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/µL (1/3, 33%).

**Conclusion** EGDs 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.

### DELAY OF GASTRIC EMPTYING BY 13C-ACETATE BREATH TEST RELATED TO ORTHOPAEDIC SCOLIOSIS IN NEUROLOGICALLY IMPAIRED PATIENTS WITH GASTROESOPHAGEAL REFUX

**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 RacolTM (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 RacolTM. 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 (t1/2), p=0.0649;
2. age and groups with or without NI, p=0.00018; and severe Cobb angle ≥30 degree and t1/2, p=0.0196.

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

### ENDOSCOPIC AND HISTOPATHOLOGICAL FINDINGS IN CHILDREN WITH UPPER GASTROINTESTINAL BLEEDING

**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.