On day 20 after surgery, a left atrial thrombus was identified and anticoagulation was started. 7 days later, the patient developed right hemiparesis and the thrombus was no longer present in the left atrium. MRI head confirmed left MCA infarct. The patient is undergoing neurological rehabilitation, with good progress.

**Results**

**Literature review** Cardiac tumours within the paediatric population are rare. The majority are benign- rhabdomyoma being the most prevalent in early life. Malignant cardiac tumours are reported to make up less than 10% of total paediatric cardiac tumours. Primary malignant cardiac tumours are 95% sarcoma, 5% lymphoma. Primary lymphoma of the heart is very rare and usually located on the right side. A review in 2016 showed only 22 published cases of cardiac Burkitt Lymphoma of which 40% were associated with acquired immunodeficiency (HIV/AIDS or post transplant immunosuppression). In this case series, 50% of patients died within 6 weeks of diagnosis, however, a significant proportion of these patients received no treatment. Other publications suggest complete remission has been achieved in up to 60% of cases with aggressive early chemotherapy. All forms of cancer can increase both the thromboembolic and bleeding risk due to alteration of several different coagulation pathways. Cardiac tumours have an added risk of thromboembolism, which is more significant in friable masses.

**Conclusion** Learning Points:

- The presence of a cardiac tumour in the right atrium increases the probability of it being malignant.
- Burkitt lymphoma is a highly aggressive tumour, with rapid doubling time and quick progression of symptoms.
- Although cardiac tumours are rare in children, the tumour itself or secondary thrombus formation can cause significant morbidity from cerebral embolization, especially when located in the left heart chambers. Despite complete tumour removal, thrombus formation remains a risk factor.


(3) Long-term disease-free survival of patients with primary cardiac lymphoma treated with systemic chemotherapy and radiotherapy. Shin et al. Korean J Haematol. 2010


**Abstract 1096 Figure 1**

**Abstract 1096 Figure 2**

**Aims** The COVID-19 pandemic necessitated remote consultation for outpatient referrals in many hospitals in the UK and encouraging results have been recorded from adult studies. There is a limited evidence base for telephonic consultation in paediatric cardiology patients, which is even more complicated by the perceived need for echocardiography. This brief report evaluates patients assessed over the telephone in a single paediatric cardiology outpatient clinic over a 15-month period.

**Methods** Data (demographics, clinical information, and outcomes) on new referrals to a single paediatric cardiology clinic between March 2020 and May 2021 was analysed retrospectively. These patients had been initially assessed telephonically and subsequently face-to-face. We excluded patients who already had a cardiac diagnosis or were seen face-to-face on an earlier occasion. In addition, a survey was sent to parents or carers of patients, and another was sent to young patients aged >12 years, to ascertain what they thought about the approach in the context of the pandemic.

**Results** Out of 93 new patients assessed telephonically, 64 were subsequently assessed face-to-face and were included in the data analysis. 34 of these patients were male and 30 were female, ranging in age from four days to 15 years old. Reasons for referral included cardiac-related symptoms (17%), an asymptomatic finding (53%) such as a heart murmur, and a requirement for screening (30%). After the initial appointment, 18 patients (28%) assessed to have possible significant heart disease were scheduled for a face-to-face appointment within 3 months, 28 (44%) assessed to have possible minor heart disease were scheduled within 6 months, and 18 (28%) assessed to have probable normal hearts were scheduled within 1 year. Outcomes from face-to-face consultation were either: reassurance and discharge (51%), remaining within the clinic for long-term follow-up (44%), or referral for intervention on an elective timescale (5%).
Results from the surveys are encouraging so far in terms of acceptability of telephone consultation in the context of a pandemic. All results have not yet been recorded; hence they cannot be fully analysed at this time.

Conclusion The data collected from this sample of patients supports the safety of telephone consultation for initial assessment in outpatient paediatric cardiology during a pandemic. It also supports the extrapolation of results to a period when normalcy is established.

Abstract 1274 Table 1

<table>
<thead>
<tr>
<th>Age &amp; sex</th>
<th>Presenting symptoms</th>
<th>Signs</th>
<th>Investigations</th>
<th>Inpatient treatment</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>14y Male</td>
<td>Dizziness, Unable to stand up, chest pain and headaches. 48 hrs</td>
<td>Normal neurology, Heart rate went up by 50 on standing</td>
<td>Bloods all normal, MRI Brain was normal, Tilt test positive</td>
<td>IV Saline, Salt tablets, Fluidcorrection</td>
<td>Discharged after 48 hours, ongoing follow up, symptoms well controlled</td>
</tr>
<tr>
<td>15y Female</td>
<td>Dizziness, Unable to walk, fatigue and palpitations 1 week</td>
<td>Normal neurology, Heart rate went up by 42 on standing, blood pressure stable</td>
<td>Bloods all normal except from Vitamin D, 24, ECG, Echo Normal, MRI normal, tilt test positive</td>
<td>Midodrine, Salt Tablets</td>
<td>Discharged after 72 hours, ongoing follow up</td>
</tr>
<tr>
<td>13y Male</td>
<td>Extreme dizziness and pre-syncope symptoms</td>
<td>Normal neurology, Heart rate went up by 55 on standing</td>
<td>Bloods all normal, ECG and echo were normal, MRI Brain normal, tilt test positive</td>
<td>Midodrine, Salt tablets, IV fluids</td>
<td>Discharged after 24 hours, currently off all medications</td>
</tr>
</tbody>
</table>

