

(33%) were found to have PN and they were distributed as follows: 2 patients (8.3%) were proved to have chemotherapy induced PN, 4 patients (16.6%) showed subclinical chemotherapy induced PN and 2 patients (8.3%) showed subclinical PN due to ALL itself. 5 cases (62.5%) were found to have axonal pattern of PN, 1 case (12.5%) was found to have demyelinating pattern of PN and 2 cases (25%) were found to have mixed axonal demyelinating pattern of affection. Motor nerves affection was greater than sensory nerve.

Conclusion Chemotherapeutic agents used in phase I (induction of remission) proved to have a neurotoxic effects on peripheral nerves. In most of the patients, the peripheral neuropathy was subclinical.

1517 THE CLINICAL FEATURES AND OUTCOMES OF MOYAMOYA DISEASE IN A MEDICAL CENTER IN TAIWAN

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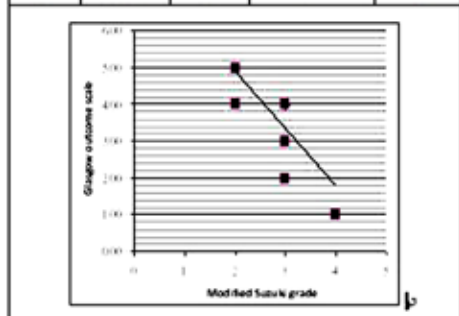
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Background and Aims To describe the clinical features and outcomes of patients with moyamoya disease (MMD) who received surgical or medical treatment at a single institute in Taiwan.

Methods From August 2004 to September 2010, medical charts of patients with MMD (ICD-9 code: 437.5) from a medical institute in Taiwan were reviewed. Demographic and clinical characteristics, cerebral imaging files and follow-up information, and outcome were analyzed.

Results There were total 46 patients with MMD enrolled in this study. Male versus female ratio was 21 versus 25 (=1:1.2). Ages ranged from 1 to 84 year-old with the peak incidence in the 31–40 year age group (12 cases). The incidence of cerebral ischemic infarction was 75.0% (6/8) in the pediatric group, and 60.5% (23/38) in adult group; haemorrhagic stroke was 1.3% (1/8) in pediatric group and 26.3% (10/38) in adult group. Symptoms, included paralysis (76.1%; 35/46), consciousness change (34.8%; 16/46), headache (17.4%; 8/46), numbness (17.4%; 8/46), and seizure (17.4%; 8/46). A regression analysis showed that the outcome of patients with MMD was negatively related to a modified Suzuki's score (p<0.05).

Case ^a	Sex Age ^a	Suzuki grade ^a	Modified Suzuki grade ^a	Outcome ^a
1 ^a	F 84 ^a	6 ^a	4 ^a	1 ^a
2 ^a	F 64 ^a	3 ^a	3 ^a	2 ^a
3 ^a	M 49 ^a	3 ^a	3 ^a	3 ^a
4 ^a	F 43 ^a	3 ^a	3 ^a	4 ^a
5 ^a	M 34 ^a	3 ^a	3 ^a	4 ^a
6 ^a	F 42 ^a	3 ^a	3 ^a	4 ^a
7 ^a	F 40 ^a	3 ^a	3 ^a	4 ^a
8 ^a	M 21 ^a	3 ^a	3 ^a	4 ^a
9 ^a	M 36 ^a	2 ^a	2 ^a	4 ^a
10 ^a	M 34 ^a	2 ^a	2 ^a	5 ^a



Abstract 1517 Figure 1 Glasgow outcome scale v.s modified Suzuki's score

Abstract 1517 Table 1 Image modality and stroke type in a medical center

Image	Percentage (N/46)
MRA	73.91% (34/46)
CTA	30.43% (14/46)
Angiography	21.74% (10/46)
Stroke type	
Ischemic type	63.04% (29/46)
Haemorrhagic type	23.91% (11/46)

