of prosecutions trebled after the Children Act of 1889, as did the number and proportion of cases of neglect.
2. After 1889, the assessments were wide-ranging and holistic carried out mainly on working class children and families by middle class professionals and covered the child, siblings, home and parenting.
3. This study shows that multiagency assessments to Safeguard children were developed in the late nineteenth century England, a century before the government Every Child Matters and Working Together to Safeguard Children guidance.

British Paediatric Neurology Association

1812 A CASE REPORT OF EVOLVING NEUROMYELITIS OPTICA PRESENTING AS SYNDROME OF ANTIDIURETIC HORMONE SECRETION (SIADH) IN AN EIGHT YEAR OLD

Thambiliyagadage Manori Prasadani*. *Postgraduate Institute of Medicine University of Colombo*

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Background Optic neuritis is a rare demyelinating disorder, which involves the optic nerve. It can be a monophasic self-limiting illness following infection or vaccination. It can

also be an initial presentation of a relapsing demyelinating disorder like multiple sclerosis or neuromyelitis optica spectrum of disorder (NMSOD). It characteristically affects aquaporin 4 receptor rich areas in the brain like hypothalamus, periventricular areas as well as optic nerve and spinal cord. This may lead to dysfunction in the hypothalamo-pituitary axis, hence syndrome of inappropriate antidiuretic hormone secretion (SIADH). This may manifest as hyponatremia and when severe presents with confusion, agitation and convulsions.

We present a 8year old girl, presented with acute symptomatic hyponatremia due to SIADH. She had confusion, agitation with 2 brief generalized convulsions. Her initial S. Na was 120 mmol/l, serum osmolality 256mmol/l, urinary osmolality 356mmol/l, urinary sodium 55mmol/l, hematocrit is normal and serum albumin is 45mg/dl. Her sodium corrected and her symptoms disappeared.

Within 12 hours, she developed acute loss of vision. Her eye movements were painful. Color vision was completely absent in both eyes (0/14). Bilateral pupillary reaction had relative afferent pupillary defect. Her bilateral visual acuity was 6/9.

Her bilateral visual evoked potential (VEP) was delayed.

MRI brain, spine and optic tracts without gadolinium enhancement were inconclusive. The metabolic work up, including CSF studies were normal. CSF oligoclonal bands were negative. Anti-aquaporin-4 antibody and anti-myelin oligodendrocyte antibody were unavailable. She had a dramatic response to corticosteroids. But after 8 weeks her VEP is still prolonged in left eye.

Her disease progression is yet to be manifested, whether it is monophasic or a first episode of a multiphasic demyelination disease.

This case reports highlights the rare association of evolving NMSOD with SIADH, and the possibility of initial presentation as acute symptomatic hyponatremia.

1813 PROGRESSIVE DYSTONIA AND NEURODEGENERATION WITH EYE OF THE TIGER SIGN IN MRI BRAIN – HALLERVORDEN- SPATZ SYNDROME

Thambiliyagadage Manori Prasadani*. *Postgraduate Institute of Medicine University of Colombo*

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Background Hallervorden- Spatz neurodegeneration is a rare neurodegenerative disorder. It is autosomal recessive. It is a familial brain degeneration characterized by cerebral iron deposition, mainly in globus pallidus.

It is characterized by progressive extrapyramidal and corticospinal degeneration and dementia. The phenotypic spectrum would be either classical which has an early childhood onset or atypical which has a late onset of disease (>10years).

The clinical course is characterized by extrapyramidal signs like dystonia, dysarthria and parkinsonism and corticospinal tracts involvement signs like spasticity, hyperreflexia and extensor toe sign. Pigmentary retinopathy, low intelligence, developmental delay and psychiatric disturbances are also documented.