The aim of this study was to reveal epidemiological and clinical data of the disease and discuss implemented modes of treatment.  

Methods The medical records of children aged 0-5 years hospitalized with acute gastroenteritis in our facility between 1 January 2011 and 31 December 2011 were retrieved.  

Results Of 1011 patients hospitalized in the study period, 116 were rotavirus positive (11.47%). Of all patients, 74.4% were boys and 82.75% up to one year old. The average age for patients was 16.38 months. Eutrophic were 61.12% patients, with first grade hypotrophy were 21.5% patients and with second grade hypotrophy 7.7% patients. All patients presented with diarrhea, 97.41% had vomiting and 43.96% fever at the admission. 70.7% of patients in study had vomiting and 43.96% fever at the admission. 70.7% of patients had moderate dehydration and 29.3% severe dehydration. Only somewhat less than one third of the patients in study were not treated with antibiotics (36.2%) and somewhat less then every fifteen was given blood and blood derivates (6.9%). Every fifth patient in the study had associated disease. All patients were treated successfully.  

Conclusion Rotavirus is responsible for significant portion of the acute diarrhea in Kosovo.

700 EASY DIAGNOSTIC METHOD FOR MACRO-AST  
doi:10.1136/archdischild-2012-302724.0700  
OF Beser, S Lacinel, T Erkan, FC Cokugras, T Kutlu. Istanbul University Cerrahpasa Medical Faculty, Istanbul, Turkey  

Introduction Macro aspartate aminotransferase (macro-AST) has rarely reported as benign cause for increased plasma AST activities (ASAT). Highly specialized chromatography or electrophoresis were proposed for diagnosing macro-AST. We aimed to present a easy method for macro-AST.  

Case Report We report here three cases of 18-month-old and 11-year-old two girls and 5-year-old boy with an isolated chronic asymptomatic elevation of the plasma ASAT. Our patients had no relevant past medical history and no family history of liver pathologies. They have high AST levels respectively 64 IU/L(0-40), 123 IU/L, 75 IU/L. They did not have hepatomegaly or splenomegaly. Several and regular controls of the liver function tests confirmed the asymptomatic isolated elevation of ASAT with values varying between 50 and 120 IU/L. The viral serologies for hepatitis were always unremarkable. ASMA, LKM, ceruloplasmine, anti-gliadin antibodies, TSH, FT4, alpha-1 antitripsin and abdominal sonographic imaging were normal. We took blood two tubes of 1 ml of blood samples from each patients and from 3 healthy controls. We studied AST levels of one tubes and other tubes were studied after 6 days of refrigerated storage (4° C). We reported 1–3% of loss of AST activity in our patients and 50–55% of loss of AST activity in control group (Table 1). As a result very low loss of AST activity of our patients supported that our patients have macro AST.

Abstract 700 Table 1  

Conclusion Physicians should be aware of macro-AST as a cause of plasma AST activity elevations. Several laboratory techniques were proposed for diagnosing macro-AST. Some require highly specialized chromatography or electrophoresis. Other have more simple procedures based on immunoprecipitation of macroenzymes by polyethylenegycyl. There was a simple method as we reported in our three patients.
Rotavirus is the main cause of AGE accounting for about 35% of all causative agents. About 90% of all cases of Rotavirus AGE occur in children under 5 years of age and more than 50% of cases occur in infants. Vaccination against rotavirus is now the best preventive measure.

**703 CASE REPORT - A PATIENT WITH BONE FORMATION DEFECTS DURING PRENATAL LIFE DIAGNOSED AS ‘SHWACHMAN-DIAMOND SYNDROME’**

doi:10.1136/archdischild-2012-302724.0703

O Beser, 1D Dokurel, 1T Kulu, 1T Erkan, 1C Cokugras. 1Pediatric Gastroenterology, Hepatology and Nutrition; 2Dept. of Pediatrics, Istanbul University Cerrahpasa Medical Faculty, Istanbul, Turkey

**Case Report:** Shwachman-Diamond syndrome (SDS) is an autosomal recessive disorder with clinical features that include pancreatic exocrine insufficiency, hematological dysfunction and skeletal abnormalities during development after birth and varies with age. The patient was born as the first child to healthy, term labour. Labour was induced at 20 wk gestation because of symmetrical fetal growth retardation. Congenital infections were excluded. In the fetal karyotype analysis, no chromosomal abnormalities were detected. Molecular genetic analysis for achondroplasia and hypochondroplasia was performed and gave negative results. After birth, laboratory studies were normal. At the age of six months the patient’s height, weight and head circumference remained below 3 percentile. During the sixth month of life, the child’s blood count were evaluated retrospectively and intermittent neutropenia was documented. When she presented with increased fat loss and failure to thrive, fecal elastase level was $< 50 \mu g/g$, low serum trypsinogen level was found. These results were primarily the signs of severe pancreatic insufficiency. On the CT scanning of pancreas, scattered fatty infiltration was detected. The X-ray imaging of the thorax showed narrow thorax. Although on spinal X-ray metaphyseal changes on the costochondral junctions was not detected; ‘Metaphyseal dysostosis’ of the femoral head and distal femur was observed more remarkably than upper limbs. When SDS gene which is a causative gene for Shwachman-Diamond Syndrome was analyzed by DNA sequence analysis. **Discussion** In contrast to the previous observations, results suggest that the characteristic skeletal changes present in some patients in the intrauterine period of life. Our observation underlines the necessity to consider SDS as the other common reasons of prenatal to postnatal diagnosed bone disorders like achondroplasia and hypochondroplasia.