Abstract 1517 Table 2 Surgical rate and Glasgow outcome scale

Surgical type	Percentage (N=46)
Neovascularisation	15.22% (7/46)
Removal of hematoma	19.57% (9/46)
None	65.22% (30/46)
Glasgow outcome scale	Percentage (N=40)
5	40% (16/40)
4	42.5% (17/40)
3	2.5% (3/40)
2	2.5% (1/40)
1	5% (2/40)

Conclusions MMD is commonly found in the Asian area, including Japan, Korea and Taiwan. However, the outcomes of patients with MMD are unpredictable. In this study, we found that the severity of MMD might be correlated with the scores of modified Suzuki's grading system. Therefore, the more the scores patients with MMD acquire, the higher risks of infarction will possibly occur in them.

1518 EPIDEMIOLOGICAL ASPECTS IN FEBRILE SEIZURES

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Background and Aims Febrile seizures are a common health problem in pediatric practice, knowledge of clinical manifestations and their evolution is important for correct therapeutic approach.

Assessment of clinical and evolutionary features of febrile seizures (FS), with emphasis on risk factors such as age of onset, sex, FS category, familial history, etc., on the appearance of FS and on the risk of their recurrence is the aim of this work.

Method The authors conducted a retrospective study including 127 children aged 6 months to 5 years, hospitalized for FS between January 2008–March 2009 in our clinic. The role of risk factors in the development and recurrences of FS was analyzed.

Results FS appearance correlates with high fever (78%), male (54%), age 1–2 years (50%), but most do not associate familial history (20%), the global presence of at least one risk factor is found in 93% of cases.

Recurrences appear in 43% of cases of FS and 98% of cases correlate with the presence of at least one risk factor for recurrences (familial history 16% cases, onset of FS under the age of 1 year 29% cases, 47% complex FS).

Conclusions FS appearance correlates with high fever, male gender and age 1–2 years; appearance of relapses associates with complex FS, familial history and age under 1 year at onset.

1519 CLINICAL SPECTRUM OF CEREBRAL PALSY IN SOUTH JORDAN; ANALYSIS OF 122 CASES

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Background The clinical spectrum and associated factors of cerebral palsy may differ between developing and developed countries.

Aim To evaluate the predisposing factors, clinical spectrum, and associated problems of cerebral palsy (CP) in children.

Setting and design In this retrospective study patient data were extracted from file records in our center for early diagnosis of childhood disabilities.

Patients and Methods Our study population included one hundred and twenty two children with age range from 7 months to 17 years. Patients were followed and reviewed in a 32 months period from September 2007 to April 2010.

Simple statistical analysis was used for percentage calculation.

Results and Conclusions Spastic type was the predominant (82.7%), with quadriplegic subtype being the most common (34.4%). The other types were choreoathetoid (8.2%) mixed type (6.6%) and ataxic (2.5%) being the least. Speech delay was the most common associated problem (71.3%) followed by mental retardation (61.5%), seizures (35.2%), hearing problems (26.2), and autism (4.9%) being the least. The clinical spectrum of CP in our country may differ from that reported from the western countries. Prospective studies are needed to evaluate the clinical spectrum and predisposing factors in Jordan.

1520 FUNCTIONAL PROGNOSIS IN OBSTETRICAL BRACHIAL PLEXUS PALSY

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Obstetrical brachial plexus palsy (OBPP) is a complication of difficult delivery and resulted from excessive traction on the brachial plexus during delivery. Erb palsy, klumpke paralysis and panplexus palsy reported in 46%, 0.6% and 20% of patients, respectively. Unilateral injury is more common than bilateral injury. Risk factors include macrosomia, multiparity, prior delivery of a child with OBPP, breech delivery shoulder dystocia, vacuum and forceps assisted delivery and excessive maternal weight gain. The recovery rate is usually reported to be between 80 and 90%. Management based on medical and surgical interventions. We evaluated 42 children with OBPP. Of them, we could follow only 28 cases during two years. Most of the patients were females. Right side palsy was more prevalent than left side palsy. Vaginal delivery without forceps was the most mode of delivery. Vertex was the most common presentation. Most of the patients were term. The mean weight of the birth was 3.8 kg. Erb palsy and pan-plexus palsy consisted of 71.4% and 28.6% of lesions, Poor to moderate recovery occurred in 13 cases. good to complete (expected) recovery occurred in 15 cases.

