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Background The ESPGHAN/ESPID acute gastroenteritis (AGE) recommendations management were published in 2009.

Aim Study these recommendations in a tertiary hospital ER during rotavirus (RV) season.

Material and Methods Retrospective, observational and analytical study, from January 1 to April 30, 2010, in younger than 18 years old, admitted at the ER with criteria for AGE(>3 stools in the last 24 hours).

Results From the 13 780 children admitted in ER, 770 had AGE (incidence 5.6%). Were male 57.1%, 93.5% came without prior referral and 91.5% didn't take Oral Rehydration Solution (ORS). Had fever 34.2%, 68.7% vomit and 10.9% dehydration. At the ER, the ORS was administered in 62.1%. Diagnostic tests were not performed in 63.8%; 4.4% were admitted at the observations room; 0.3% at the pediatric department. Age was significantly associated with use of ORS (ORS: 42.84±45.16 months vs "no ORS": 87.16±64.61, $p<0.001$). The ORS was prescribed to 68.2%, "not recommended" drugs in 63 cases and more often in older children ("not recommended" 67.05±60.46 vs "no medication": 49.60±49.33 months, $p=0.038$). Blood analyses were performed in 6.4% and in children significantly older (85.57±65.62 vs 51.89±54.49 months, $p<0.001$). Similar results were observed for the urine dipstick (85.57±65.62 vs 54.14±49.51, $p=0.002$), stool (85.57±65.62 vs 28.16±38.50, $p=0.008$) and stool/blood (85.57±65.62 vs 13.45±13.85, $p<0.001$). At discharge, diet changes were recommended in 37% children.

Conclusion AGE incidence was 5.6%. Management was most based on ESPGHAN/ESPID's recommendations. There was still an inappropriate use of drugs and diet changes. The use of ORS before referral to the ER was rare.

689 LACTOSE HYDROGEN BREATH TEST (LHBT) IN CHILDREN: IS IT A USEFUL TOOL?

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Children with lactose malabsorption can present with chronic diarrhoea, increased flatulence, abdominal pain or constipation. The simple solution is a trial of Lactose free diet (LFD).

Aim and method: Our aim is to assess the usefulness of LHBT for objective measure of LI and appropriate dietary advice. We retrospectively reviewed 36 children with symptoms of Lactose Intolerance (LI), who underwent LHBT attending the paediatric gastroenterology clinic at RHH from 2009–2011.

Results 36 children (20M:16F) (34 Caucasian) aged 2–17 years were identified. All baseline tests and Coeliac screen were negative. The presenting symptoms: diarrhoea (12), flatulence (14), abdominal pain (10) IBS (2) and constipation (12). 12/36(33%) were positive (8/12 hydrogen load suggested LI and 4/12 small bowel bacterial growth) LHBT. 5/8 with positive LI, showed marked improvement on LFD. Although 24/36 were negative LHBT, 5/24 started trial of LFD with 3/5 success.

Conclusion LHBT is a simple non invasive and cost effective test that is useful in diagnosing LI in children. It gives objective evidence to parents to commence lactose free diet, thereby avoiding unnecessary omission of milk and dairy-products (19/36 potential cases in our study) that can have detrimental effects on calcium and vitamin D intake in children.

690 SEASONAL DISTRIBUTION OF ACUTE GASTROENTERITIS CAUSED BY ROTAVIRUS

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Material and methodology Authors have studied the seasonal distribution of the gastroenteritis caused by rotavirus. The study was prospective and was conducted at the Department of Pediatric Gastroenterology of the University Clinical Center of Kosova, during one year. Testing of the stool was performed using agglutination test with the sensitivity and specificity of around 96%.

Results Of 1011 children aged 0–5 years, hospitalized at the Department of Pediatric Gastroenterology due to gastroenteritis, 116 had rotavirus infection. At the admission all children were with diarrhea, 97.41% had vomiting and 43.96% had fever. 70.7% of patients had moderate dehydration and 29.3% severe dehydration. All patients in the study were intravenously rehydrated. All patients healed with no sequels. The seasonality of the disease was distinctive and had two peaks - first in late winter/early spring (January-16, February-9, March-9 and second in late summer/early autumn) August-11, September-20 and October-14.

