Patients with UC most commonly had pancolitis (E4) (53.6%), and 7.1% presented with ever severe form of the disease (S1). The recommended complete diagnostic algorithm was performed only in 29.4% of our patients.

First line therapy used in CD was exclusive enteral nutrition (EEN) for remission induction (84.2%) and azathioprine for remission maintenance (73.7%). In patients with UC, aminosalicylates were the most common drug used (89.3%). By the end of the first year 41.2% of CD and 53.9% of UC patients had a relapse and required escalation of treatment. Median time to the first relapse was 5 (5-11) months. Following potential risk factors for relapse were examined: age (p = 0.914), Z-scores. The prevalence of malnutrition in hospitalized children in the last ten years notable decreased. However, the issue of nutritional status deterioration during hospitalization remains. The aim of this study was to determine the impact of hospitalisation on nutritional and functional status of hospitalised paediatric patients, and to evaluate their energy intake during hospitalization.

We conducted prospective longitudinal cohort study during the period of 1 year in a tertiary University children’s hospital. Nutritional (body weight and length/height, body mass index) and functional status (handgrip strength (HGS)) were measured on hospital admission and discharge. During hospitalization, three-day food diary was recorded (from 3rd day of admission) by dietitian or educated nurse.

367 paediatric patients were included into the study (girls 184, 50.1%; mean age 7.3 years (IQR: 1 month – 18 years), and their median length of stay (LOS) was 7.6 days (IQR: 5-48 days). LOS had a significant negative impact on weight, and 40.9% patients lost on their admission body weight during hospitalization. During the hospital stay 87 (25%) patients had energy intake ≤ 59% RDA, 146 (43%) had energy intake 60 – 89% RDA, and only 110 (32%) of patients had energy intake ≥ 90% RDA. There was no significant difference in nutritional intake between malnourished and eutrophic patients (p=0.102), however severely malnourished patients had significantly lower (p=0.012) energy intake compared to those moderately malnourished. HGS on admission had the positive correlation with BMI Z-score (0.265, p<0.001).

During the hospitalization 59.55% of children older than 6 years lost some of their HGS, however HGS reduction did not significantly correlate with weight loss, energy intake and LOS.

The results of this study confirm a noticeably high prevalence of malnutrition in hospitalized children. Moreover, a significant proportion of paediatric patients lose weight during hospitalization. The implementation of individualized and flexible nutritional support by providing food to the patients according to their age, needs and preferences can contribute to better nutritional intake.
but we observed slightly higher (by about 15-20%) levels of myostatin and irisin in vegetarians.

Our results show that a well-planned vegetarian diet with proper dairy and egg intake does not lead to changes in bone mass in prepubertal children.

However, children following a vegetarian diet had a higher rate of bone turnover and subtle changes in serum myokine levels.

To assess the extent of under-reporting (UR) in rural adolescents and investigate associated covariates.

A total of 150 adolescents aged 11–17 years were included. Food intake was reported in a 3 d diet record. Socio-economic status, sedentary behaviour and physical activity were collected by questionnaires. Weight height and waist circumference were measured. A body mass index (BMI) was calculated.

Plausibility cut-offs for reported energy intake as a percentage of predicted energy requirements were used to identify under-reporters.

Multivariate logistic regressions investigated the associations between UR and covariates.

The percentages of under- and over-reporters of energy intake were 35.3% and 3.3% respectively. Energy intake was under-reported more in older adolescents and boys. In multivariate analysis UR was associated with BMI and waist circumference Z-scores (OR 1.7 [95% CI 1.1-2.4] and OR 1.5 [95% CI 1.1-2.2] respectively) and participation in sports groups (OR 2.5 [95% CI 1.1-5.4]).

In conclusion, in rural sample under-reporters differ from plausible reporters in several characteristics related to age, sex, weight status and organized physical activity. Therefore, it is important to consider this differential UR bias when investigating diet-disease associations in adolescents.

