The results of the MBI further confirmed that 85% of physicians were facing moderate-high level burnout which declined after the roster change to 33%.

Burnout is a growing problem among physicians and can possibly lead to devastating consequences therefore requiring immediate interventions 1,2, 3,4, 5, 6, 7, 8. The results revealed that an uneven layout of shifts and breaks within the cycle contributed to high burnout levels which hugely declined after taking into account physicians preferences.

49 HIGH BLOOD PRESSURE AND OBESITY PREVALENCE IN ADOLESCENTS IN BUDAPEST: RESULTS OF A SCREENING PROGRAM

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10.1136/archdischild-2021-europaediatrics.49

Obesity is a growing problem worldwide and is likely a major cause of the increased prevalence of high blood pressure in children. The aim of the screening program was to investigate the association of blood pressure levels and obesity, hypercholesterinaemia and increased body fluid in adolescents.

2202 children participated in the screening program. Blood pressure, heart rate, body composition, cholesterol and blood glucose level, bodyweight, height and BMI were assessed.

The participants' range of age was between 14-18 years. The average systolic blood pressure (SBP) was 126.34+12.55 mmHg. Boys had higher SBP than girls (131.87+13.59 mmHg versus 117.49+5.69 mmHg, $p<0,001$). The average diastolic blood pressure (DBP) was 71.86+8.74 mmHg. DBP was also higher in boys than girls (72.61+9.17 mmHg versus 66.69+5.04 mmHg, $p<0,001$). High SBP (>percentile 95%) was detected in 307/1326 cases in girls, and in 403/876 cases in boys. High DBP occurred in 85 girls and in 90 boys. Overweight and obese were 18.994% of the girls and 15.26% of the boys. The percentage of high blood pressure was more frequent among boys and girls who were in the overweight group (58,6% and 18,6%). The pathologically high level of body fat percentage appeared to be 12.98% among girls and 5.9% among boys. In elevated BMI groups the frequency of high body fat was 66% among girls and 81% among boys. The mean cholesterol level was significantly higher ($p<0,001$) in the overweight (4.05mmol/l) and obese group (4.17mmol/l).

Prevalence rates of hypertension and overweight and obesity are high in school children in Budapest, and increased bodyweight is a significant risk factor for hypertension. The results of the study will help to design preventive programmes.

50 INCIDENTAL FINDING OF CONGENITAL DIAPHRAGMATIC HERNIA AND TRISOMY 21 IN AN INFANT PRESENTING WITH BRONCHIOLITIS

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10.1136/archdischild-2021-europaediatrics.50

Introduction Trisomy 21 is still the most commonly encountered chromosomal abnormality in the world despite advances

in prenatal diagnostic measures. As screening tests in the antenatal period have limitations(Kater-Kuipers, Bunnik, de Beaufort, & Galjaard, 2018), it is not uncommon to make new diagnoses of trisomy 21 postnatally.

Trisomy 21 is associated with multiple anomalies including congenital heart disease (65%) (Martin, 2018), and gastrointestinal tract anomalies 6%(Stoll, Dott, Alembik, & Roth, 2015). Some studies report infant mortality of about 6% in trisomy 21.(Martin et al., 2018)

Case Summary We report a case of 8-month-old, previously fit and healthy baby presenting to our assessment unit with cough, coryza and increasing breathlessness. On assessment, he was noted to have respiratory distress, oxygen requirement and a respiratory acidosis on blood gas analysis. He was diagnosed with RSV negative Bronchiolitis. He was admitted and commenced on humidified high flow nasal cannula with oxygen requirement up to 40%. Over the next 3 days, he was weaned to nasal canula oxygen and started nasogastric feeds.

After discontinuation of humidified oxygen, he was noted to have facial dysmorphism, specifically slanted palpebral fissures, protruding tongue and single palmar creases. In view of a persistent oxygen requirement and a gurgling sound and crepitations on auscultation disproportionate to his symptoms, a chest x-ray was requested.

It was reported to be suspicious of left diaphragmatic hernia with associated mediastinal displacement to right side.

Further imaging with computed tomography confirmed a left sided Morgagni's diaphragmatic hernia with multiple bowel loops and the left lobe of liver.

The patient was transferred to a tertiary Paediatric unit for surgical correction. He was operated successfully without any complications and discharged home. His genetic testing was later reported as confirmatory of non-dysfunctional trisomy 21.

Discussion Traditionally, trisomy 21 is described as a syndrome with the classic phenotype of slanted palpebral fissure, hypotonia and learning difficulty.

In one study from Saudi Arabia (Al-Salem et al., 2014), out of 53 infants with Morgagni's hernia 15 (28.3%) had down syndrome.

Benachi et al describe the antenatal detection rate in Europe reaching up to 60%(Benachi, Cordier, Cannie, & Jani, 2014) suggesting that up to 40% diaphragmatic hernias could potentially be missed antenatally.

Conclusion Delayed diagnosis of trisomy 21 although not the norm, is not unusual.

One should be proactive in offering genetic tests in suspected trisomy 21 and once diagnosed should be thoroughly screened to diagnose associated anomalies.

51 ROHHAD SYNDROME: CLINICAL CASE AND LITERATURE REVIEW

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10.1136/archdischild-2021-europaediatrics.51

Introduction Sleep-related breathing disorders are a potentially lethal conditions characterized by multiple episodes of sleep apnea. Study of these conditions seems to be relevant for pediatrics due to the difficulties of diagnosis and the lack of actual effective treatment strategies. This article describes the

clinical case of the rare ROHHAD syndrome which represents a condition related to central sleep apnea.

