The clinicians should be aware of this complication with high mortality especially in pediatric patients. In CD HLH is probably developing as combination of several factors: primary disease, immunomodulation and infection (primary or reactivation).

257

ANOTHER FACE OF EPSTEIN-BARR VIRAL INFECTION: ACUTE ACALCULOUS CHOLECYSTITIS AND SEVERE LIVER LESION IN PREVIOUSLY HEALTHY FIVE-YEAR-OLD GIRL WITH PRIMAINFECTION

Tena Trbojević*, Iva Škorić, Paula Slatina, Frane Marleku, Orjena Žaja. *Department of Pediatrics, Sestre milosrdnice University Hospital Center, Zagreb, Croatia*

10.1136/archdischild-2021-europaediatrics.257

Acute acalculous cholecystitis (AAC) is a rare disease, particularly in children. It is mostly observed in critically ill or post-surgical patients due to dehydration, increased bile viscosity, decreased oral intake and gallbladder dysmotility. Most AACs in children are caused by infectious agents and are characterized by favorable clinical course and conservative treatment. Also, AAC is an atypical and rare complication of Epstein-Barr virus (EBV) infection. The occurrence of AAC has been described in some chronic disorders and systemic autoimmune diseases. The clinical and laboratory presentation of AAC is variable. The diagnosis is based on radiological criteria. Abdominal ultrasound typically shows distended gallbladder with thickened wall, pericholecystic fluid or edema and absence of gallstones or dilatation/obstruction of bile ducts.

We present a girl with AAC and acute severe liver lesion due to the EBV primoinfection.

Previously healthy 5-year-old-girl was admitted to the Pediatric Department (April 2020) due to jaundice, severe liver lesion and cholestasis. She was inappetent for a week; had pruritus, pale and yellowish skin, occasional abdominal pain and one hypocholeic stool. No fever, nausea or vomiting was reported. At admittance, icterus, an enlarged liver (3 cm in the medioclavicular line) and a negative Murphy's sign were noticed. She was afebrile, HR 132/min, BP 80/50 mmHg; body height 116.3 cm (88th centile), BMI 18 kg/m² (93rd centile). She had no lymphadenopathy or pharyngitis.

Laboratory tests revealed severe hepatitis and conjugated hyperbilirubinemia (AST 1908 U/L, ALT 3222 U/L, GGT 51 U/L, bilirubin total 83.6 µmol/L, conjugated 68.5 µmol/L, total serum bile acids 61.2 µmol/L) with preserved synthetic and metabolic liver function and normal values of inflammatory markers. Ultrasonography revealed mild hepatosplenomegaly, hyperechogenic liver parenchyma, normal bile ducts and slightly dilated gallbladder with thickened and layered wall, significant pericholecystic edema and the absence of gallstones. The following assessment found no elements of malignancy, autoimmune etiology, chronic primary and secondary liver diseases, dyslipidemia, bacterial or parasitic infection. Serological analysis confirmed EBV primoinfection and significant viremia (28 000 copies/ml at PCR test). Conservative treatment was followed by spontaneous clinical, laboratory and radiological regression.

We presented a rare hepato-biliary manifestation of EBV infection in children. Our aim was to highlight the importance

of recognizing AAC as a differential diagnosis in children with abdominal pain and/or acute cholestasis. Radiological evaluation and monitoring as well as collaboration of gastroenterologists and radiologists are essential in management of these patients.

258

A RARE CASE OF ACUTE PANCREATITIS AND REACTIVE ARTHRITIS IN ROTAVIRUS GASTROENTERITIS

Matea Crnković Ćuk*, Barbara Perše, Mandica Vidović, Orjena Žaja. *Clinical Hospital Centre Sestre milosrdnice*

10.1136/archdischild-2021-europaediatrics.258

Pancreatitis in children is an acute inflammation of the pancreas that manifests itself with abdominal pain localized in the epigastrium and elevated levels of enzymes secreted by the pancreas and is a significant cause of mortality and morbidity. Hyperamylasemia and hyper lipasemia occur relatively frequently in acute gastroenteritis, but pancreatitis itself is relatively rare. Reactive arthritis can also often be associated with acute viral infections although it is extremely rarely described with rotavirus infection.

We present a rare case of pancreatitis and reactive arthritis associated with rotavirus gastroenteritis.

A 5-year-old, 9-month-old girl presented with severe epigastric pain, vomiting, and sub febrile condition that lasted for 24 hours.

Family and personal anamnesis were without peculiarities. At admission, severe pain in the epigastrium, sub febrile and increased peristalsis without other deviations were noted. Leukocytosis (19.3x10⁹, 86% of segmented leukocytes), elevated CRP (19.9 mg/L) and markedly elevated lipase (4025 U/L), serum amylase present in laboratory findings

U/L) and urine (13439 U/L). Rotavirus antigen was isolated in stool by negative other microbiological analysis. No pathology of the hepatobiliary tree, with minimal changes of the pancreas, in terms of hypo echogenicity without effusion was detected by ultrasound. She did not develop cystic lesions.

Upon admission, oral intake was discontinued and parenteral hydration was initiated.

Intensive monitoring shows a favourable trend of rapid decline in amylase and lipase values. After 72 hours, oral administration was started with gradual discontinuation of the intravenous infusion, which was well tolerated. The diet continued with the accelerated introduction of protein and fat without relapse. She was febrile for 3 days with rapid clinical recovery. On the seventh day of the stay, complains of pain and swelling of the dorsum of the left foot with a renewed increase in inflammatory parameters (CRP 27.4 mg/L, SE 52 mm/ 3.6 hp). Through clinical evaluation and ultrasound findings, arthritis was suspected (in the projection of the navicular and cuneiform bone, synovitis and enhanced power – doppler signal). Given the rapid clinical recovery over the next 2 days, without the need for further diagnostic or therapeutic interventions, it was concluded that this was transient reactive arthritis.

Rotavirus is a common cause of severe diarrhoea in children worldwide and it is a significant cause of morbidity in developed countries and mortality in developing countries. Although extremely rare, associated pancreatitis is a serious and potentially fatal extra intestinal complication and further