A STUDY OF CLINICAL–DEMOGRAPHIC PROFILE AND QUALITY OF LIFE IN PATIENTS WITH SCABIES FROM A TERTIARY CARE HOSPITAL IN EASTERN SRI LANKA

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Aims Human scabies is a common contagious infestation in the developing world that is predominantly related to poverty and overcrowding. This study aimed to assess the clinical–demographic profile and quality of life in patients presenting with scabies to a tertiary care hospital in eastern Sri Lanka.

Methods A prospective observational cross-sectional study was conducted at the Teaching Hospital in Batticaloa over a period of one year (August 2020-August 2021). The study included all children diagnosed to have scabies. The data included demographic information, clinical features, treatment modalities on presentation, and quality of life in children and their parents. All data were collected by trained medical graduates using a pre-tested interviewer-administered, structured questionnaire. The data were analysed in SPSS 19.0.

Results Out of 153 patients, 62.7% were females. The most commonly affected age group was the under ones (51%) followed by 1-3 years (38.5%). The majority of patients were from rural areas (66.7%) with the highest numbers from Eranvr (29.4%). Around 51.6% of families had an income of less than 50,000 Sri Lankan rupees (51.6%). The majority had received high secondary education (51%). The complaints which brought them to the hospital included skin lesions (100%), itchiness (64%), sleep disturbances (68%), not responding to prior treatment (58.2%), and night-time aggravation (68.6%). The most affected sites were hands and feet (44%) and whole-body (33%). The most common lesions were papules (96%) and excoriation (34%). 16% had a past history of scabies whilst 51% had a recent contact history. On presentation, 46% were diagnosed with scabies whilst the rest were diagnosed as either having allergy (22.9%) or were undiagnosed (31.4%). The majority (68.6%) were prescribed topical applications whilst 47.7% were prescribed oral medications without success. The biggest risk factor was overcrowding (47%). Secondary bacterial infection was the most noted complication (34%). Quality of life was adversely affected in 48% of parents.

Conclusion Scabies is an important health problem in Eastern Sri Lanka and affects the quality of life of both children and their families. Increased awareness among health professionals facilitates early diagnosis and treatment.

ABSTRACTS

UNUSUAL PRESENTATION OF TRICHOBEZOAR IN A PREVIOUSLY HEALTHY ADOLESCENT PATIENT

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Aims To describe a case of an 11 years old girl with complicated intestinal obstruction caused by trichobezoar.

Methods We report a case of Trichobezoar presenting with severe chronic abdominal pain and intestinal obstruction leading to toxic megacolon. We describe the management of this case and include the radiological image and surgical samples pictures. (figure 1A and figure 1B).

The patient is an 11-year-old female, with an unremarkable medical history, who presented with 2 months history of persistent central abdominal pain and episodes of severe short-lasting exacerbation. In addition, she had significantly decreased appetite, weight loss, and progressively worsening constipation. On examination, she was cachectic, pale, with palpable soft ill-defined mass in the left lower abdomen. Multiple ultrasound abdomen studies showed intermittent intussusception; however, MRI was concerning for malignancy as it showed Multiple segments of significant wall thickening involving the small bowels with subacute/incomplete bowel obstruction findings. For this reason, abdominal lymph nodes were taken for biopsy to rule out small bowel lymphoma. The pathological report was inconclusive. At that time, the patient was experiencing severe continuous abdominal pain for which morphine was given. The patient became sicker and was not tolerating any oral intake. The abdominal X-ray at this point showed toxic megacolon (figure 1A). Urgent surgical laparotomy was done, and findings were intussusception involving a large segment of small bowel from and string (bezoar) going from the duodenojejunal junction down to the ascending colon.

The entire small bowel was intussuscepted over the short thread of hair that measures approximately 30 cm. This tight string of hair caused a shearing effect cutting through the bowel wall causing fistulation between multiple bowel segments. multiple non-viable segments of the small bowel were resected.

the stomach was visualized with scope, which showed trichobezoar resected surgically (figure 1B).

Abstract 276 Figure 1A. There is dilated air filled upper bowel lobe at the mid and right abdomen, with masslike appearance at the left and mid abdomen suggestive of thickened bowel with intussusception. Minimal air seen in the rectum. Findings may suggest partial obstruction.
Results Trichobezoar is a collection of hair in the gastrointestinal tract, usually, the stomach, caused by chronic hair pulling and ingestion. This condition is called trichotillomania, a mental disorder that typically strikes during adolescence and has a chronic course. Patients who suffer from trichotillomania usually have patchy hair loss, a sign that was absent in our patients. In addition, the patient in our case presented with symptoms that resemble other conditions like intestinal lymphoma and inflammatory bowel disease. Radiological imaging can be diagnostic in 97% of the case; however, in other cases, further investigations and surgical exploration might be warranted. The clinical course in our case was severe indicating the devastating effect trichobezoar can lead to.

Conclusion Diagnosis of intestinal obstruction due to trichobezoar may not be straightforward especially in patients who have not been diagnosed with mental diseases or lack the clues on physical examination. Although it is an uncommon cause of intestinal obstruction, it should be included in the differential diagnosis when possible.

Aims To determine the value of antimicrobial peptides and pro-inflammatory cytokines in children with cystic fibrosis.

Methods The study involved 37 children with cystic fibrosis aged 2 months to 3 years, who were hospitalized in the Department of Gastroenterology RSSPMC of Pediatrics. The diagnosis of cystic fibrosis was made on the basis of a typical clinical picture of the disease, an increase in blood trypsin, established before 8 weeks of age, an increase in sweat chlorides of more than 60 mEq/l (according to the Gibson-Cook method), and genetic studies.

The determination of β-defensin-2 was carried out using the ELISA kit for the quantitative in vitro determination of β-defensin in stool samples manufactured by Immunodiagnostics (Germany). The level of fecal calprotectin was measured using the Human Fecal Calprotectin kit manufactured by Hycult Biotech (Netherlands) for its quantitative determination in stool samples. The determination of TNF-alpha and IL-1β was carried out in blood serum using a ELISA-kit manufactured by Vector Best (Russia). The level of antibodies to the bactericidal cell permeability-increasing protein (anti-BPI) was determined in blood serum by CLLA and ELISA - kit manufactured by OrgentecDiagnosticsGmbH.

Results Our studies demonstrated a significant 4.4 times increase of fecal calprotectin in children with cystic fibrosis compared with controls (87.7±18.1 μg/g and 19.9±1.1 μg/g respectively, p<0.001). The level of fecal β-defensin-2 was increased by 1.6 times - 108.2±11.3 ng/ml and 64.3±2.4 ng/ml compared with the control, p<0.002. Analysis of the level of anti-BPI showed a tenfold increase - 53.06±13.08 U/ml and 5.2±3.2 U/ml, p<0.001. The results of measuring the activity of TNF-alpha showed an increase in its values, which