1521 PAEDIATRIC NARCOLEPSY: A VIDEO SERIES

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Introduction Narcolepsy often begins in childhood (30% of cases) but is infrequently recognized early in the course; only around 4% are diagnosed before age 15. There have been many reports linking H1N1 and narcolepsy. We present a video series of 4 patients that highlight the diagnostic dilemma in paediatric cases as well as association with H1N1 flu.

Case Reports 4 children (5–11 years) were referred to the Neurologists for excessive daytime sleepiness. Disturbed sleep and cataplexy developed soon after. Immunosuppressive therapy was attempted with no response in one child with rapid progression. Cataplexy initially was focal or partial and progressed to the

classical description. The Multiple Sleep Latency Test (MSLT) was grossly abnormal in all them. Hypocretin was absent in the one child investigated. Autoimmune screen was negative in all. One child was treated for H1N1 and 2 had the H1N1 vaccine prior to onset of symptoms.

Conclusion The key to early diagnosis and treatment is recognition of the condition. The videos highlight the facial features and other symptoms that are clues to narcolepsy (Pentad of narcolepsy). Rapid progression is possible related to H1N1 exposure.

1522 CLINICAL STUDY OF CHINESE MASSAGE COMBINED WITH MUSIC THERAPY IN TREATMENT OF CEREBRAL PALSY

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Objective Clinical observation of traditional chinese massage combined with music therapy to improve lower limbs' range of motion (ROM) and to reduce score of composite spasticity scale (CSS) in children with cerebral palsy (CP).

Methods Traditional chinese massage was performed to children with CP, such as to attack vital points of DU meridian, to tonify qi of kidney and spleen, pinching massage, footplate massage, and segmental massage. Background music was played at the same time. Course of treatment was 30 days. ROM of ankle-joint and hip-joint, score of CSS was measures before and after the treatment.

Results 286 children with CP participated. 106 cases showed significant effect (37.40%), 172 cases showed progress (59.16%), and 8 cases had no-effect (2.84%). Significant improvement were found after treatment for ROM of ankle-joint (before: 105.64±12.66; after: 76.58±9.89), and ROM of hip-joint (before: 119.89±25.47; after: 158.99±18.66) (P < 0.01). Score of CSS was significantly lower after treatment (before: 12.39±2.56; after: 7.069±2.97) (P < 0.01).

Conclusion Traditional chinese massage combined music therapy can regulate qi and blood, solute muscle contracture and spasm, so as to rectify scissors gait and talipes, to improve gross motor function of children with CP. It is a therapy of convenience, economy and benefit.

1523 SCALP ACUPUNCTURE THERAPY OF CHILDREN WITH AUTISM

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Objective Assessing the efficacy scalp acupuncture therapy for autism of children.

Methods We selected the 70 cases of autism children followed the random number method to divide the cases scalp acupuncture therapy group (30 cases) and structured control group (40 cases). The treated group with activating brain and opening orifices scalp acupuncture therapy, nordoff-robbins therapy and structured teaching, the control group with Nordoff-Robbins therapy and. We used the Clancy Autism Behavior Scale, Childhood Autism Behavior Scale, Autism Behavior Checklist, Gesell Development scale to assess the result before and after treatment, and adopted the blind method to evaluate the results.

Results

1. In the same treatment time, the therapy group is better than the control group.
2. Comparing among the treatment group, the older group and younger group, there have significant difference in ABC score, CARS score and social adjustment score.