To review the literature of increasing mental health issues and waiting times for treatment in the paediatric population To establish the most useful resources for preventing and treating mental health issues To create a toolkit that can be used to improve mental health in children The enforced isolation caused by the COVID-19 pandemic has led to an increase in mental health issues and severity of presentations to emergency departments. Prolonged waiting times for referral to psychiatry and psychology services have resulted in regression and many children are left untreated. We proposed the creation of a 'Happiness Toolkit' that can be given to children upon presentation to their primary care provider with a mental health issue. A literature review revealed six key resources that have been proven to boost self-esteem, develop resilience and promote positive mental health practices. This resource would provide immediate treatment to those children who would otherwise be forced to endure long waiting periods for referral. A leaflet detailing the practices along with a physical 'box' that the children must make were created.

A trial period of the resource took place in Mullingar Regional Hospital, Ireland, with a marked improvement in outcomes. Children reattending for clinic reported increased happiness and an unforeseen two-and-three-generational benefit was also observed as parents, grandparents and caregivers alike took part in the 'Happiness Toolkit' activities.

Although children presenting with severe mental health issues are treated immediately, those with mild to moderate conditions are placed onto waiting lists and may have to wait over a year and a half to be seen by a specialist. Our toolkit allows children and their families to engage in positive mental health practices that can not only prevent regression during this waiting period, but also lead to improved mental health or cessation of symptoms. This resource, provided free to children and parents, can play a vital role in preventing increased mental health presentations as a result of the pandemic.

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WHAT MAKES A GREAT CLINICAL TEACHER? 'THE MASTER, THE NOVICE AND THE APPRENTICE' SPEAK

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To describe the definitions of a great clinical teacher from the literature To discuss the importance of teaching at different stages of a medical career The highlight the benefits of teaching to the learner

Five medical personnel at different stages of their career in paediatric training: student, intern, trainee, consultant and surgeon discussed their experiences of great clinical teaching. The literature studied encompassed a wide variety of fields and provided varying viewpoints on the characteristics that make a teacher great in the medical field.

While personal experiences varied greatly, many of the brilliant teachers were found to possess similar traits, particularly those of positive interactions with patients. Much of what is learned from teachers is not explicitly taught but is gained from observation and experience.

The role of the teacher is changing, particularly in light of the emergence of electronic communications during the

COVID-19 pandemic. Educators must continuously evolve to meet these changes and appreciate that students are learning from them at every opportunity, whether they are explicitly teaching or not. Non-cognitive skills are as important, if not more important, than purely cognitive skills and these must be imparted to trainees by their clinical teachers.

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DO WE THINK OF SCHAMBERG'S DISEASE AS DIFFERENTIAL DIAGNOSIS OF PURPURA IN CHILDHOOD? – A CASE REPORT OF A SIX-YEAR-OLD BOY

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Introduction Purpura pigmentosa progressiva (Schamberg) is one of clinical entities of pigmented purpuric dermatoses to which joint capillary damage (capillaritis), erythrocyte extravasation and hemosiderin deposition. As possible causes of pigmented purpuric dermatosis the literature lists trauma, pressure, medications, and vascular damage caused by the immune response. It is a benign, chronic disease that most commonly occurs in adulthood and less frequently before onset puberty, although there have been described cases of the disease in infants as well.

Case Report A six-year-old, previously healthy boy, was examined in the emergency paediatric clinic due to the appearance of a purpuric rash on the skin of both legs, more pronounced on the thighs. The rest of the clinical examination was completely normal. Apart from the skin changes, he had no other symptoms and was afebrile. In months before the rash appeared the boy was taking multivitamin preparation and the parents denied taking any other medications. The boy was in contact with a relative who had hand, foot and mouth disease two weeks prior to his presentation, but no obvious symptoms of the disease developed. The boy was admitted to the observation unit on suspicion of vasculitis and complete blood count, differential blood count, coagulation panel, aspartate aminotransferase, alanine aminotransferase, lactate dehydrogenase, urea, creatinine, albumin and urine sediment as well as hemocult tested normal. Blood samples were taken for complement components C3 and C4, antineutrophil cytoplasmic antibodies (ANCA) and extractable nuclear antigen (ENA). Considering the patient was well and findings up to the point, the boy was discharged home with an outpatient follow-up recommendation. The skin changes partially receded over the next three days, but reappeared after a week. Upon arrival of normal findings of C3 and C4 components complex, and negative ENA and ANCA, a dermatological review was requested. Three months since the appearance of skin changes, they have persisted, in the form of brownish erythematous macules, especially on the medial and posterior thighs. Dermatoscopic and clinical examination concluded that the boy had pigmented progressive purpura (Schamberg disease). A topical corticosteroid therapy was prescribed, and dermatologic follow up were recommended.

Conclusion Although Schamberg's purpura is more common in adults, it is worth taking it into consideration when a paediatric patient with the purpuric skin changes presents. Schamberg's disease is a benign, chronic dermatitis in which

remissions and exacerbations are frequent. A topical corticosteroid is most commonly used to treat this condition. If in doubt, it is necessary to consider, and rule out conditions such as allergic reaction to drugs, Henoch-Schonlein purpura and thrombocytopenia caused by a viral infection.

