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 analyzed 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**

**SEVERE POTS (POSTURAL ORTHOSTATIC TACHYCARDIA SYNDROME)**

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

**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.

**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 symptoms. 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 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>14 yrs Male</td>
<td>Dizziness, Unable to stand up, chest pain and headaches, 48 hrs</td>
<td>Normal neurology, Heart rate going up by 50 bpm on standing</td>
<td>Bloods all normal, MRI Brain was normal, Tilt test positive</td>
<td>IV Saline, Salt tablets, Fluconazole</td>
<td>Discharged after 48 hrs, ongoing follow up, symptoms well controlled</td>
</tr>
<tr>
<td>15 yrs Female</td>
<td>Dizziness, Unable to walk, fatigue and palpitations 1 week</td>
<td>Normal neurology, Heart rate went up by 42 bpm on standing, Blood pressure stable</td>
<td>Bloods all normal apart from Vitamin D 24, ECG, Echo: Normal, Tilt test positive</td>
<td>Midodrine, Salt Tablets</td>
<td>Discharged after 72 hrs, ongoing follow up</td>
</tr>
<tr>
<td>13 yrs Male</td>
<td>Extreme dizziness and pre-syncope symptoms</td>
<td>Normal neurology, Heart rate went up by 55 bpm 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 hrs, currently off all medications</td>
</tr>
</tbody>
</table>

**Abstract 1305**

**USEFULNESS OF THYROID FUNCTION IN CHILDREN PRESENTING WITH PALPITATIONS**

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

**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 hypo 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 these tests should not be undertaken.

**Abstract 1336**

**PARVOVIRUS INFECTION CAUSING PROLONGED QT INTERVALS AND CARDIAC ARREST**

Nitin Rachwani, Pramod Nair. Bedford Hospital, Kempston Road, Bedford

**Aims** To review an unusual case of an infant presenting with parvovirus infection causing prolonged QT intervals and cardiac arrest.

**Conclusion** Parvovirus infection can cause abnormal QT intervals and cardiac arrest in infants.