Conclusion Two peaks seasonality late winter/early spring and late summer/early autumn of the rotavirus infection reflects the difference in the wealth of the population in Kosova, with first peak in winter, similar to the one in the developed countries and the second peak in summer, similar to the one in non-developed countries.

691 CLINICO-EPIDEMIOLOGICAL CHARACTERISTICS OF PEDIATRIC ESOPHAGITIS IN SOUTHERN IRAN: A SINGLE CENTER EXPERIENCE

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Objectives To determine the clinico-epidemiological characteristics of pediatric esophagitis in southern Iran.

Methods A cross-sectional study was conducted during a 4-year period from 2005 to 2009 in Nemazee hospital, a tertiary healthcare center in Shiraz, southern Iran. We consecutively included all the pediatric patients (< 18 years) who underwent endoscopy in our center and had pathology-confirmed diagnosis of esophagitis. Data regarding the patients' demographic characteristics, comorbidities, and clinical findings were recorded using a questionnaire. All the patients underwent upper GI endoscopy and biopsy of the esophagus and the findings were recorded in the questionnaire.

Results We studied 125 children among whom there were 61 (48.8%) girls and 64 (51.2%) boys with mean age of 6.6±5.5 years. Intractable vomiting was the prominent symptom in our series being reported by 75 (60%) patients followed by fever in 35 (28%). Erythema (33.6%), esophageal ulcer (11.2%), and whitish patch (8.0%) were the most common endoscopic findings while reflux esophagitis (32.8%), chronic (6.4%) and acute esophagitis (5.6%), and candida esophagitis (5.6%) were the most common histological diagnoses. Just 1 (0.8%) patient was diagnosed as having eosinophilic esophagitis, aspergillosis, and graft versus host disease.

Conclusion Reflux is the most common cause of esophagitis in the pediatric population of southern Iran. Despite previous reports the prevalence of eosinophilic esophagitis is far less than estimated while the prevalence of opportunistic infections is higher secondary to post liver transplantation immunosuppression.

692 INCREASING THE FREQUENCY OF EOSINOPHILIC ESOPHAGITIS IN CHILDREN: IS IT REAL?

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Introduction Eosinophilic esophagitis (EOE) is a chronic esophageal inflammatory disease. Because signs and symptoms of the disease are similar to the gastroesophageal reflux (GER) disease many patients are treated as GER disease.

Aim In this study we aim to evaluate 42 children with the diagnosis of EOE.

Methods Clinical and laboratory databases of 42 patients who were followed-up.

Results 57% of patients was male, mean age 7.24±3.8. IgE levels were high in 24 patients of the all patients. Skin prick test was applied to the patients who have high IgE levels however the factor that may cause allergies could be detected in 1/2 of them. We applied gastroscopy to all patients and nodular appearance was seen in 90% of them. Biopsy specimens of all cases had at least 15 eosinophils infiltration. Food elimination was performed to 12 patients whose allergic factor was detected by skin prick test. Antihistaminic treatment was applied to 12 cases and four of them had systemic steroid treatment. 8 cases were treated by montelukast and topical steroid treatment. Complaints of thirty eight patients who did not have systemic steroid treatment were relieved in the end of first month however four patients that had to use steroids relieved in the end of the second month.

Conclusion EOE is increasing everyday. Complaints and the findings are similar to much of GER disease however it should be considered first in patients whose complaints are going on despite the GERD treatment. Treatment costs and the quality of life is high in terms of early response to treatment in pediatric patients which is recognizable form of the disease is gaining importance.

693 MONITORING FAECAL CALPROTECTIN LEVELS IN THE FOLLOW UP OF DISEASE ACTIVITY AND TREATMENT OF COW'S MILK ALLERGY

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Aim Faecal Calprotectin is recommended as a noninvasive indicative marker of the extent of intestinal mucosal inflammation associated with inflammatory bowel disease and cow's milk allergy (CMA). We aim to demonstrate the usability of measuring faecal Calprotectin as a simple, noninvasive and reliable test in following up disease activity and pointing out relapses in patients with gastrointestinal symptoms associated with colorectal inflammation.

