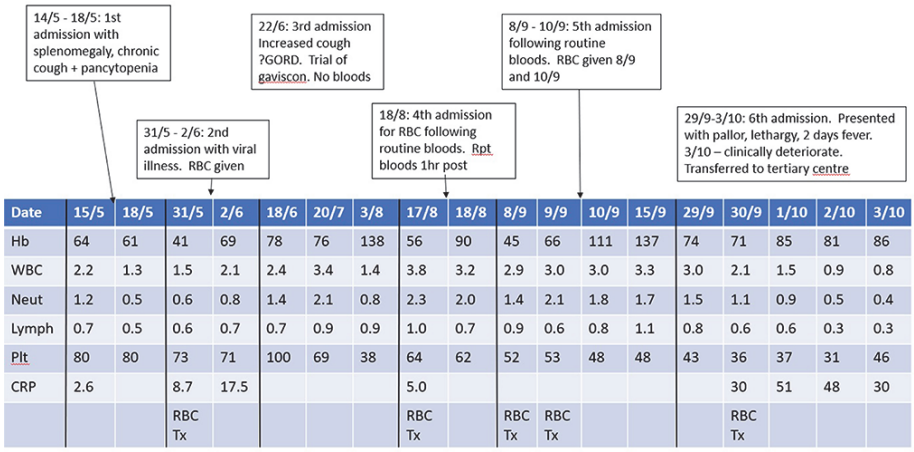

Date	15/5	18/5	31/5	2/6	18/6	20/7	3/8	17/8	18/8	8/9	9/9	10/9	15/9	29/9	30/9	1/10	2/10	3/10
Hb	64	61	41	69	78	76	138	56	90	45	66	111	137	74	71	85	81	86
WBC	2.2	1.3	1.5	2.1	2.4	3.4	1.4	3.8	3.2	2.9	3.0	3.0	3.3	3.0	2.1	1.5	0.9	0.8
Neut	1.2	0.5	0.6	0.8	1.4	2.1	0.8	2.3	2.0	1.4	2.1	1.8	1.7	1.5	1.1	0.9	0.5	0.4
Lymph	0.7	0.5	0.6	0.7	0.7	0.9	0.9	1.0	0.7	0.9	0.6	0.8	1.1	0.8	0.6	0.6	0.3	0.3
Plt	80	80	73	71	100	69	38	64	62	52	53	48	48	43	36	37	31	46
CRP	2.6		8.7	17.5				5.0							30	51	48	30
			RBC Tx					RBC Tx		RBC Tx	RBC Tx				RBC Tx			

Abstract 1032 Figure 1

He was seen by our Paediatric team at 9 months old and found to have massive splenomegaly, severe anaemia, neutropenia, lymphopenia and thrombocytopenia. Discussed with Paediatric Haematology who felt this could be a red cell membrane disorder with intercurrent infection and started him on IV co-amoxiclav and folic acid. His fever settled and he was discharged with follow up under the Paediatric Haematology team.

Over next 5 months had 6 admissions to Paediatrics with fever and anaemia (see figure 1 for timeline). He required 5 red cell transfusions and was treated with IV antibiotics multiple times. Of note, he was persistently lymphopenic and variably pancytopenic throughout, but his extreme anaemia (lowest Hb 45) was often the focus of his presentations. Between blood transfusions he was very happy and playful, but he was noted to often have abdominal distension following transfusions. He also continued to have a persistent wet cough. He was extensively investigated, including bone marrow aspirate, which were all normal. He was referred to Paediatric Immunology and Genetics, who recommended Whole Exome Sequencing.

On his final admission prior to diagnosis, he presented with fever, pallor and lethargy. He was found to be anaemic again (Hb 71) and given his 5th red cell transfusion – however this was unable to be completed due to fever mid-transfusion. He was treated with ceftriaxone as fever of unknown origin. 4 days later he developed abdominal tenderness and massive distension. No clear source of infection could be found. He was discussed with the Haematology team, who accepted him for transfer to their tertiary centre for further investigation and management. They treated him with IV tazocin until fevers settled and he was discharged.

