The prevalence of the classical form was 58.3% in group 1 and 66.7% group 2 (p=0.736); atypical CD 41.7% vs 31.1% (p=0.509). Moderate and severe epigastric pain was common in both groups: 50.0% vs 31.1% (p=0.309). Significantly elevated level of anti- tTG antibodies (>100RU/ml) was detected equally in groups: 33.3% vs 47.7% (p=0.516). The prevalence of elevated level of antiparietal antibodies in groups was the same: in group 1- anti- H+/K+ ATPase antibodies in 2 children and in 3 children in group 2; and anti-intrinsic antibodies in 1 person in group 1 as in group 2. Thus, 25% vs 8.7% (p=0.078).

Conclusion There are conflicting studies results regarding the association between H. pylori and CD. Whether Helicobacter pylori triggers, doesn’t affect or protects against CD is currently the subject of research. This study didn’t reveal any effects of H. pylori on course of celiac disease in children despite the fact, that H. pylori is suspected as possible trigger of autoimmunity.

Abstracts

265 SCFA (SHORT CHAIN FATTY ACIDS) PROFILE IN CHILDREN WITH COELIAC DISEASE
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The intestinal microbiota ferments complex carbohydrates that have not been broken down or absorbed during digestion into short-chain fatty acids (SCFA). SCFA are involved in different metabolic processes and the functioning of the immune system. Recent studies have shown changes in the SCFA profile in people with celiac disease (CD). Here we compared the composition of SCFA in the faecal water of the paediatric population with CD and the healthy children (HC).

Faecal samples were obtained from 5 individuals with CD (2 female, 3 male) on a gluten-free diet (GFD) and 5 HC (3 female, 2 male) aged 13-18 years. To determine the SCFA concentrations sterile filtered fecal water was prepared. The SCFA profile was determined by gas chromatography.

We compared the average SCFA concentrations between groups with CD and HC, for which we used the Student’s t-test. We also calculated the total SCFA and the fermentation index FI= (acetic acid – (propionic acid + butyric acid))/(the sum of SCFA).

The comparison of concentrations of individual SCFA fractions showed a statistically significantly lower value of acetic acid (p = 0.04) and a statistically marginal increase in caproic acid concentration (p = 0.089) in the CD group. The averages of other SCFA were higher in healthy individuals but without statistical significance. Total SCFA was statistically significantly higher (p = 0.047) in HC. Fermentation index was 0.092 in HC and 0.079 in CD patients.

The literature regarding the profile of SCFA in the paediatric population CD is scarce. Our results differ from the current literature, which reports a significant increase of acetic acid, total SCFA, and fermentation index in the paediatric population with CD compared to the control group. An increase in caproic acid in CD has not been reported yet. Recent studies have suggested that the study groups’ age difference or the amount of gluten in the diet could explain the discrepancies in our results.

266 EFFECT OF DIETARY PROTEIN INTAKE ON BODY MASS INDEX AMONG PRIMARY SCHOOL CHILDREN
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Recent studies have suggested that excessive dietary protein intake, especially animal-source protein, in infancy could affect health outcomes (e.g., obesity) in childhood. However, the effect of dietary protein intake in school-age children on growth and development is still unclear. The aim of this study was to assess dietary protein intake and its association with body mass index (BMI) in primary school children in Croatia.

Anthropometric measurements of children (n=156; 50% boys) aged 8.3 ± 0.5 years from primary schools in Zagreb City were performed according to standard protocols. Sex- and age-standardized BMI z-scores were obtained using AnthroPlus software. A dietary record for 3 non-consecutive
Diagnosis and Management of Wilson’s Disease in Children: A Tunisian Single-Center Experience

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Introduction

Wilson’s disease (WD) is an autosomal recessive genetic disease characterized by accumulation of copper in the body leading to severe hepatic and neurological damage. It is one of the few genetic diseases that can be treated effectively. The aim of the study was to describe Diagnostic features, therapeutic management and outcome of WD in Tunisian children.

Methods

Retrospective cohort study of WD cases diagnosed at Tunisian tertiary referral hospital over a period of 10 years (2010 – 2019). Data collection was done from medical records.

Results

We collected 20 cases of WD (15 boys and 5 girls). Median age at diagnosis was 8 years [3 -12 years]. Consanguinity was found in 14 patients.

Three patients had a history of WD in the siblings. Clinical presentation was as following: four patients were diagnosed by family screening at a presymptomatic stage, 15 patients presented with hepatic symptoms (jaundice (n=4); hepatomegaly (n=5); clinical signs of portal hypertension (n=6)) and one patient presented with hematuria caused by kidney stones (hypercalciuria). Chronic hepatitis, acute hepatitis, liver cirrhosis and fulminant liver failure were observed respectively in two, four, six and four cases. Neurological and psychiatric involvement was noted at diagnosis in 7/20 patients. Kayser Fleischer’s ring was observed in three cases.

Proximal tubular involvement was reported in three cases, associated to glomerular involvement in one case. Hematologic disorders were observed in 11/20 cases: pancytopenia (n=2), thrombocytopenia (n=5), Coombs-negative hemolytic anemia (n= 4). Thirteen patients had low levels of serum ceruloplasmin, with a median level of 0.12 g/L [0.04-0.18]. The 24-hours urinary copper test showed high level in 12 cases with a median level of 3.8 µmol/24h [1.5-6.72]. D-penicillamine sensitization test was performed in ten cases and was positive in eight cases. Liver biopsy was done in only two cases. Mutation analysis of the ATP7B gene was performed in four cases: no mutation was detected in one case and three patients had homozygous ATB7B mutation (H1069Q). D-penicillamine and pyridoxine were started in all cases.

One patient presented adverse reaction and received zinc acetate (Wilzin).

Most patients were stabilized or improved on chelation therapy, one patient deteriorated and one patient died within the follow up period.

Conclusion

Cirrhosis at diagnosis increases the risk of death. Early diagnosis, at a precirrhotic stage was associated with a best prognosis.