Methods Newly diagnosed 32 patients were recruited into the CMA group while 19 healthy symptomless subjects were included into the control group.

Results Patients in the CMA group were shown to exhibit higher faecal Calprotectin levels than their controls. The levels were significantly lower in the CMA patients after diet modification than they were before diet modification. Patients in IgE mediated group faecal calprotectin level were found higher than control group, but there were no significant difference statistically. Patients in non-IgE mediated group had statistically higher faecal calprotectin levels than controls. Patients in non-IgE mediated group had higher level of faecal calprotectin than patients in IgE mediated group. After exclusion diet, we observed significant regression of faecal calprotectin in both groups.

Conclusion It has been shown that the Calprotectin levels that were initially high had regressed after exclusion diet. Thus it is suggested that faecal Calprotectin can help to show fecal inflammation due to CMP, response to exclusion diet and followup of the disease

activity in CMA. Especially patients in non-IgE mediated group that shows more intestinal signs had higher faecal calprotectin than IgE mediated group that shows less intestinal signs. Thus we can say that non-IgE mediated group has high intestinal inflammation than non-IgE mediated group.

694 EPIDEMIOLOGY OF INFLAMMATORY BOWEL DISEASE IN CHILDREN - A 2000/2012 COMPARATIVE STUDY

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Background and Aims Inflammatory bowel disease (IBD) appears to be increasingly common in children even in Eastern Europe. The aim of this paper was to examine the prevalence of children with IBD and to compare the results with a similar study performed twelve years ago.

Methods We report the results of a survey of all the departments of pediatric gastroenterology in Bucharest designed to determine the characteristics of children with IBD. We selected patients with ulcerative colitis (UC) and Crohn's Disease (CD) during a 12 years period (2000–2012). The patients of the cohort were stratified according to diagnosis CD and UC, as well as age at first manifestation.

Results There were 21 cases of IBD in children reported in 2000 and 77 children in 2012. From those pediatric patients who were diagnosed as IBD between 2000–2012, we identified 41 cases of UC (53.2%) and 36 patients with CD (46.7%). The previous study reported 17 (81%) patients with UC and 4 (19%) patients with CD. The mean age of onset of symptoms in 2012 was 10.2 years while in 2000 this was 13.2 years. 14.9% of children are under 5 year of age.

Conclusion Number of patients with IBD has tripled in the last 12 years in our geographical area. UC is still the most frequent form of IBD in children but we report a growing number of CD cases. There is a significant trend for first manifestation occurring at younger ages today compared to the last decade.

695 EOSINOPHILIC GASTROINTESTINAL DISEASE IN CHILDREN: DIVERSE CLINICAL MANIFESTATIONS

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Background Clinical manifestations of eosinophilic gastrointestinal diseases (EGIDs) varies a lot in Children. The diagnosis relies on practitioner's experience and characteristic pathological features.

Methods A retrospective chart review was conducted of pediatric patients (younger than 18 years old) diagnosed with EGIDs by histopathology proven between 1998 and 2012. Clinical presentations, laboratory data, endoscopic and histopathologic findings were analyzed.

Results Eleven pediatric patients (5 boys and 6 girls) were identified and recruited into the study. There were 8 cases (72%) with eosinophilic gastroenteritis (EGE) and three cases (33%) with eosinophilic colitis (EoC). The clinical features of EGE included abdominal pain (6/8, 75%), vomiting (5/8, 62.5%), diarrhea (3/8, 37.5%), peripheral eosinophilia >500 cells/microL (0/6, 0%), elevated IgE (4/8, 50%), documented specific food IgE (3/7, 43%). One infant was presented as protein-losing enteropathy. Swollen pyloric ring, edematous duodenal bulb hinted the diagnosis on endoscopy. One patient received appendectomy because of acute abdomen. All patients' acute symptoms got improved after anti-histamine, probiotics, or even short-course steroid. The clinical manifestations of