A REVIEW OF EXPERT RECOMMENDATIONS ON END-OF-LIFE ISSUES IN PEDIATRIC INTENSIVE CARE SETTING
Sanča Janković*, Marko Ćurković, Dina Vrkić, Ana Jozepović, Bojana Nevajdić, Milić Novak, Štefan Grosek, Ana Borovečki. UHC Zagreb
10.1136/archdischild-2021-europaediatrics.328

One of the most ethically challenging issues in modern medicine are the ones related to end-of-life care. This is especially evident in intensive care setting where healthcare professionals are often involved in decisions about withholding or withdrawing potentially life-prolonging treatment and/or decisions on alleviation of suffering with a possible life-shortening effects. In pediatric intensive care setting, including both neonatal and pediatric intensive care units, there are additional layers of complexity added to end-of-life issues, as patients and their close ones are especially vulnerable and issues around usability, reliability and validity of surrogate decision makers are widespread. These complexities create many tensions that results with high variability on how end-of-life issues are approached in theoretical discussions, handled in practice. Not only that there is a high variability in that sense on global scale, but there is high variability within similar cultural, social, legal and health care contexts, as well as even between different institutions, units, and health care professionals in the single context. This creates a growing need for standardized, clinical and professional guidelines, ones that will be informed by all stakeholders that are included in this process.

There are many recommendations and guidelines regarding treatment end-of-life care crated by national and transnational institutions, while only few of them considering pediatric intensive care setting. In order to systematically identify them a systematic literature search in bibliographic databases and grey literature sources was conducted. The constant comparative qualitative analysis was used in order to identify and extricate their ethical content including ethical positions, ethical arguments and corresponding ethical principles. The aim was to extricate main ethical challenges, to explore how they are dealt with (on a theoretical and practical level), and to extricate main arguments and justifications on which their recommendations are based. The emphasis was placed on how those guidelines are handling specific end-of-life care issues regarding palliative care and/or palliative/terminal sedation; withholding and withdrawing of treatment interventions; and, where applicable, intentional terminating of life. Finally, similarities and disparities between these guidelines are presented and discussed, while also considering their (dis)similarities with guidelines dealing with end-of-life issues in adult intensive care settings.

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diagnosed heart condition chronologically connected with the gym activities, made us suspect of abuse of anabolic steroids as the cause of hypertrophic cardiomyopathy. A gradual decrease of the septal thickness later may be connected to the abstinence from steroids after the incident, although it also may be attributed to ischemic myocardial necrosis.

Synthetic cannabinoids, usually sold as cheap air fresheners, are known to cause cardiac infarction and arrest. They are difficult to prove by laboratory tests. Sources other than the patient and his parents strongly suggested that the patient took those substances just before the cardiac arrest. We presume that there is a significantly greater risk of a life-threatening arrhythmia and/or cardiac arrest in the case of hypertrophic cardiomyopathy if the patient abuses synthetic cannabinoids.

**RARE CASE OF EXTENSIVE DEEP VEIN THROMBOSIS AND GIANT THIGH ABSCESS DUE TO STREPTOCOCCUS PYOGENES SEPSIS**

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We report a case of extensive deep venous thrombosis (DVT) and giant thigh abscess associated with Streptococcus pyogenes sepsis.

A five year old girl was referred to our PICU with an extensive DVT of the right leg confirmed by CT scan and with 48h history of fever. There was no evidence of abscess or other abnormalities. Three days before admission, she fell from her bicycle and broke a tooth. The older brother had streptococcal pharyngitis. Initial laboratory findings showed CRP 360 mg/dL, PCT 78 ng/ml, leucocytosis (20.100/µL), neutrophilia (banded 6% and segmented 84%), normal haematocrit and low platelet count (48/µL). The remaining laboratory values, including electrolytes and coagulation tests were normal. Eventually, Streptococcus pyogenes was isolated from blood culture. Subcutaneous enoxaparin was started as well as antibiotic therapy — with vancomycin, klyndamicin and meropenem. The observed progression of leg swelling raised the suspicion of a cellulitis or DVT progression with developing compartment syndrome and the patient underwent surgical exploration. Apart from enlarged, reactive lymph nodes, there were no abnormalities found intraoperatively. However, after 5 days of treatment her thigh became paintfull, red and warm. Control CT scan showed a huge thigh abscess and prompt evacuation of abscess with debridement of necrotic tissue was performed. Eventually we confirmed FV Leiden mutation, as well as low protein C and high homocistein levels.

Infectious diseases are often accompanied by activation of coagulation.

Cytokines are believed to be important mediators in this process. A critical role for antecedent soft-tissue injury has been well established and microorganisms likely hematogenously translocated from throat to deep soft tissues (in this case by a broken tooth). Vein thrombosis often accompanies or precedes abscess formation. However, massive DVT should always raise suspicion for trombophilia.

CT and MRI scans should be interpreted with caution because S. pyogenes doesn’t promote forming of gas in the tissues or form free abscesses, so radiologist’s interpretations are frequently not definitive.

Prompt and aggressive surgical exploration and debridement of suspected deep-seated streptococcal infection are mandatory, as well as anticoagulant therapy. If treated properly, morbidity could be significantly reduced.