physical health of children all while describing the various ways that one can work with children along with some of the challenges that the experts face each day along with some of the children's experiences.

23

PEDIATRICIAN AND EDUCATIONAL REHABILITATOR – ASSOCIATES IN THE PROCESS OF OBSERVATION, DIAGNOSIS AND REHABILITATION OF CHILDREN WITH DEVELOPMENTAL DISABILITIES

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The number of children with disabilities and persons with disabilities is continuously increasing, which is evident from the data of the Croatian Institute of Public Health. The report on persons with disabilities in the Republic of Croatia, May 2019, lists 45,314 children with disabilities. The pediatrician, as a doctor who deals with the health care of children from birth to the end of adolescence and cares about improving the child's health and eliminating risk factors that threaten his normal growth and development, certainly has children with disabilities and developmental difficulties among his patients. An important part of any systematic examination of a child should be an assessment of psychomotor development and monitoring developmental milestones. When it comes to children with disabilities it can also include information obtained from co-specialists. The competencies of pediatricians include the promptly detection of developmental delays, knowledge of various developmental disabilities, and also perspective of related co-experts within different systems.

In providing support to children with disabilities, educational rehabilitators are important part of the interdisciplinary diagnostic team, the team of early intervention experts and professional teams in kindergartens and schools. They are a profession whose diagnostic, educational and rehabilitation procedures and programs apply to children with disabilities and persons with disabilities, the population with visual impairment, learning difficulties, attention deficit hyperactivity disorder, motor disorders, chronic diseases and multiple disabilities. The actions of both, the pediatrician and the educational rehabilitator, are aimed at the well-being of the child with risk factors, developmental delays or identified developmental difficulties. Mutual cooperation should include the exchange of key information and trust in the assessment, competencies and recommendations.

It is particularly important in case of children with autism spectrum disorder, which is primarily characterized by difficulties in social communication and interaction and limited, repetitive patterns of behavior, interests, and activities. During the periodic systematic examination in the pediatric clinic, the mere presence of the parents and the learned strategies can mask the characteristic difficulties. In some children, symptoms are present at an early stage of development, but often become more apparent when social demands exceed the child's current abilities. They are more pronounced during the child's time in kindergarten or school, which is then noticed by other professional associates – educational rehabilitator.

If the parent is not concerned about the child's development, finds it difficult to accept the possibility of the difficulty

or denies it, sometimes is missing the transfer of key informations in sequence „educational rehabilitator – parent – pediatrician“, which unfortunately slows down the process of diagnosis and intervention. As an example of good practice and cooperation between a pediatrician and an educational rehabilitator for the purpose of objective informing, we provide and recommend a written opinion about the developmental status of the child.

24

PRESENCE OF LANGUAGE DISORDERS IN SCHOOL AGE

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Language difficulties refer to impaired language acquisition and impaired language processing and can be an integral part or one of multiple difficulties. The most common among them is developmental language disorder, which refers to the present difficulties in the domain of language. Developmental language disorder is diagnosed when a child, despite orderly general cognitive abilities and a stimulating environment, has difficulty learning his mother tongue, and then any other language.

The paper presents the results of the analysis of the presence of developmental speech disorder in users of psychosocial support services in the Zagreb County. Linguistic comprehension was examined and the obtained results were analyzed by a qualitative methodology.

We emphasize the awareness of parents, professionals and all those involved in the upbringing and education of the child as a prerequisite for partnership with students and providing the necessary support to students in working with difficulties in the field of language comprehension.

General Pediatrics

25

CHILD'S BLOOD VESSEL DEVELOPMENT IN RELATION TO MOTHER'S DIETARY EATING HABITS AND ORAL HEALTH

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Dietary eating habits and oral health of pregnant women have the potential to affect pregnancy outcomes. Some observational studies have indicated a significant association of the periodontal disease with adverse pregnancy outcomes, such as the risk of preterm delivery and differences in blood vessels development.

The aim of the study was to evaluate the relationship between the dietary eating habits of mothers and their oral health during pregnancy with the development of the coronary and carotid arteries including intima media thickness.

By random selection, 40 pregnant women and their newborns formed a cohort – pilot study. The approval of the ethics committee was obtained. During pregnancy eating habits and dental mother's status were analyzed. After delivery, a

detailed color Doppler echocardiography including carotid vessels has been performed. Newborns from mothers with bad eating habits had significantly higher values of the right carotid artery intima-media thickness/CAIMT ($p=0.046$). Oral health was examined with DMF index/Decayed, Missing, Filled/. A significant correlation between the diameter of the right coronary artery and the DMF index was proven, where the pregnant woman had better diameters with the smaller DMF Index ($\rho = -0.693$, $p = 0.047$). CAIMT had a moderate connection with nutrition intake on both of the carotids, whereby the thicker intima had a pregnant woman with poor eating habits ($\rho = -0.492$, $p = 0.03$). There was a statistically significant difference in the diameter of descending aorta, with larger diameters in children whose mothers had bad eating habits ($p=0.021$). Flow over AP was better in newborns from mothers with good eating habits ($p=0.039$). Fraction shortening/FS% was significantly higher in newborns whose mothers had a larger DMF index ($p=0.03$). There was a significant correlation of LVEDs/left ventricle end-diastolic diameter/and mothers eating habits ($\rho = -0.415$, $p = 0.044$), whereby a higher value LVEDs determined in infants whose mothers had worse eating habits. Dietary eating habits and oral health of pregnant women have a significant connection with some segments of cardiovascular system development. Eating habits have an impact on the diameter of blood vessels and on flow.