Abstracts

**DETERMINANTS OF ENERGY UNDER-REPORTING IN RURAL ADOLESCENTS**

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To assess the extent of under-reporting (UR) in rural adolescents and investigate associated covariates.

**TRANSPORTY APLASTIC ANEMIA FOLLOWING ACUTE AUTOIMMUNE HEPATITIS IN A YOUNG BOY**

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Introduction Acute hepatitis associated aplastic anemia (AHAAA) is a rare condition in which acute hepatitis is complicated by development of aplastic anemia. It is more common in young males, and presents with pancytopenia 2-3 months after an episode of acute hepatitis.

The etiology of hepatitis mostly remains unknown and it is thought that aplastic anemia is caused by immune dysregulation provoked by perhaps infection triggered cytokine production that injures hematopoetic stem cells. Options for treating severe AHAAA are bone marrow transplantation or immunosuppressive therapy (corticosteroids, cyclosporin A, antithymocyte globulin, antilymphocyte globulin).

Case Report We present a case of a previously healthy 10-year old boy, admitted due to sudden onset of jaundice and nausea. Laboratory results showed highly elevated aminotransferase (AST 2089 U/L, ALT 3228 U/L), conjugated hyperbilirubinemia (total bilirubin 391 umol/L, conjugated 302 umol/L) and initially preserved synthetic liver function. Extensive workup excluded infectious, toxic and metabolic causes. Hypergammaglobulinemia was not present, but anti smooth muscle antibodies were positive in two consecutive testing (1:20). Liver biopsy showed unspecific mixed type acute inflammation. In the next few days he developed liver failure (INR 2.6) so immunosuppressive therapy for autoimmune hepatitis (AIH) was initiated (corticosteroids and azathioprine), together with symptomatic therapy (fresh frozen plasma). Due to potential adverse toxic effect (decreased activity of the enzyme thiopurinemethyltransferase) azathioprin was changed to mycophenolate mofetil. In the following weeks patient’s synthetic liver function completely recovered and aminotransferase and bilirubin levels improved. Six weeks after initial onset of his symptoms patient developed severe thrombocytopenia and leukopenia followed by mild anemia. Bone biopsy showed hypoplastic to aplastic bone marrow. Screening for opportunistic pathogens revealed positive Pneumocystis carinii, and also CMV and VZV reactivation so treatment with trimethoprim-sulfametoxazole and valganciclovir was started together with antifungal therapy for oral candidiasis. He also required repeated platelet transfusions. After two months his bone marrow started showing signs of recovery and he was discharged from hospital. At last follow up, his leukocyte counts was 4.3 x 109/L, hemoglobin 142 g/L and platelet count 57 x 109/L.

Discussion Our patient followed the typical presentation of AHAAA described in the scarce literature. The notable aspect of our case is potentially spontaneous recovery of bone marrow aplasia without the need for bone marrow transplantation. Mycophenolate mofetil might be viable therapeutic step in treatment for this type of disease.

**CASE OF FOREIGN BODIES IN GASTROINTESTINAL (GI) TRACT**

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Rationale Foreign Body in GI Tract is an emergency state commonly treated in paediatric gastroenterology as well as paediatric surgery departments. Removal techniques (endoscopy vs. surgery) should be always carefully considered.

Patient An 8 year old boy was admitted to our Department because of intentional swallowing 9 magnetic balls (before 5 days). Abdominal pain, numerous vomiting and lack of appetite had been presented.

Intervention After X-Ray he was qualified to gastroduodenoscopy. 9 linearly connected magnetic balls were found. One microperforation. After X-Ray he was qualified to gastroduodenoscopy. 9 linearly connected magnetic balls were found. One microperforation.

Foreign bodies were successfully removed with Roth net. We discovered horizontal transmucosal ulcer in pylorus and deep penetrating ulcer of duodenal bulb with suspicion of its microperforation.