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 carotid arteries, 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 \( \rho = 0.021 \). Flow over AP was better in newborns from mothers with good eating habits \( \rho = 0.039 \). Fraction shortening/FS\% was significantly higher in newborns whose mothers had a larger DMF index \( \rho = 0.03 \). 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.

**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 100, whereas 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.

**ANTHROPOMETRIC DIMENSIONS OF THE ARAL SEE REGION (KARAKALPKASTAN, 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 organochlorine 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 – 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