Introduction Febrile urinary tract infections (FUTIs) are a common reason of consultation and hospitalization in pediatric clinical practice generating important health care costs. Strains of multidrug-resistant bacteria responsible for FUTIs are currently emerging, which can, in many cases, lead to therapeutic dead-ends. However, the changing epidemiological and bacteriological profiles of FUTIs in children over the past years haven't been studied in Tunisia.

The main purpose of this study was to analyze the evolution of epidemiological and bacteriological profiles of FUTIs in children.

Methods It was a descriptive, analytical and retrospective study over two periods (2000-2005 and 2010-2015), conducted in the department of pediatrics C at the children's hospital Bechir Hamza of Tunis. We included all children who were hospitalized for confirmed FUTIs.

Results This study enrolled 254 patients divided into 2 groups: group 1 which included 105 patients from the first study period and group 2 which included 149 patients of the second period of study. The average age was significantly lower in group 2 (51.2 ± 39.7 months versus 32.2 ± 38.4 months; $p < 0.001$) with a female predominance in both groups. A history of malformativeuropathies and UTIs was more common in the first study group.

Clinical features were similar in both groups. *Escherichia coli* (*E. coli*) was the most frequently isolated germ. The antibiograms showed an increase in the resistance rates of *E. coli* to ampicillin, third generation cephalosporins and gentamicin during the second period of study as compared to the first period. Imipenem and amikacin kept a zero resistance rate between the two periods of the study.

Conclusion Antibiotic resistance rates in upper UTIs have increased significantly over the past years. Preventing those risks requires a more rational prescription of antibiotics.

373

A SYSTEMATIC REVIEW OF TRANSITIONAL CARE MODELS IN PAEDIATRIC RENAL TRANSPLANT RECIPIENTS

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10.1136/archdischild-2021-europaediatrics.373

Adolescence is a time of significant change and challenge for clinicians, parents, and patients. The Paediatrician must ensure patients have the necessary skills and knowledge required to function as an individual, with autonomy and self-care. It is well established that adolescent renal transplant recipients have a high incidence of acute allograft rejection and loss.¹ The transfer from paediatric to adult care carries an increased risk of graft-related complications attributable to a multitude of reasons, particularly non-adherence to immunosuppressant medicines and poor attendance at scheduled appointments.²⁻⁶ We aim to present a summary of published, peer-reviewed transitional care models for adolescent renal transplant recipients with a description of their respective approaches.

A systematic review was performed, in a methodology outlined by the PRISMA guidelines.⁷ MEDLINE OVID &

EMBASE databases were searched for studies that outlined valid, replicable models pertaining to transitional care of paediatric renal transplant recipients between 1946 and Q1 2021. No language restrictions were applied and the reference lists of selected articles were also perused for further eligible studies. Two investigators assessed all studies for eligibility and independently performed data extraction, any discrepancies were settled by consensus.

A total of 1,114 abstracts were identified, which was reduced to 1,020, upon removal of duplicates yielded by the respective searches. We also consulted experts in the field for further eligible articles. A total of 49 articles were deemed appropriate for full-text review and critical appraisal. Eight articles were included in qualitative synthesis. Data were extracted from all included models in an endeavour to compare the approach taken in each respective case as follows: Country; clinical setting; transition facilitators; age at first transition clinic; age at transition.

Despite the well-established need for good transitional care in paediatric solid-organ transplant recipients, models tailored specifically for renal transplant recipients are few in number. Amongst those present, there is a notable degree of heterogeneity in approach. Further research and validation studies of these models are required, to ascertain the most efficacious method of providing effective transitional care to these patients.

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374

PLASMA EXCHANGE IN PAEDIATRIC NEPHROLOGY – THE IRISH EXPERIENCE

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10.1136/archdischild-2021-europaediatrics.374

Plasma exchange (PLEX) has proven an effective modality in the management of many paediatric renal conditions. Despite its widespread acceptance, and advancements in the practice of apheresis, there remains a paucity of data pertaining to the paediatric patient population. The use of PLEX in paediatric patient cohorts is technically more challenging than in their adult counterparts, due to numerous factors which include the patient's size, extracorporeal circulatory volume, ability to