of the palms develops with conjunctival hyperemia and cracking of the lips. Perivascular hyperechogenicity in the coronary arteries and mild mitral regurgitation was registered on the echo.

K.A.B., a 4-year-old girl, her disease started with fever and enlarged cervical lymph nodes on the right measuring 5x3 cm, so she was hospitalized and ceftriaxone therapy was introduced. Diagnosis of KD was made after the development of polymorphic rash, conjunctival hyperemia, edema and erythema of the palms and soles, and dry, cracking lips. Echocardiography revealed mild mitral regurgitation and uniformly broad LCA with hyperechogenicity.

I.Š., a 7-year-old girl had fever and right-sided cervical lymphadenopathy four days before admission and was treated as an outpatient with peroral cephalosporin. During hospitalization antibacterial therapy was changed initially to ceftriaxone and azithromycin, then due to the absence of clinical and laboratory response to cefazolin and clindamycin. On the tenth day of the disease swelling of the hands and feet with conjunctival hyperemia and raspberry tongue were noted. Echocardiographically ectatic proximal part of LCA (3.9 mm) was registered and IVIG with ASA introduced. During the long-term follow-up no residual changes in the coronary arteries were recorded.

Conclusion The aim of this paper is showing that in an acute febrile disease one must also think about Kawasaki disease, especially when there is absence of adequate response to antibiotic therapy. Immunoglobulin therapy has been shown to prevent the development of serious cardiovascular complications and remains the first choice in the treatment of children with KD. In case of persistent fever and resistant cases, corticosteroids and other immunomodulatory and biological therapy may be considered.

188 CAROTID INTIMA-MEDIA THICKNESS IN CHILDREN WITH INFLAMMATORY BOWEL DISEASE

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Carotid intima-media thickness (cIMT) reflects early structural changes on arteries and independently predicts cardiovascular risk in asymptomatic individuals. Previous studies showed increased cIMT in adult inflammatory bowel disease (IBD) patients compared with healthy subjects.

This study aims to identify early structural changes in carotid arteries in IBD patients as early as childhood and adolescence.

Methods The study includes 161 children with the mean age of 14.08 ± 2.88 (6-18) years – 55 with newly discovered active disease; 53 in clinical remission defined with disease activity pediatric indices for Crohn disease and ulcerative colitis (PCDAI, PUCAI); and 53 healthy subjects. We used an automated edge-tracking system (Vivid E9, General Electrics, software 112 (1.7); linear probe 11L-D). In the longitudinal view, we measured cIMT on the posterior common carotid artery wall at end-diastole, 1 cm proximal to the bifurcation in a length of 1 cm. We calculated the mean value of three measurements on each side. We used the ANOVA test (SPSS 20.0) for comparisons, with the level of significance $P < 0.05$.

Results mean cIMT value in patients with the active IBD was 0.49 ± 0.05 mm. Although we observed a slight increment in cIMT depending on the disease activity, the difference did not reach statistical significance ($P = 0.373$). In patients with Crohn disease, cIMT was 0.48 ± 0.04 mm, and in children with ulcerative colitis, it was 0.49 ± 0.05 mm ($P = 0.336$).

Conclusion An increase in cIMT reflects structural changes in arterial walls, which require time. It seems that such changes induced with chronic inflammation are not visible in the pediatric population, which emphasises a potential preventive role of a prompt, adequate anti-inflammatory treatment.

189 ARTERIAL STIFFNESS IN CHILDREN AND ADOLESCENTS WITH INFLAMMATORY BOWEL DISEASE

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Introduction Arterial stiffness increases with age. Various factors, including chronic inflammation, enhance this process. Adult patients with inflammatory bowel disease (IBD) have increased arterial stiffness despite the lower influence of other risk factors. It is not clear at which age these changes start.

This study aims to determine if there are visible changes in arteries of IBD patients as early as childhood and adolescence.

Methods To identify subclinical changes in the arterial walls, we measured aortic pulse wave velocity (PWVao) using Arteriograph (Colson) oscillometric device. We included in the study 70 children (7 to 18 years – mean age 14.39 ± 2.93 years), divided into three groups – patients with active IBD ($N = 15$), in clinical remission ($N = 35$), and healthy subjects ($N = 20$). We used the Student's t-test for comparisons.

Results We did not observe a significant difference comparing PWVao in children and adolescents with IBD ($PWVao = 6.15 \pm 0.90$ m/s) and healthy subjects ($P = 0.83$). We came to a similar observation comparing patients with the active disease with dose in clinical remission ($PWVao = 6.09 \pm 0.74$ m/s, 6.21 ± 0.80 m/s, respectively) ($P = 0.50$). Likewise, there was no significant difference between PWVao of patients with active disease and healthy subjects. Arterial stiffness did not differ in patients with Crohn disease ($N = 30$; $PWVao = 6.18 \pm 0.66$ m/s), ulcerative colitis ($N = 18$; $PWVao = 5.94 \pm 1.11$ m/s) and controls ($P = 0.44$). Two children had inflammatory bowel disease unclassified.

Conclusions arterial stiffness in children and adolescents with inflammatory bowel disease remains unchanged, which opens a possibility to prevent accelerated arterial vessel ageing apparent in adult IBD patients.

190 LEFT VENTRICLE CARDIAC FIBROMA IN PATIENT WITH GORLIN – GOLTZ SYNDROME

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Introduction Gorlin – Goltz syndrome (basal cell nevus syndrome – NBCCS) is an autosomal dominant disorder that is clinically presented by basal cell carcinomas, odontogenic keratocysts, perforated cavities on the palms and soles, skeletal