Conclusion Severe POTS is a previously undescribed entity that presents typically in adolescent patients with severe disabling dizziness which prevents mobility. Patients with preexisting chronic fatigue syndrome and functional disorders should be excluded. This patient group has normal neurology with no evidence of vestibular symptom. All patients had a significant rise in heart rate on standing and were symptomatic in the upright posture. These patients often show a good response to appropriate management with fluids and medications. There is a need for more information regarding this form of presentation, its management, and its overall outlook.

Abstract 1274

SEVERE POTS (POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME)

Pramod Nair, Swati Gupta, Niha Peshimam, Rajesh Sesham. Bedford Hospital NHS Trust, Bedfordshire Hospitals

10.1136/archdischild-2022-rcpch.690

Aims To discuss the presentation, management, and outcome of a group of patients presenting with severe symptoms of POTS (Postural orthostatic tachycardia syndrome). Severe POTS is a new term used to describe a group of patients who are typically adolescents, without pre-existing chronic fatigue syndrome who present with disabling symptoms of dizziness and often need inpatient management.

Methods We reviewed the case notes of 3 patients who presented with severe POTS and were admitted as inpatients. Exclusion criteria were patients with known chronic fatigue syndrome or functional disorders.

Results The 3 patients included 2 boys and 1 girl between the ages of 13-15 years. They all presented with severe dizziness which made it difficult for them to stand and walk. Their symptoms were of acute presentation and distressing which needed inpatient management. Their overall neurological examination was normal but they all had a significant rise in heart rate (>40bpm) from lying to standing. There were no features suggestive of underlying vestibular neuritis. They had generally normal blood chemistry apart from one patient having a low vitamin D level. One patient was treated with saline infusion and all patients were treated with medications that helped resolve their symptoms rapidly. The patients were discharged after 24 to 72 hours and have remained well controlled with some patients continuing on medications. All patients had a positive tilt test for POTS which was done a few months after their admission.

Abstract 1305

USEFULNESS OF THYROID FUNCTION IN CHILDREN PRESENTING WITH PALPITATIONS

Pramod Nair, Swati Gupta, Niha Peshimam, Anum Saeed, Sanchai Chakravarty. Bedford Hospital NHS Trust, Bedfordshire Hospitals

10.1136/archdischild-2022-rcpch.691

Aims To determine if thyroid function tests are useful in the investigation process of a child presenting with palpitations.

Methods We looked at 87 children presenting with palpitations to the paediatric outpatient clinic over a 2 year period. We selected the children who had thyroid function tests done as a part of their investigations. We excluded children with known thyroid problems either hypothyroidism or hyperthyroidism.

Results Of the 87 children, there were 52 females and 35 males. The median age was 13 years with patients ages ranging between 6-17 years. The presenting complaint was palpitations and all of them had blood tests including thyroid function tests either done by GP or the paediatrician. None of the patients had a note of goiter or other symptoms of hyperthyroidism. Of the 87 patients, 75 had completely normal thyroid values. 12 patients had a high TSH ranging between 4.3-6.4. All 12 patients were reviewed and followed up with thyroid functions normalizing or considered to be within acceptable ranges. None of the patients had tests suggestive of hyperthyroidism.

Conclusion Hyperthyroidism is known to cause palpitations in children. Although thyroid function tests are requested routinely as part of investigations of children with palpitations either in primary care or hospital they have a poor yield in terms of diagnosis of hyperthyroidism. Occasionally the thyroid function tests might show slightly deranged levels of TSH which might then worry their parents and necessitate further investigations. Given this study, we feel routine use of thyroid function tests is unnecessary in a child presenting with palpitations and unless there are other clinical features of hyperthyroidism then these tests should not be undertaken.

Abstract 1305

PREVIOUSLY UNDESCRIBED ENTITY PRESENTING AS SEVERE POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME

Pramod Nair, Swati Gupta, Niha Peshimam, Rajesh Sesham. Bedford Hospital NHS Trust, Bedfordshire Hospitals

10.1136/archdischild-2022-rcpch.692

Aims To discuss a case of POTS presenting as a serious condition.