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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

doi:10.1136/archdischild-2012-302724.0693

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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

doi:10.1136/archdischild-2012-302724.0694

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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

doi:10.1136/archdischild-2012-302724.0695

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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

EOC included bloody stool (3/3, 100%), diarrhea (2/3, 66%), abdominal colic (1/3, 33%), elevated IgE levels (2/3, 66%), peripheral eosinophilia >500 cells/microL (1/3, 33%).

Conclusion EGIDs in children vary a lot among different age groups and clinical manifestations. Endoscopic exam with biopsy should be considered for unexplained gastrointestinal symptoms which may persist for weeks and lack of infectious etiology. Prompt diagnosis need highly suspicion of practitioners and could avoid unnecessary operation and/or delayed treatment.

696 DELAY OF GASTRIC EMPTYING BY ¹³C-ACETATE BREATH TEST RELATED TO ORTHOPAEDIC SCLIOSIS IN NEUROLOGICALLY IMPAIRED PATIENTS WITH GASTROESOPHAGEAL REFLUX

doi:10.1136/archdischild-2012-302724.0696

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Background and Aims Delayed gastric emptying often occurs in patients with gastroesophageal reflux (GER) due to neurological impairment (NI). The aim of this study was to evaluate gastric emptying of liquids in patients with symptomatic GER using the ¹³C-acetate breath test (ABT), and to compare the gastric emptying rates with the severity of orthopaedic scoliosis between patients without and with NI.

Methods Sixteen patients were divided into 2 groups; group 1 without NI (6 patients) and group 2 with NI (10 patients). The liquid test meal consisted of RacoL™ (5 ml/kg) mixed with ¹³C-acetate (50 mg for infants, 100 mg for children, and 150 mg for adolescents). Breath samples were collected for ¹³CO₂ measurement before the intake of the meal, every 15 minutes during the first 2 hours after the meal and every 30 minutes thereafter to assess the ingestion of ¹³C-acetate and RacoL™. ¹³CO₂ was measured using a gas chromatograph-isotope ratio mass spectrometer. The results were expressed as % of ¹³C expired per hour and cumulative ¹³C excretion over a 3-hour period. The severity of orthopaedic scoliosis was quantified by Cobb angle.

Results Statistical relations were

1. age and half excretion time in ¹³C-ABT ($t_{1/2ex}$), $p=0.0649$;
2. age and groups with or without NI, $p=0.00018$; age and Cobb angle of scoliosis on plain Xp, $p=0.0087$; and severe Cobb angle ≥ 30 degree and $t_{1/2}$, $p=0.1962$.

Conclusion According to ¹³C-ABT, the delayed gastric emptying in patients with GER due to NI was related to severe orthopaedic scoliosis.

697 ENDOSCOPIC AND HISTOPATHOLOGICAL FINDINGS IN CHILDREN WITH UPPER GASTROINTESTINAL BLEEDING

doi:10.1136/archdischild-2012-302724.0697

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Introduction The etiology changes according to the age of child for upper gastrointestinal system(GI) bleeding. Esophagogastroduodenoscopy (EGD) is used to determine the source of upper GI bleeding in 90% of children when performed in the first 24 hours.

Aim In this study we aimed to determine the etiology of the upperGI bleeding in children. In order to determine the etiology we evaluated the EGD and biopsy findings.

Methods We evaluated the EGD and biopsy findings of children who complaint of upperGI bleeding.

Results Eighteen children were in newborn period. We detected that 12 of infants hematemesis was due to swallowed maternal blood by Apt-Downey test. EGD was performed to 6of newborns

and 4of them had no pathology but 2 had vascular malformations. Eight children were below 1year of age. We detected Mallory Weiss tear in two infants and moderate severe esophagitis findings was seen on biopsy materials. Six of these cases have both macroscopic and microscopic findings of gastritis on antrum and H.pylori(+). There were 22 cases above 1year old. Four of them had ulcer on bulbus. Six of them had esophageal varices. Mallory Weiss tear was detected on 3 of 12 cases and their biopsies were consistent with moderate-severe esophagitis. Macroscopically gastritis on the antral part was detected in 9 cases and biopsies were consistent with active gastritis and also all ofthem was H.pylori (+).

Conclusion In order to indicate the severity of bleeding it is very important to determine the bleeding site and etiology of bleeding. So that a detailed history and complete physical examination is very important. The importance of endoscopy in determinaiton of etiology is undisputed.

698 ELECTROLYTIC AND ACIDOBASIC DISORDERS AT CHILDREN WITH SEVERE DEHYDRATION (CAUSED BY DIARRHOEA)

doi:10.1136/archdischild-2012-302724.0698

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Introduction Electrolytic and acidobasic disorders that appear during the severe dehydration are frequent.

Purpose Presentation of electrolytic and acidobasic disorders among children with severe dehydration caused by acute diarrhoea.

Material The examined children were infants and preschool children hospitalized at the Intensive Care Unit during 2007.

Methods Based on clinical assessment and laboratory analysis.

Results During 2007 there were 657 children of different age groups hospitalized at the Intensive Care Unit. The highest number 462 (70.3%) of them were infants and the lowest number of them 195 (29.7%) were preschool age children. The highest number 196 (29.8%) were with the severe dehydration caused by acute diarrhoea, 187 (27.7%) of children dehydrated due to the decompensate bronchopneumonia, whereas the lower number of children of 12 (1.8%) were with acute intracranial disease and other diseases. According to the types of dehydration, there were 100 (51%) of patients with isonatremic dehydration, 54 (27.5%) were with hyponatremic dehydration and 42 (21.42%) were with hypernatremic dehydration. The values of potassium were normokalemia at 85 (43.3%), with hypokalemia 80 (40.8%) and with hyperkalemia 31 (15.8%) of the patients. The lowest values of pH were 6.80, base excess was -30 mmol/L, urea up to 18 mmol/L. The rehydration was done based on the clinical assessment of dehydration grade and correction of electrolyte disorder, types of dehydration, correction of metabolic acidosis and antidiarrhoeal diet.

Conclusion Severe dehydration caused by acute diarrhea at our patients was accompanied with the severe electrolytic and acidobasic disorder and still represents the medical and social problem in Kosovo.

699 ROTAVIRUS GASTROENTERITIS AMONG CHILDREN UNDER FIVE YEARS OF AGE IN KOSOVO

doi:10.1136/archdischild-2012-302724.0699

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Background Infective diarrhea is a common disease in children under age of five in Kosovo. The most common cause are viruses and among them rotavirus is leading.