**704 MALROTATION - NOT A LAUGHING MATTER**

doi:10.1136/archdischild-2012-302724.0704

E Robertson, M Thorpe. Paediatrics and Child Health, Royal Cornwall Hospital, Truro, UK

**Background** Early diagnosis and management of intestinal malrotation can potentially prevent the devastating complications associated with mid gut volvulus. Atypical presentation of intestinal malrotation in older children frequently leads to a significant delay in diagnosis. **Methods** A 6-year-old boy presented with a five year history of hiccups, then vomiting after laughing. Sadly, he had resorted to avoiding laughter. Barium studies demonstrated intestinal malrotation, therefore a Ladd’s procedure was performed and he made a good recovery. The case prompted a literature search for aetiology, diagnosis and management of malrotation in children outside of the neonatal period. **Results** We present a review of this literature, including findings that diagnosis of intestinal malrotation in the older child is frequently delayed. One study demonstrated a mean delay to diagnosis of 1.7 years. Vague abdominal symptoms including chronic abdominal pain, intermittent non-bilious vomiting, diarrhea and failure to thrive have been associated with malrotation, but hiccups and laughter have not previously been described. Recent review of diagnostic imaging recommended ultrasound as the investigation of choice, and may advocate its use in the work up of children presenting with non-specific abdominal symptoms. Although debated in the literature, a Ladd’s procedure is recommended for all children, even if asymptomatic. **Conclusion** Children with intestinal malrotation present us with a diagnostic challenge, but a low threshold of suspicion in patients presenting with vague abdominal symptoms, including intractable hiccups or vomiting, may ensure these children receive the timely surgical intervention.

**705 GASTROINTESTINAL HEMORRHAGE IN A 21-MONTH-OLD GIRL IN THE COURSE OF LYMPHOODULAR HYPERPLASIA. CASE REPORT**

doi:10.1136/archdischild-2012-302724.0705

A Mroczkowska-Juchkiewicz, A Pawłowska-Karnieniak, D Golyńska, K Kominek, E Pac-Kazuchowska. Medical University, Lublin, Poland

Gastrointestinal hemorrhage is an emergency condition requiring immediate diagnostics. Lymphooodular hyperplasia, as a cause of bleeding from the gastrointestinal tract in children, is a rarely observed pathology of unknown etiology. The case of a 21-month-old girl is presented with massive bleeding from the lower gastrointestinal tract in the course of lymphooodular hyperplasia. Endoscopy of the upper and lower gastrointestinal track was performed as an emergency procedure. Gastroscopic examination did not indicate any deviations from the normal. Colonoscopy showed no organic pathology of the mucosa in the terminal ileum, and the presence of blood in the small intestine was not observed. In the entire large intestine the presence of hemolyzed blood was noted and a massive lymphooodular hyperplasia on the mucosa. Histopathologic tests of the specimens taken from the large intestine confirmed normal pit patterns, mucosal edema, presence of lymph follicles, and numerous apoptic bodies in the lamina propria beneath the epithelium and in the surface epithelium.

**706 INTESTINAL EPITHELIAL DYSPLASIA - A CASE REPORT OF A Milder PHENOTYPIC**

doi:10.1136/archdischild-2012-302724.0706

G Lesanu, 1Tincu, 1M Gherghieanu, 1C Becheanu, 2D Dumbrava, 1Pacurar, 1V Danila. 1‘Grigore Alexandrescu’ Emergency Children’s Hospital; 2‘Victor Babes’ National Institute; 3‘Fundeni’ Clinical Institute, Bucharest, Romania

The intractable diarrhea of infancy remains a difficult challenge for the pediatrician. We report a rare case of a five-month-old female infant admitted in “Grigore Alexandrescu” Emergency Children’s Hospital, Bucharest for diarrheic stools and severe malnutrition with birth onset. She was exclusively breastfed with poor gain weight (560g in 5 months). During the 5 months of life the child was repeatedly admitted to other hospitals because of diarrhea and failure to thrive without a precise diagnosis. We mention that she had a sister who died at 5 months old because of severe diarrhea with birth onset. At admission the infant had severe malnutrition with watery diarrhea and facial dysmorphism. After extensive investigations we excluded infections and allergic causes, cystic fibrosis, immune and autoimmuno enteropathy, motility disorders. We performed inferior and superior endoscopies with biopsies that excluded microvillus inclusion disease. Examination of the biopsy specimens (optic and electronic microscopy) revealed the diagnosis of intestinal epithelial...