agents followed by symptomatic medications of which decongestants were the most prevalent. On average, the number of drugs per prescription was 3.86. The combination of amoxicillin + clavulenate and azithromycin were the most prescribed antimicrobials.

Conclusions Overall, prescriptions of antimicrobials among pedi- atric patients suffering from RTIs were appropriate. There is scope for further improvement through formulation of institutional anti-biotic guidelines for common RTIs.

**904 COMPARISON OF CLINICAL AND MICROBIOLOGICAL FEATURES OF VULVOVAGINITIS IN PREPUBERTAL AND PUBERTAL GIRLS**

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Objective Vulvovaginitis is the most common gynecological prob- lem of childhood. The aim of the study was to determine and com- pare clinical and microbiological features of vulvovaginitis in prepubertal and adolescent girls.

Material and Methods In this retrospective study, the records of patients who were diagnosed with vulvovaginitis between January 2005 and December 2010 in the Pediatric outpatient clinic at Fatih University Hospital were retrieved. Information regarding age, symptoms, history of antibiotic use within 1 month prior to presen- tation, findings on urinalysis, serum antistreptolysin-O levels, and results of urine/vaginal cultures was collected.

Results The records of 112 patients were evaluated, 72 of which were prepubertal (64.2%) and 40 were pubertal (35.7%) at the time of diagnosis. Thirty-eight prepubertal patients (52.7%) had a positive result on vaginal culture, the most commonly encountered microorganism being group A beta hemolytic streptococcus (15.2%). Culture positivity rate in the pubertal group was 47.5% (19 patients), with Candida albicans being the most frequently isolated microorganism (27.5%).

Conclusion The etiopathogenesis and culture results differ between prepubertal and adolescent girls with vulvovaginitis, which should be taken into consideration in the treatment approach of this disorder.

**905 FUNCTIONAL ANTIBODY ASSAY: HOW USEFUL IS IT IN RECURRENT RESPIRATORY TRACT INFECTIONS?**

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Background and Aim Recurrent respiratory tract infection (RTI) is a frequent presenting complaint in the general paediatric clinic. Children are often tested to screen for possible underlying immuno- deficiency and Cystic Fibrosis. We aim to evaluate the indications for performing functional antibody assay (FAA) and how the results affected our clinical management.

Methods We retrospectively studied children who had FAA (Hae- mophilus, Pneumococcus, and Tetanus) sent over a 1-year period in our district general hospital. Clinical records were examined for patient’s characteristics and FAA results.

Results Between September 2010 and September 2011, 48 patients had FAA performed. Ages ranged between 1 and 18, with 6% under 13 months old, and 85% under 8 years old. In 77%, FAA was per- formed because of recurrent RTI; 10% because of other recurrent infections; and in 13% no indication was documented. 55% of