Conclusion Intra-abdominal tumors are more common in males. Neuroblastoma was the most common tumor. Most of the tumors were noted in children less than 5 years of age.

Methods This study was performed from March 2006 to March 2011 in Nemazee Hospital. All pediatric patients who referred to our center with visible lower gastrointestinal bleeding or two consecutive positive occult blood tests with at least one week interval were included in the study. The patients were categorized as neonates (1–28 days), infants (29 days-2 years), children (2–10 years) and adolescents (>10 years) and the findings were reported separately in each group. All the patients underwent colonoscopy and several mucosal biopsies when taken. Demographic information as well as colonoscopy and pathology findings were reported.

Results We included 363 pediatric patients with a mean age of 71.9±58.4 months, ranging from 1 to 216 months. There were 215 (59.2%) boys and 148 (40.8%) girls. The most common colonoscopy finding was sigmoid colon polyp in 91 (25.1%) patients followed by descending colon polyps in 78 (21.5%) patients, rectal whitish lesions in 45 (12.4%) patients, and sigmoid and rectal ulcers in 37 (10.2%) patients. Biopsy samples were non-specific in 96 (26.4%) patients. The most common pathological finding was juvenile polyp in 84 (23.1%) patients followed by lymphoid nodular hyperplasia in 55 (15.2%) patients and solitary rectal ulcers in 25 (6.9%) patients.

Conclusions Lower GI bleeding is more common among 2–10 year-old children and is rarely encountered in neonates. Hemorrhage was the most common form of presentation followed by bloody diarrhea and occult blood.

THE ROLE OF LACTOBACILLUS RHAMNOSUS GG SUPPLEMENTATION ON THE ERADICATION OF PATHOGENIC INTESTINAL FLORA IN INFANTS

doi:10.1136/archdischild-2012-302724.0682

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Objectives and study It is suggested that colonization of gastrointestinal tract by pathological microorganisms in infants may modulate local mucosal immune response and start inflammation. Disorders of the digestive system in infants may be manifested by diarrhea, blood in the stools or abdominal pain. Probiotics, which exert effect on the health and well-being of the host, may be in that situations, a potential therapeutic option. Therefore, we constructed the study to investigate the efficacy of Lactobacillus rhamnosus GG (LGG) supplementation for the eradication of pathogenic intestinal flora in infants.

Methods A randomized, double-blind, placebo controlled trial included 65 infants (31 girls and 34 boys) at age from 2 to 20 months. All children presented symptoms such as vomiting, diarrhea, dyspeptic stools or blood in the stools. The enteropathological bacterial flora were revealed in each case. Infants were randomly allocated to receive Lactobacillus GG 6×10^8 CFU (active LGG group, n=36) or placebo (maltodextrin) (placebo group, n=29). After 14 and 28 days of oral supplementation control stool cultures were performed.

Results Compared to the placebo group, infants in LGG group had an increase in benefit of the pathological intestinal flora eradication after 14 days and 28 days of oral LGG supplementation (RR 1.31, NNT 12, RR 1.39 NNT 4) respectively.

Conclusion The use of LGG supplementation seems to be effective in the eradication of gastrointestinal colonization by pathogenic bacteria.

GLYCOGENIC ACANTHOSIS OF THE ESOPHAGUS: IS IT ASSOCIATED WITH HELICOBACTER PYLORI INFECTION IN CHILDREN?

doi:10.1136/archdischild-2012-302724.0684

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Background and Aim Glycogenic acanthosis (GA) is a common benign endoscopic and histopathological finding which has not been known the pathogenesis and etiology. There is a study about the relationship between GA and gastroesophageal reflux disease (GERD) on adults in the literature.

Results Of the 213 children, 67 (31.4%) had GERD. GA was found in 38 (17.8%) of the 213 children. The prevalence of GA in the patients with GERD (12 of 67, 17.9%) and that in without (26 of 146, 17.8%) were similar. Likewise, when the prevalence of GERD in GA-positive patients (12 of 38, 31.6%) was compared with that in GA-negative patients (55 of 175, 31.4%), no statistically significant difference was found. It was found out that the prevalence of non-erosive reflux disease was quite alike in GA-positive and GA-negative children.

Conclusion Presence of GA was not associated with GERD in children.
diagnosis was based on histopathological findings seen in the distal oesophageal mucosa. The diagnosis of H. pylori infection was made if rapid urease test and histological examination of gastric biopsies obtained during endoscopy were both positive. All the findings were retrospectively examined. The Statistical Package for the Social Sciences for Windows Release 16.0 was used to analyse the statistical data.

Results Of the 206 children, 70 (34.0%) had GA. H. pylori infection was found in 72 (35.3%) children. No significant difference was found when the prevalence of H. pylori infection in patients with GA (24 of 70, 34.3%) was compared with that in patients without GA (48 of 136, 35.3%).

Conclusion No evidence has been found in this pediatric study to support the view that there might be an association between GA and H. pylori infection.

**685 FOOD ALLERGY - GASTRO-ESOPHAGEAL REFLUX DISEASE ASSOCIATION IN INFANTS**

doi:10.1136/archdischild-2012-302724.0685

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Background Cow’s milk allergy is considered to be the first and most common type of allergy during early infancy. Gastro-esophageal reflux disease and cow’s milk allergy are two different diseases with common clinical features.

The aim of the study was to evaluate the clinical data in relation with gastroesophageal reflux and cow’s milk allergy in infants.

Material and Methods The prospective study includes 36 infants aged between 2–6 months who attended at Pediatric Clinic during the year 2011 for the clinical evocative manifestations of gastro-esophageal reflux. Study protocol includes: clinical criteria, familial/personal atopic features, mother diet, duration of breastfeeding, infant formula, esophageal ultrasonographic study, serum specific IgE cow’s milk.