Whole exome sequencing revealed a mutation in the PIK3CD gene, giving him the underlying diagnosis of APDS1 (activated phosphoionositide-3 kinase delta syndrome) or immunodeficiency type 14. There are around 200 known cases of this worldwide with multiple novel APDS mutations. He has now undergone bone marrow transplant and continues under the care of Haematology and Immunology

Conclusion While primary immunodeficiencies are rarer than haematological causes for pancytopenia and splenomegaly, they must be considered where another cause has not been found. Additionally, whole exome sequencing can provide valuable insights where there is no clear underlying diagnosis for medically significant findings. As general paediatricians we must ensure we advocate for these investigations where necessary.

1083 ALL SLEEP AND NO PLAY? AN AUDIT AND SERVICE EVALUATION OF CHILDREN UNDERGOING RADIOLOGICAL IMAGING

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10.1136/archdischild-2022-rcpch.194

Aims The use of sedation in children for radiological imaging is common practice in Paediatrics. However, the risks need to be weighed against the benefits of imaging under sedation. Play therapy has been considered as an alternative to sedation in a cooperative child.

This study explored the safety, efficacy and adherence of practice to local trust guidelines for sedation of children (derived from the NICE Sedation under 19s guidelines) and highlighted play therapy as a potential alternative for selected children requiring radiological imaging.

Methods Data was gathered retrospectively from a 6 month period with the help of the Trust's medical records department. There were 36 children who underwent sedation for various imaging modalities and 19 children who had imaging done utilising play therapy over the same period.

The information gathered from the resources used was collated in an excel database for the purpose of comparative analysis.

Results 1. The assignment of patients was based on their clinical presentation, urgency and medical background

2. Children receiving sedation were predominantly below the age of 3 years while those in the play group were between 6-9 years

3. The youngest child to receive sedation was 3 months old and the youngest to have successful MRI using play therapy was 3 years 5 months

4. The success rate of Sedation was 92% vs. 86% for play therapy

5. 83% underwent MRI, 11% DMSA and 6% MAG3 under sedation. 95% had MRI and 5% CT in the play group

6. 14% required a repeat dose of medication for sedation

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7. None had complications secondary to sedation

8. One had MRI Head done under sedation and later MRI Spine successfully under play therapy at 3 years 5 months

9. Where all documents were available for analysis, the adherence to local guidelines for sedation was 100%

Conclusion 1. Sedation is a safe and effective option available in a DGH setting for young children needing relatively urgent radiological imaging to establish diagnosis where the benefits generally outweigh the risks.

2. Play therapy is a suitable alternative for cooperative children who can be adequately prepared.

3.Healthcare teams and parents need to be made more aware of these options in the future.

1199 PAEDIATRIC POST COVID-19 CONDITION: EXPERIENCE OF A NORTHERN PAEDIATRIC POST COVID-19 ASSESSMENT CENTRE

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10.1136/archdischild-2022-rcpch.195

Aims Post COVID-19 condition is defined by the WHO as a 'condition (which) occurs in individuals with a history of probable or confirmed SARS-CoV-2 infection, usually 3 months from the onset of COVID-19 with symptoms that last for at least 2 months and cannot be explained by an alternative diagnosis and generally have an impact on everyday functioning [1].' South Tees' Paediatric Post COVID-19 Assessment Clinic is one of fifteen tertiary paediatric clinics commissioned in England for the multidisciplinary assessment of children and young people (CYP) with suspected post COVID-19 condition.

To assess patient data from clinic to identify any patterns of susceptibility and contextualise data in terms of the national picture.

Methods Data was obtained from the referral form, clinic notes and service evaluation tool.

