included skin manifestations inherent to giardiasis: paleness, chelitis, hyperkeratosis follicularis punctata and prolonged skin itching. As a result of reflex and toxic allergic actions of Giardia, a syndrome of chronic endotoxinaion has prompted emergence of dyskinesia of the gallbladder and sphincter apparatus in 75% of patients with subsequent inflammation of the gastrointestinal tract (in 48% of patients). That further increased an antigenic load on their immune systems. SCORAD index in 22 infected children showed moderate severity of atopic dermatitis, whereas 18 patients proved to have a severe form.

**Conclusion** The analysis has shown that 27% of patients with atopic dermatitis were infected with giardiasis. These data require a use of a complex approach to the therapy of atopic dermatitis, more thorough examination of children for any pathology of the gastrointestinal tract, particularly, the examination of helminths.

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**Abstracts**

**859 DERMATOLOGIC IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME (IRIS) IN CHILDREN RECEIVING ART FROM A COMMUNITY OUTREACH PROGRAM IN KAMPALA**

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A Bagenda, J Mbabazi, M Na Lubega-Mboowa. International Health Sciences University, Entebbe; Department of Pediatrics and Child Health, Mulago Hospital (Hp) Uganda

**Background** Onkuiriza (2011) demonstrated that dermatological manifestations were the most common IRIS events in children receiving ART. We aimed to find the incidence of dermatological-IRIS in children receiving ART for at least 12 weeks.


**Results** Total of 110 charts; median age 5.9 years (IQR 11.9±10.9yrs), 70 females (63.6%). 85 children (77.2%) baseline WHO stage III/IV. All children received septrin. Median time on ART was 24weeks (IQR 13.2–40.8). Baseline CD4+ was < 15% for 77 (70%), > = 15% for 83children. Viral load ≥399,000 copies were 76 children (69.1%) and < 399,000 for 34 children. PPE had the highest incidence (47cases) after ART initiation. 10cases of verrucae planae, 9 Kaposi Sarcoma, Herpes Zoster and Tinea corporis each, 8 molluscum contagiosum, 4tinea capitis, 3HSV and 1 varicella zoster. Median time to develop PPE was 3weeks (IQR 10.3–50.1 days). Increasing age associated with IRIS; highest between 5–12 years (age correlated with degree of immunosuppression).

**Viral load after 3 months; < 1log10 decrease for 45 children (40.9%), > = 1log10 decrease for 65children. Children who had > = 25cells/ul change in CD4+ (83 children) carried almost 3-fold risk for dermatologic -IRIS compared to children with < 25cells increase (69 Vs 9 cases [O.R 2.9 CI 1.40–11.02, p value 0.004]. No significant increased risk for dermatologic-IRIS based on viral load ≥40.9%)

**Conclusion** Prevalence of unmasking dermatological-IRIS was high. PPE accounted for highest mucocutaneous IRIS manifestations. Caregivers should be counseled about possible worsening of PPE with ART initiation.

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**860 EPIDEMIOLOGICAL FACTORS AND FOOD: WHICH IS THE ROLE IN HELICOBACTER PYLORI RE-INFECTION IN PEDIATRIC AGE?**

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T Sabbi. ASL RMG, Rome, Italy

**Background** Helicobacter pylori (Hp) infection has been recognized as a cause of chronic gastritis, peptic ulcer, atrophic gastritis and gastric cancer. Its acquisition is related with poor socioeconomic conditions while the relationship of nutrition and Hp is still a question.

**Aim** To analyzed if socioeconomic factors and dietary contribute to Hp re-infection in pediatric age.

**Patients and methods** 150 patients (92 males; age range 5–16 years) with Hp infection treated and eradicated in the past. 55 patients with Hp re-infection and 95 patients not re-infected.

We interviewed the children with questionnaire about socioeconomic factors, hygiene, living conditions and their dietary habits.

**Results** A lower frequency of fermented dairy food, fruits and vegetable consumption was registered among children with Hp re-infection as compared to not been re-infected.

Among persons with Hp re-infection were noted low socio-economic markers such as crowded living conditions, a large number of siblings and unclean water. Hygiene and living conditions.

**Risk factors for Hp re-infection are low socioeconomics factors, hygiene and living conditions.**