Results The total number of examinations performed was 1022. The most common indications for EGDS were: dyspepsia 32% (n = 327), abdominal pain 21% (n = 211), and celiac disease 16% (n = 166). The most common endoscopic findings were: gastritis 50% (n = 450), normal findings 35% (n = 325) and esophagitis 9% (n = 84). The most common PH findings were: normal 43% (n = 390), gastritis 23% (n = 210), and duodenitis 15% (n = 133). Of the total number of examinations, endoscopy was therapeutic in 10% (n = 98) of cases. The most common therapeutic indications were: foreign body ingestion 5% (n = 51), PEG placement 3% (n = 35), and acid and alkali ingestion 1% (n = 12).

Conclusion The results obtained are consistent with those of other studies and may indicate areas for additional education of staff and a starting point for future research on the topic.

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SCREENING FOR CELIAC DISEASE AMONG FIRST-GRADE PUPILS USING RAPID POINT-OF-CARE TEST, A PROSPECTIVE STUDY

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Celiac disease (CD) is an autoimmune disease triggered by gluten in genetically predisposed individuals with reported global prevalence in children from 0.31% to 0.9%. Despite the increasing prevalence of CD, many patients remain undiagnosed. Several point-of-care tests (POC) for CD have been developed that can be used as useful screening tool. We aimed to determine the prevalence of CD in first-grade pupils in Primorje-Gorski Kotar county, Croatia using POC test. Methods: Biocard celiac test that detects IgA antibodies to tissue transglutaminase in whole blood was used to screen for celiac disease in healthy first-grade children born in 2011 and 2012 who consumed gluten without restrictions. Results: 1478 children were tested and none of them were tested positive with rapid test. In 10 children (0,6%) IgA deficiency has been suspected; only 4 of them agreed to be tested further for total IgA, anti-tTG and anti DGP antibodies. IgA deficiency was confirmed in 3 patients and in all 4 children CD has been excluded. Conclusion: In this, to our knowledge first prospective study in Croatia, we haven't found children with celiac disease. Further research is needed to establish the true epidemiology of CD in Primorje-Gorski Kotar County and to confirm the value of rapid test in comparison with standard antibody CD testing.

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FOOD PROTEIN INDUCED ENTEROCOLITIS SYNDROME (FPIES)

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Objective The goal is to present epidemiological, clinical and laboratory characteristics of children with FPIES and the association with other allergic comorbidities and outcomes.

Methods Data of children with FPIES, diagnosed according to clinical criteria and monitored in Helena clinic over a 6-year period (1/2014 to 1/2020), was retrospectively analyzed.

Results In the specified time period, 22 children with FPIES were identified, 12 (54,5%) boys, and 10 (45,5%) girls. The median age of the first presentation was $8,45 \pm 3,96$ months. An equal number of patients, 11, had early (before 9 months), and late onset FPIES. Cow's milk was the most common cause in patients with early onset, while in late it was fish. 59,1% of patients reacted to a single food, 22,7% to 2 or 3 different foods, 18,2% to 4 or more. According to clinical features, 81,8% of patients had acute manifestation, 63,6% of them mild to moderate, and 22,7% severe. 18,2% had chronic clinical presentation. 2 patients had acute and chronic symptoms induced by different foods. 36,4% of episodes were triggered by fish, 23,8% by cow's milk, 22,7% by meat and fruits, 18,2% by cereals, 9,1% by eggs and vegetables, and 4,5% by soy. The allergic comorbidities were recognized in 16 (72,2%) children: dermatological in 54,5%, gastrointestinal in 40,9%, and respiratory in 4,5%. 17 (77,3%) children underwent allergy testing. Total IgE was tested in 95,5%, and was found positive in 6 (28,6%) patients. Most of them, 5 (83,3%), had coexisting allergy comorbidities. Atypical FPIES with positive specific IgE to trigger food was identified in 2 children. 9 (37,5%) children underwent skin prick and atopy patch test to the food that was reported as the cause. Skin prick test was negative in all, while atopy patch was positive in 2 (28,6%) patients. The children were followed in our clinic for a period of $17,32 \pm 10,59$ months. 7 (31,8%) children underwent oral food challenge (OFC), at the median age $17,86 \pm 7,49$ months. 5 patients (48%) achieved tolerance. The median period from the last episode was $12,28 \pm 6,24$ months. We didn't find any association between the age of the patients when OFC was done, and the outcome of challenge ($r = -0,488$, $p = 0,266$), neither between the duration of elimination diet and the outcome ($r = -0,578$, $p = 0,173$).

Conclusion The obtained epidemiological, clinical and laboratory characteristics were similar to data from other centers. The most common identified trigger food were fish and cow's milk, which was identical to results shown in the Mediterranean countries (Italy and Spain). The outcome data also matched.

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ENTEROBIUS VERMICULARIS COLITIS IN CHILDREN

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Objective Infestation with pinworm (*Enterobius vermicularis*) is common in young children, and the most common typical symptoms are perianal itching, nocturnal restlessness, and irritability. Although the clinical presentation is usually mild or completely asymptomatic, the infestation rarely can present with non-specific colitis, weight loss, and the formation of perianal abscesses or granulomas.

Methods We retrospectively analyzed data (including medical history, age, sex, anthropometric characteristics, laboratory parameters, macroscopic and microscopic findings of ileocolonoscopy) of all patients with macroscopically proven *Enterobius vermicularis*. These patients were referred for diagnostic workup due to suspected inflammatory bowel disease or a bleeding polyp, from January 2010 to January 2020 at the Children's Hospital Zagreb.