Unhealthy dietary plans will most probably lead to bad oral health and the presence of periodontitis, which could contribute to the CAIMT and the development of atherosclerosis. It is necessary to extend the study and test inference on a larger sample.

26 FAMILIAL HYPERCHOLESTEROLEMIA: A RARE CASE OF EARLY DIAGNOSIS

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Familial hypercholesterolemia (FH) is a common life-threatening genetic condition that causes high cholesterol and leads to a much higher-than-normal risk of coronary heart disease (CHD). The heterozygous type is found in about 1 out of 300-500 people, the homozygous type is quite rare in 1 out of 1 million people.

Objective To analyze the clinical case of family hypercholesterolemia in sibs.

Patients and Methods In 3 siblings (from triplets) at the age of 7 years randomly detected new-onset hypercholesterolemia 5.97 mmol/L, 5.65 mmol/L, 6.43 mmol/L. In a second study after 14 days, hypercholesterolemia persists (6.11 mmol/L, 5.67 mmol/L and 6.49 mmol/L, respectively). Two siblings (identical) had high cholesterol levels (4.060 mmol/L and 4.413 mmol/L) due to low density lipoprotein (LDL). The third child with the lowest level of hypercholesterolemia had normal LDL and a high level of high density lipoprotein (HDL). No evidence of secondary hypercholesterolemia (diabetes mellitus, chronic renal insufficiency, hypothyroidism, cholestatic hepatitis, iatrogenic illness) was found.

A mother (42 years old), sticks to a strict diet with a reduced fat content, but hypercholesterolemia persists, statins

therapy is not conducted, recommendations for examining children have not been received.

Results Plasma LDL cholesterol level of 4.0 mmol/L or higher in follow-up blood test, provided parents with hypercholesterolemia, confirms the FH in two children from triplets.

At the same time, there are no external physical signs of the disease in children (xanthomas, corneal arch, xanthelasma). This, along with relatively low hypercholesterolemia, suggests a prognostically favorable Heterozygous Familial Hypercholesterolemia. Genetic screening for the presence of FH is not required to confirm the diagnosis, but may be useful if the diagnosis is ambiguous.

A strict diet with a reduced fat content was recommended to patients, as well as supervision of a cardiologist and lipid screening. It was decided that at the age of 8-10 years, while maintaining LDL cholesterol >4.0 mmol/l in follow-up blood test would be observed even on the recommended diet, the treatment with low doses of statins would be discussed.

Conclusion Despite the prevalence of FH and the availability of effective treatment, FH is rarely diagnosed in children. This emphasizes the importance of lipid screening in childhood and cascading screening of all members of the patient's family for the prevention of CHD.

27

ANTHROPOMETRIC DIMENSIONS OF THE ARAL SEE REGION (KARAKALPAKSTAN, REPUBLIC OF UZBEKISTAN) NATIVES MAY REFLECT NEGATIVE INFLUENCE OF PESTICIDE ENDOCRINE DISRUPTOR CHEMICALS ON THE POSTNATAL ONTOGENESIS

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The aim of the study was revelation of the specific tendencies of the physique development in subjects born and grown up at various distances from the former Aral Lake disaster (ALD) as a possible factor determining exposure window of organo-chlorine pesticides (OCPs) during the body growth. ALD was a combined result of essential climate aridization and anthropogenic pollution with the excessive application of OCPs in a droughty agricultural region.

A complex anthropometric study including measurement of body mass and length, the size of extremities, pelvis and of skinfold thickness was carried out on 310 volunteers of both sexes. All of them had been born in 1990 – 1995 before the start of effective measures for liquidation of the ALD consequences. The volunteers were divided into three groups, attached to geographical zones: first – zone of ALD, northern part of the region around the town of Muynak; second zone, relatively safe – central part, around the city of Nukus; third zone, safe – the southern part of the region.

The comparison of anthropometric parameters was statistically measured using Kruskal-Wallis test and Mann-Whitney criterion including Bonferoni correction for multiple comparison.

Males from the first group possessed statistically valuable lower body mass, arm length, size of the chest and major joints, waist perimeter, skinfold thickness in comparison to subjects from other groups. In contrast, females from the