Influenza viruses may cause predominantly respiratory illness, but could also be responsible for numerous neurological symptoms and complications. All children who are admitted in hospital with symptoms and changes in their neurological status, especially during the flu season, should be tested even if their respiratory problems are mild or non-existent. The most common neurological complications are febrile convulsions.

In this study, we retrospectively reviewed patients with febrile seizures over two periods from 2008-2011. and 2018.-2020. during a flu season (November-March) who had a proven influenza A or B virus and who were hospitalized at the Department of Neuropediatrics of the UHC Sestre milosrdnice. We aimed to find out if there were differences in the type of influenza depending on the period and what features of febrile convulsions were associated with influenza type A or type B and to emphasize the need for optimized prevention.

In the period 2008-2011, at our Department there were 480 patients hospitalized, 99 of them with febrile seizures. In the period 2018-2020, (end of February) there were 639 patients, 102 of whom with febrile seizures. The first period had 37 influenza positive patients (15 patients influenza type A, 5 influenza type B, 7 unknown) and the second period had 44 patients with proven influenza (36 patients had influenza type A, 8 patients had influenza type B).

In hospitalized children during both periods, influenza type A was associated with a higher incidence of febrile seizures than influenza type B. The reason could be that influenza type A is more neurotropic than influenza type B and more often causes febrile seizures. Our finding of similar incidence of febrile seizures during both periods can be explained by continued poor prevention and fear of vaccination. This study indicates that there is a need to raise awareness of better prevention of influenza virus transmission.

**391** FEBRILE CONVULSIONS AND INFLUENZA A OR B- ARE THERE DIFFERENCES?

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A previously healthy 13-year-old girl with a 5-month-history of hypersalivation, dystarhria, tremor, thrombocytopenia, and leukopenia was admitted to our hospital. On examination we noticed hypersalivation with an incomplete closing of the mouth, dystarhria, splenomegaly, resting and action tremor of the upper extremities, and slightly weakened hand grip. Jaundice, palmar erythema, or spider-like nevi were not present. Her body mass index was in the 1st percentile (Z-score -2.21). Magnetic resonance (MRI) of the brain showed abnormal T2 hyperintensity in the basal ganglia, mesencephalon, and pons. Abdominal ultrasound indicated diffuse changes in liver parenchyma with circular edges, regenerative nodes, splenomegaly, and suspected portal hypertension, without ascites. Fibrosis was confirmed by liver fibroscan and abdominal MRI, which corresponded to laboratory findings (lower prothrombin