

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 <sup>13</sup>C-ACETATE BREATH TEST RELATED TO ORTHOPAEDIC SCOLIOSIS IN NEUROLOGICALLY IMPAIRED PATIENTS WITH GASTROESOPHAGEAL REFLUX

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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 <sup>13</sup>C-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 <sup>13</sup>C-acetate (50 mg for infants, 100 mg for children, and 150 mg for adolescents). Breath samples were collected for <sup>13</sup>CO<sub>2</sub> 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 <sup>13</sup>C-acetate and Racol™. <sup>13</sup>CO<sub>2</sub> was measured using a gas chromatograph-isotope ratio mass spectrometer. The results were expressed as % of <sup>13</sup>C expired per hour and cumulative <sup>13</sup>C 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 <sup>13</sup>C-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  $\geq 30$  degree and  $t_{1/2}$ ,  $p=0.1962$ .

**Conclusion** According to <sup>13</sup>C-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

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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 upper GI 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 upper GI 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 6 of newborns

and 4 of them had no pathology but 2 had vascular malformations. Eight children were below 1 year 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 1 year 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 of them 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 determination of etiology is undisputed.

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

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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 diarrhoea 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

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