Goal Available data suggest that SARS-CoV-2 infection is usually mild in children. The aim of this study was to describe clinical and biological features and outcome of Covid 19 in Tunisian infants and newborns.

Method We reviewed files of patients <12 months, diagnosed with Covid 19 and hospitalized in pediatric ‘C’ department of Béchir Hamza children’s hospital between 15 March 2020 and 15 April 2021.

Results We enrolled thirteen infants and newborns: 11 boys and 2 girls.

Median age was 3 months [10 days; 15 months]. Five were aged between 10 and 28 days, seven were aged between 1 and 12 months. Three patients had serious underlying diseases: two cases of interventricular communication and one case of myelomeningocele and meningitis. Six patients had exposure with persons confirmed to Covid 19. Most frequent signs were: fever (11/13), diarrhea and vomiting (3/13), cough (3/13), nasal congestion and grunting (2/13).

On admission, physical examination found high fever in seven cases. Two infants had marbled skin and one newborn had jaundice. Two patients had tachypnea. Median heart rate was 135. Three patients had Oxygen saturation <94%.

Laboratory testing found median white blood cell count 9496/mm3 [3980-17200], median neutrophil count 4540/mm3 [480-10260], median lymphocyte count 3370/mm3 [990-8020], median monocyte count 1701/mm3 [990-3370] and median C-reactive-protein 4.45mg/l [0-16]. The patient who had jaundice had total bilirubin level at 182 μmol/L and unconjugated bilirubin level at 169 μmol/L. Five patients had lumbal puncture and were all negative.

All patients received symptomatic treatment. Two patients received oxygen through nasal canula and one patient was put on non invasive ventilation. As we received the result of RT PCR, all patients were admitted in isolation ward.

Median duration of symptoms was 3 days [3-7 days]. Median hospital stay was 3 days [2-7 days]. Death occurred one patient with interventricular communication. He had cardiogenic shock 3 days after his diagnosis with Covid 19.

Conclusion Prevalence of Covid 19 is less in children than in adults. In our case serie of 13 infants, five were newborns. Contamination was caused mostly by another family member. Fever, cough and gastrointestinal signs were the most common symptoms. One death occurred in an infant with interventricular communication. None of our patient had multisystem inflammatory syndrome after his infection.
Foreign body aspiration as one of the leading causes of airway compromise in children remains a serious public health issue. It is estimated that about 3,500 children in the U.S. die each year from foreign body suffocation. Such incidents occur in 60 to as many as 90% of cases in patients younger than 3 years, more often in male children due to their playfulness and increased curiosity. Detailed medical history, careful clinical status and radiographic examination of the thoracic organs in two directions is crucial for diagnosis, although X-ray is in many cases completely normal. Rigid bronchoscopy is the first choice for making final diagnosis and foreign body extraction. Most foreign bodies can be found in the right main bronchus (30-60%), left main bronchus (25-50%), trachea (1-13%), larynx 3%, but epidemiological data significantly depend on the authors and institution policy. Foreign body in the respiratory system can cause many complications such as pneumonia, atelectasis, emphysema and bronchiectasis.

**Case Report** K.K., 13-month boy with inconspicuous perinatal history was hospitalized for RSV positive bronchiolitis when he was 3 months old, and due to impetigo when he was 7 months old. Until the incident he had no other medical issues. At the age of 13 months, he supposedly ‘choke’d with a dried piece of orange after which an intense cough was noted; the father stated that he became cyanotic, so he vigorously slapped him on the back. The child was initially brought for an examination to the ER of Children’s Hospital Zagreb, from where he was referred to the ER of ENT and Head and Neck Surgery Department for additional opinion and subsequently hospitalized with the aim of further observation. When being brought for a pediatric examination he weighed 12 kg, with no signs of cyanosis and dyspnea, having oxygen saturation of 96%, neat auscultatory finding on the lungs and no asymmetry during percussion. Radiographic imaging revealed shadow measuring 5.5 cm in length in the projection of the lower part of the trachea and intermediate bronchus (shadow of the hairpin). At that time parents discovered that the child was playing with hairpins that were lying on the floor. Foreign body was successfully removed during rigid bronchoscopy. After the procedure, the child was transferred to the Children’s Hospital Zagreb for further care and treatment near the Pediatric Intensive Care Unit. In conclusion, he was discharged without short-term and long-term complications.

**Conclusion** Aim of this case report is to point out the importance of radiographic imaging during the diagnostic work-up of a patient with suspected foreing body aspiration having neat auscultatory and percussion findings. Prompt intervention and interdisciplinary collaboration are crucial for rapid foreign body extraction, in order to reduce the risk of late complications.

### 354 USE OF SOLVENT/DETERGENT – TREATED PLASMA (OCTAPLAS) IN CHILDREN
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**Introduction** The use of fresh frozen plasma (FFP) has increased significantly in recent years. Clinical practice guidelines recommend plasma transfusion in children and neonates with coagulation disorder and clinically significant bleeding or before invasive procedures with a high risk of bleeding. The use of solvent/detergent (S/D) treatment before freezing significantly reduced the risk of possible side effects. Octaplas is a bio pharmaceutically standardized coagulation active substitute for plasma, and has been used in Europe since 1991. Harmful antibodies and allergic substances have been neutralized and lipid – coated viruses (HIV, HBV and HCV) have been inactivated by S/D. Octaplas contains a well-standardized content of coagulation factors and inhibitors. The structure and function of plasma proteins are not changed, blood cells and leukocyte antibodies, micro vesicles, cell fragments, bioactive lipids are completely removed and the cytokine concentration is lower.

**Objective** To examine the indications for use of Octaplas in children and its efficiency.