79 AVOIDING DIFFERENT VACCINE, THROUGH PRISM OF FEAR FROM COVID, TO CHILDREN FROM THE CENTRAL REGION OF SERBIA

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Introduction Initiated by disagreement in attitudes, even of the most influential professors from different faculties, reading of immunology interpretation, disagreement in professional public, provoked avoiding getting vaccines; in spite of the fact that the highest level of science and civilization have been conditioned by vaccines.

The Aim of Paper

Comparison with unknown reasons for avoiding MMR vaccine, (2003-2017) and parents' behavior during Covid infection. Recognition the real families fear through prism of accepting, refusing 'non Covid' vaccine defined by the law inclusion of vaccine.

Materials and Methods Insight into documentation, cumulative indexes of vaccine avoiding; emphasis on, above all, avoiding MMR vaccine between first and second year of age. Analyses of dynamism and social card of Morbillae epidemic in 2017, comparison of appearance in Romania and Kosovo. Facts about complications. Insight into percentage scope of vaccination during Covid pandemic by law defined vaccines. Comparison of VI and XII months of 2020 for the region Kraljevo, Vrnjacka Banja and Raska.

Results of the Research

Avoiding vaccination by MMR in the period 2003-2016 resulted in 1008 cases, especially in 2015 and 2016 – 137,396. Appearance of Morbillae catches population of Gypsies and it spreads to domiciles. Clinical conditions without fatal results. Facts in VI and XII months deny fear from avoiding legally obliged vaccines. MMR vaccine in VI month (52,29 and 85,93% for II and VII year) in XII month 90,75% cumulative, which is still insufficient. For other diseases the level is higher: in XII month of 2020 (OPV 99,06%, DiTe per 98,98%, Haep B 100%, Hib 94, 69%, TBC 94, 69%). In 2017/2018 Morbillae epidemic – 2165 infected, 13 egstus, 76% clinical condition without complications. In Romania there was a dramatic decrease of vaccinated from 2013-2015 – 83%, fatal outcome in most cases – children 1 year of age.

Conclusion families fear caused by Covid did not result in avoiding common vaccine. The level of getting vaccine MMR does not guarantee eradication of Morbillae. Agreement with calendar of EU is necessary. Vaccination against HPV virus, Rota virus or Varicellae within EU is not uniformed. Prejudices present in public are still here, avoiding vaccination, mostly by MMR exists. Vaccination against Covid SARS virus is aggravated; resistance and anti vaccination campaigns are present. Fear is slowly getting away; arguments about advantages of vaccination can hardly be ignored.

80 GENETICS HEART AND CARDIOVASCULAR INVOLVEMENT IN RUSSIAN PATIENTS WITH MUCOPOLYSACCHARIDOSIS: EFFECTS OF ENZYME REPLACEMENT THERAPY

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Mucopolysaccharidosis is a rare lysosomal storage disorder. Clinical phenotype is very variable. Patients usually have short stature, multiplex dysostosis, facial dysmorphism, cardiovascular abnormalities and other changes We study cardiovascular and heart findings in patients with mucopolysaccharidosis II (MPS II) and effect after enzyme replacement therapy (ERT). 55 boys were included in our study. Cardiac problem has 49 patients (median age 85,00±7,26 (3-207) month). ERT was given to 46 patients since 2008 (median age 81,54±50,24 month).

Before ERT, mitral regurgitation had 27 patients, thickening of the mitral valve – 17, stenosis mitral valve 1, aortic regurgitation – 20 patients, thickening of the aortic valve – 6, stenosis aortic valve -1, tricuspid regurgitation 13 patients, pulmonary valve regurgitation – 4.

After ERT – mitral regurgitation had 35 patients, thickening of the mitral valve – 20, stenosis mitral valve – 0, aortic regurgitation – 23 patients, thickening of the aortic valve – 35, stenosis aortic valve -0, tricuspid regurgitation – 14 patients, pulmonary valve regurgitation -3.

There were no statistically significant deterioration or improvement of the valve heart apparatus in the examined group of patients. (P>0,05).

Cardiomyopathy (left ventricular hypertrophy) have 6 boys with MPS II before and after ERT, lung hypertension – 2 cases before ERT, 4 – after. The course of heart failure in MPS is progressive and we evaluated the heart condition by functional class. We have identified significantly high performance functional class at first patient visit (I class – 44,4% patients, II class – 44,4%). After ERT (median age 81,54 ±50,24 month) 89% patients have no negative dynamics. It should be noted that most patients began receiving ERT at age 6-8 years old, they had severe somatic and neurological symptoms.

ERT is not able to reverse the cardiac damage, but provides stabilization of heart failure. Early initiation of ERT is a factor preventing severe heart disease in MPSII patients.

81 PITT-HOPKINS SYNDROME

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Pitt-Hopkins syndrome is rare inherited disease, characterized by mental retardation, moderate to severe, autistic disorders, breathing problems, seizures, apnea, and distinctive facial features. Frequency of disease is between 1: 34 000 – 1: 41 000 in newborn. Pitt-Hopkins syndrome (PTHS) is caused by deletions, duplication (30%), larger deletion (30%), point