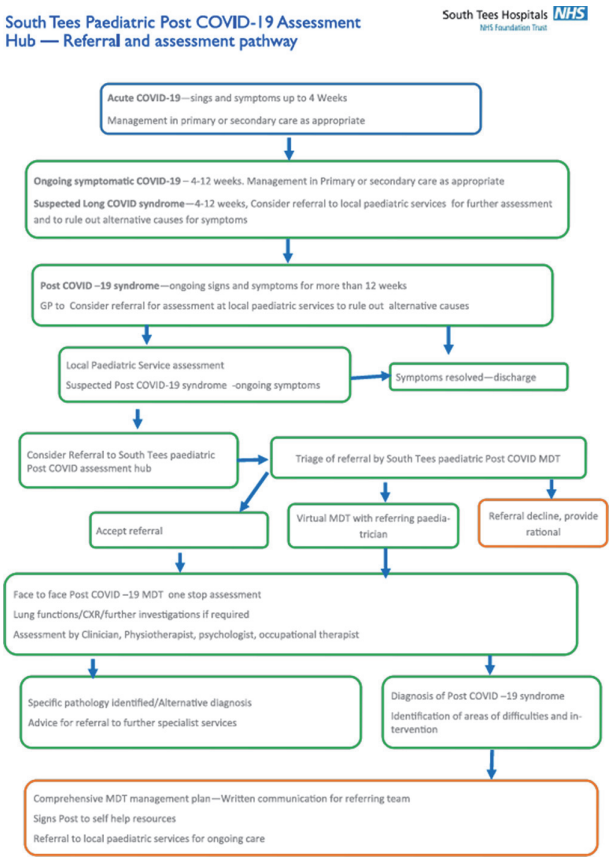
Results In the period from July 2021 to February 2022, twelve CYP completed assessment. (See figure 1 for referral and assessment pathway).

Of the assessed patients, eleven were of white and one of mixed ethnicity, seven were female and five male, three were between 6-11 years, six between 12-15 years and three between 16-18 years. Four were classified as being from a deprived location defined by living in a postcode that was classed as quintile 1 or 2 in the indices of multiple deprivation.

Chronic fatigue and 'brain fog' were the two most common symptoms. However, symptoms like tinnitus (one child) and chronic chesty cough with wheeze (one child) were also noted.

Four patients have still not managed full-time return to school. Two of these have attendance below 25%.

Conclusion Though our experience was in line with national figures in terms of symptom profile, increased prevalence in females and teenagers [2], total number of referrals for assessment is significantly lower than expected. From the local area CYP population estimates [3] and most recent Office for National Statistics 'self-reported long COVID survey' results [2], we would have expected to see significantly higher numbers of patients with post COVID-19 condition (~150-250 patients under 16 years of age at the lowest



Abstract 1199 Figure 1

estimate) but this is not the case. It is possible that symptoms reported in the survey are not severe enough to have significant impact on daily living warranting referral. The reduced referral numbers could also be due to reduced awareness (clinicians and community) or symptoms being attributed to other causes resulting in non-referral to appropriate services.

Despite small numbers, one third of CYP seen in clinic continue to have multiple symptoms and have not been able to return to full-time education. This would have significant impact on long-term health and wellbeing of these CYP. There is an urgent need for research to find rehabilitation and therapeutic strategies for these CYP.

1. 'A clinical case definition of post COVID-19 condition by a Delphi consensus'. (2021) World Health Organization.

2. 'Prevalence of ongoing symptoms following coronavirus (COVID-19) infection in the UK'. (2022) Office for National Statistics.

3. 'Local population diversity'. (2018) Middlesbrough Council.

1221 RETROSPECTIVE OBSERVATIONAL STUDY OF WEIGHT CENTILES FOR CHILDREN AGED 1–5 YEARS ADMITTED TO MILTON KEYNES UNIVERSITY HOSPITAL

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Aims Our objective was to use weight centile as a proxy for obesity in acute paediatric admissions to identify the

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