Results The clinical presentations of the infants were associated or isolated agitation/irritability, feeding refusal (p<0.0002), poor weight gain (p<0.0001), vomiting, wheezing, apnea and atopic dermatitis. Specific IgE revealed allergy in 10 cases. The implication of cow’s milk allergy was in 10/36 cases (27.7%). The key elements evocating the link between cow’s milk allergy and gastroesophageal reflux were the persistence of symptoms under anti-reflux therapy and the improvement of symptoms outside the exclusion of cow’s milk. Favorable clinical course, disappearance of symptoms, weight gain under anti-reflux therapy confirmed the gastroesophageal reflux in the other cases. Esophageal ultrasonography was a useful noninvasive test in patients with reflux.

Conclusions Clinical assessment and allergy tests in infants with the suspicion of gastroesophageal reflux revealed the association of these diseases. The concomitant therapy was followed by clinical resolution of symptoms.

**686 NUCLEAR TRANSIT SCINTIGRAPHY (NTS) - AN EVOLVING ROLE FROM DIAGNOSTIC TO MONITORING TOOL IN CHILDREN WITH CHRONIC CONSTIPATION**

doi:10.1136/archdischild-2012-302724.0686

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Aims To establish the role of congenital virus infection in formation of biliary atresia (BA).

Methods 75 pts age from 1 to 9 months with the following diagnosis: BA - 44, PFIC2–9, Alagille syndrome-9, bile duct cyst –7, defiency of a-1-antitrypsin (ZZ-phenotype)-4, perinatal sclerosing cholangitis-2, galactosemia-1 and one patient had hepatitis as a result of congenital general acute CMV infection. Among common examinations, laboratory tests and instrumental methods, following methods were used: DNA of CMV, HSV1.2, EBV, HBV and RNA of HCV was analyzed by PCR on biopsies of the liver, blood and urine, as well as histological examination of liver biopsy performed.

Results Liver biopsy specimens were CMV DNA positive for the patient with congenital acute CMV infection, for 37 (84%) pts with BA, for 4 pts with Alagille syndrome, for 3 pts with bile duct cyst and for 1 child with PFIC2. EBV DNA test was positive only for 1 patient with BA and 1 with bile duct cyst. Presence of HSV1.2, HBV DNA and HCV RNA have not been found in all liver biopsy specimens. Blood samples were CMV DNA positive for the patient with congenital acute CMV infection, for 6 (14%) pts with BA. Urine samples were CMV DNA positive for the patient with congenital acute CMV infection, for 7 (16%) pts with BA and for 5 pts with Alagille syndrome.

Conclusion We assume that intrauterine CMV infection may play an important role in pathogenesis of BA.

**688 ARE THE 2009 ESPGHAN/ESPID’S RECOMMENDATIONS IN ACUTE GASTROENTERITIS USED CORRECTLY?**

doi:10.1136/archdischild-2012-302724.0688

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Aim To establish whether the recommendations of the 2009 ESPGHAN/ESPID consensus are followed in acute gastroenteritis.

Methods A prospective cross-sectional study from May 2009 to April 2010 performed in 32 centers. The information was obtained from medical records of children younger than 16 years with acute gastroenteritis. Data was collected on symptoms, treatment, use of antibiotics, and stool consistency.

Results A total of 255 patients were included. The most frequent symptoms were diarrhea (96.1%) and vomiting (94.0%). Antibiotics were used in 51 (20.0%) patients: 16 (6.3%) antimicrobial drugs, 21 (8.2%) anti-inflammatory drugs, 15 (5.9%) antispasmodics, 11 (4.3%) anticonvulsants and 3 (1.2%) anticholinergics. The most common drugs used were anti-inflammatory and anti-convulsants. The majority of the patients (77.9%) were treated with ORS alone.

Conclusion The use of antibiotics in the treatment of acute gastroenteritis was common. The use of ORS alone was predominant. There was a poor use of special diets and probiotics.

**687 ROLE OF INTRAUTERINE CMV INFECTION IN FORMATION OF BILIARY ATRESIA**

doi:10.1136/archdischild-2012-302724.0687

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Aims To establish the role of congenital virus infection in formation of biliary atresia (BA).

Methods 75 pts age from 1 to 9 months with the following diagnosis: BA - 44, PFIC2–9, Alagille syndrome-9, bile duct cyst –7, defiency of a-1-antitrypsin (ZZ-phenotype)-4, perinatal sclerosing cholangitis-2, galactosemia-1 and one patient had hepatitis as a result of congenital general acute CMV infection. Among common examinations, laboratory tests and instrumental methods, following methods were used: DNA of CMV, HSV1.2, EBV, HBV and RNA of HCV was analyzed by PCR on biopsies of the liver, blood and urine, as well as histological examination of liver biopsy performed.

Results Liver biopsy specimens were CMV DNA positive for the patient with congenital acute CMV infection, for 37 (84%) pts with BA, for 4 pts with Alagille syndrome, for 3 pts with bile duct cyst and for 1 child with PFIC2. EBV DNA test was positive only for 1 patient with BA and 1 with bile duct cyst. Presence of HSV1.2, HBV DNA and HCV RNA have not been found in all liver biopsy specimens. Blood samples were CMV DNA positive for the patient with congenital acute CMV infection, for 6 (14%) pts with BA. Urine samples were CMV DNA positive for the patient with congenital acute CMV infection, for 7 (16%) pts with BA and for 5 pts with Alagille syndrome.

Conclusion We assume that intrauterine CMV infection may play an important role in pathogenesis of BA.