Results We performed 606 ileocolonoscopies in the above mentioned period due to suspicion of chronic inflammatory bowel disease or a bleeding polyp, and *E. vermicularis* was identified macroscopically in 10 patients (1.65%), of which 7/10 boys (70%). At the time of diagnosis, the median age was 10.99 years (3–17.5), and the median BMI was 18.62 kg/m² (13–22.06). Five patients (50%) were referred for diagnostic processing due to chronic inflammatory bowel disease suspicion, and five patients (56%) due to haematochezia and suspected bleeding polyp. The patients presented with various complaints of which: abdominal pain 4/10 (40%); blood in stool 6/10 (60%); diarrhea 3/10 (30%); and significant weight loss and perianal abscess in one patient. All patients had normal inflammatory parameters (CRP <2.8) and normal hemoglobin values for age (Hb 116–142). The mean duration of symptoms was 6.3 months (0.25 – 18). Parasite analysis of stool was performed in 4 patients (40%) and was negative in all, and perianal impression with adhesive cellophane tape was performed in only one patient, also negative. In all patients, *E. vermicularis* was confirmed macroscopically. In one patient, vulnerable mucosa reminding of ulcerative colitis (UC) was found along with enterobiasis, and in one patient we found non-specific terminal ileitis. Eosinophilia was found in four patients in intestinal biopsy samples. Following anthelmintic therapy with mebendazole, there was no recurrence of pinworm. One patient was later diagnosed with UC in the follow-up.

Conclusion *Enterobius vermicularis* is generally considered an innocent parasite, which in most cases causes perianal pruritus, and although it matures and lives in the intestines, severe gastrointestinal symptoms have rarely been reported. *E. vermicularis* infestation should be considered in patients with hematochezia, the screening of choice is perianal impression with cellophane tape, and the choice of treatment is mebendazole.

277 ASSESSMENT OF NUTRITIONAL STATUS OF CHILDREN WITH A NEWLY DIAGNOSED COELIAC DISEASE – A 10-YEAR TERTIARY CENTRE EXPERIENCE

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Introduction and Aims Coeliac disease is an immune-mediated systemic disease caused by gluten consumption that occurs in children and adults with a hereditary predisposition. The clinical features of the disease are diverse, and the most common symptoms in children are chronic diarrhoea, failure to thrive, vomiting, abdominal pain and chronic constipation. In some children, if cases when there is increased risk for coeliac disease despite the absence of symptoms and signs of the disease, targeted serological screening can be undertaken. The aim of the study was to assess and compare the nutritional status in symptomatic patients and children in whom the diagnosis of coeliac disease was made based on screening.

Methods This was a single-centre, retrospective, observational study involving all children diagnosed with coeliac disease at the Referral Centre for Paediatric Gastroenterology and Nutrition, at Children's Hospital Zagreb, in the period from 1 January 2010 to 1 January 2020. Nutritional status data were obtained from a systematic review of patients' electronic data.

Results During the study period, coeliac disease was diagnosed in 166 children (70 boys, mean age 7.47 years, age range 6 months to 17.5 years). In 28 children (16.37%) the disease was detected by screening. Data on body weight (BW), body height (BH) and body mass index (BMI) were recorded at the time of diagnosis in 137 children (82.5%) and based on the available data, Z-scores corrected for age and sex were determined for BW, BH and BMI for age and sex. The mean BW Z-score was -0.40 (-0.47 in symptomatic children vs -0.05 in children identified by screening, $p < 0.05$), the Z-score was <-2.00 in 17 children (12.41%) children. The mean BH Z-score was 0.17 (0.13 in symptomatic children vs 0.04 in children identified by screening, $p > 0.05$), a delay in linear growth (Z-score <-2.00) was noted in two children. The mean BMI Z-score was -0.60 (-0.67 in symptomatic vs -0.23 in children identified by screening, $p < 0.05$). The BMI Z-score was <-2.00 in 22 children (16.05%), of whom only two were children in whom coeliac disease was detected by screening. Only one child, with symptoms of the disease, was obese.

Conclusion At the time of diagnosis, BW and BMI of symptomatic children were significantly lower than in children with coeliac disease identified through screening, a total of 16.05% of children were malnourished. Normal linear growth was recorded in both groups. Most of the symptomatic children had normal nutritional status at the time of diagnosis, and the nutritional status in almost all children detected by screening was normal. In conclusion, normal nutritional status does not rule out the disease and should not deter a physician from conducting a targeted screening for coeliac disease.

278 PLANNING OF GLUTEN FREE DIET USING NUTRITIONAL SYSTEMS BIOLOGY APPROACH

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Introduction Celiac disease is an autoimmune disease that occurs in people with genetic predisposition, where gluten ingestion causes damage to the small intestines. When people with celiac disease eat gluten (a protein found in wheat, rye and barley), their body has an immune response that attacks the small intestine resulting in damage to the villi in small intestine. When the villi get damaged, nutrients cannot be properly absorbed into the body. So it is very important to know what happens in the cells after introducing gluten into organism. Lately, it has been recognised that systems biology tools have potential to increase understanding of how nutrition influences metabolic pathways and homeostasis. In this work the effect of the diet of paediatric patients on the celiac disease immune response was analysed using nutritional system biology approach.

Materials and Methods Celiac disease immune response mathematical model was constructed and analysed using CellDesigner 4.0 (Systems Biology Institute (SBI), Tokyo, Japan). Analysed mathematical model in the form of ordinary differential equations describes processes that take place in two intestinal compartments (lumen and lamina propria) and incorporates 16 variables and 34 processes, which correspond to 34 reaction rates. The effect of the different concentrations of gluten daily intake between paediatric patients on the