Objective To review the literature data on sleep-related breathing disorders and present our own clinical case of the rare ROHHAD syndrome.

Methods More than 100 literature sources were reviewed. Presented the case of a 6-year-old child with sleep apnea hospitalized to the Mordovian Republic Clinical Hospital.

Results ROHHAD syndrome is a very rare disease (about 100 cases are described worldwide). In most cases it presented as rapid obesity development since 3-5 years of age as well as hypoventilation, endocrine dysfunction, electrolyte disturbances. Autonomic nervous system dysfunction revealed in ROHHAD pediatric patients rarely. Own observation demonstrated a typical clinical presentation of ROHHAD syndrome. Boy D., 6 years 11 months was admitted to the pediatric department of the Children's republican clinical hospital with severe weakness, fatigue during physical exertion, obesity, shortness of breath at rest, orthopnea, inability to sleep on the back (sleeps with an elevated head end or on the right side); lower extremities weakness during walking and climbing upstairs during the last year, changes in walking and in behavioral reactions. Cyanotic attacks and tachycardia have appeared during sleep in previous six months before admission. Firstly, the condition manifested with sudden and rapidly progressive obesity. Ventilation disorders became clinically evident after carried over pneumonia. Episodes of sleep apnea lasted up to 20 seconds, were accompanied by cyanotic attacks and tachycardia. Multiple investigations were performed to exclude systemic connective tissue diseases, neurological disturbances and brain pathology, muscular tissue pathology and metabolic diseases. Finally, the diagnosis was confirmed by the polysomnography and genetic tests. The ventilation support during sleep was prescribed.

Conclusion The rarity of the disease leads to a decreased awareness of pediatricians. The diagnosis is made by clinical picture and polysomnography, and timely diagnostics can increase the duration and improve the quality of life of patients.

52 NEURORETINITIS DUE TO BARTONELLA HENSELAE INFECTION

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10.1136/archdischild-2021-europaediatrics.52

Introduction *Bartonella henselae* infection is a zoonosis with a worldwide distribution, cats are the natural reservoir and it predominates in children. In Chile, the prevalence of *B. henselae* exposure is 13.3%, determined by detection of specific IgG antibodies. The prevalence of serological screening in cats varies between 75 to 95%. Cat scratch disease (CSD) is the most common form of presentation, characterized by regional lymphadenopathy that appears weeks after the scratch or bite of an infected cat. An atypical CSD may occur in some cases, and ocular involvement is a frequent manifestation, including Parinaud's syndrome and neuroretinitis.

Case Presentation A healthy 10-year-old woman, with a history of five days of fever, headache and fatigue, with spontaneous resolution. Days later, she developed persistent high-grade fever, asthenia, anorexia, neck pain with local inflammation

and limp of the left leg, treated with Amoxicillin and antipyretics at home.

She was admitted to hospital with seven days of fever. Any localizing signs were found during physical examination. Erythrocyte sedimentation rate (ESR) and C-reactive protein levels were high. Chest radiography, trans-thoracic echocardiography, bone scintigraphy and left thigh ultrasound were normal; abdominal ultrasound was negative for hepatic abscesses. Blood culture, HIV test, immunological markers and QuantiFERON® -TB were negative; and IgG for *B. Henselae* revealed titers of 1: 1024, CSD was diagnosed. Searching for atypical CSD organ involvement, the left fundus exam found neuroretinitis with severe retinal compromise. The patient was finally treated with Azithromycin; and doxycycline with rifampin for 42 days.

Conclusion High suspicion should be given for the atypical presentation. Regarding the decision to treat optic neuropathy due to Bartonellosis, it is controversial, there are no randomized clinical studies that demonstrate visual improvement. Furthermore, it is a self-limiting condition in immunocompetent patients, which resolves in months.

53 COVID-19 IN 18 MONTH OLD PATIENT

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10.1136/archdischild-2021-europaediatrics.53

Aim The aim of the following paper is to present the case of suspected COVID-19 in an 18 month old girl who manifested with typical signs of fever, cough, shortness of breath due to tachypnea and wheezing.

Methods As COVID-19 disease appeared very recently, the first reports in medical literature originate from PRC, showing that severe form is rare in pediatric patients. Most of the patients were asymptomatic (about 50%) and the most commonly reported clinical finding was pneumonia.

Main Finding Our patient was tested at hospital admission. The first RT-PCR test on SARS-COV2, performed on oropharyngeal and nasopharyngeal swab, was positive. At that moment the child did not have typical laboratory findings for COVID-19. There was no evidence of leucopenia or lymphopenia, the CRP was mildly elevated and creatinine kinase MB was at the normal range. Radiological findings did not show bilateral ground-glass opacity. The child did not have a coexisting condition. The second PCR test taken on the fifth day of disease when all respiratory symptoms resolved was negative.

Conclusion In order to determine the spectrum of COVID 19 disease in young children we have to take into account possible co-infection with other respiratory viruses as well as the fact that some performed RT-PCR tests lead to false positive results.

54 REFUSAL TO WALK: A CASE REPORT OF SPONDYLODISCITIS

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10.1136/archdischild-2021-europaediatrics.54