Background Growth in the first year of life may already be predictive of growth and obesity later in childhood. Early life exposure to endocrine disrupting chemicals (EDCs) has been associated with obesity in children and older populations.

Objective To assess the association between prenatal exposure to various EDCs and child growth in the first year of life.

Methods Cord plasma or breast milk was used to determine exposure to amongst others dichlorodiphenyldichloroethylene (DDE), mono (2-ethyl-5-oxohexyl) phthalate (MEOH), and mono (2-ethyl-5-carboxypentyl) phthalate (MECPP). Data on weight and length until 11 months after birth was obtained. Mixed models were composed for each compound and health outcome. Exposure quartiles, time, and gender were added to the models as fixed effects. Subject was added as a random effect.

Results For MEOHP, boys in Q1 had a consistently higher BMI than higher exposed boys ($p = 0.029$). MECPP exposure was related to increased BMI over time in both boys and girls in Q1, though the association was not significant ($p = 0.117$). The effect of MECPP exposure on BMI was mainly due to weight, which was higher in the low exposed groups. For DDE interaction between time and exposure was significant ($p = 0.078$). For boys in particular, those with relatively low exposures had higher BMI curves during the first year.

Conclusion Low exposure to phthalates and DDE was associated with BMI during the first year after birth. Results were gender specific, and associations were mostly non-monotonic. Follow-up is warranted to see if these effects are persistent during childhood.

PS-358 EVALUATION OF PATIENTS WITH DIAGNOSIS OF FAMILIAL MEDITERRANEAN FEVER IN UMRAKANIE REGION OF ISTANBUL

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Background and aims A retrospective evaluation of clinical findings and genetic analysis of patients with Familial Mediterranean Fever (FMF) in Umraniye region of Istanbul.

Methods 44 patients with FMF were evaluated retrospectively in the Department of Paediatrics between 2013–2014 years.

Results The mean age of 44 patients was 8.8 years. Female-male ratio was 1.2:1. The clinical characteristics of patients were recorded as fever (84%), abdominal pain (72.7%), recurrent infection story (47.7%), myalgia (43.1%), arthritis (15.9%); monoarthritis, 11.4%, polyarthritis 4.5%, pleuritis (11%), crysipelas-like erythema (7%), vasculitis (2.2%). MEVF gene variation in patients has revealed 8 mutations. The most common mutation type was M694V (47.7%) followed by E148Q (38.6%), R202Q (15.9%), M680I (11.3%), V726A (9%), P369S (6.8%), M694I and K695 (2.2%), respectively. The M694V mutation was detected in 58% of homozygous mutations. Patients with homozygous M694V mutation have shown significantly more joint complaints when compared to patients with other mutations. The joint complaint was usually seen in the form of monoarthritis. The clinical immigrant polyarthritis ratio was 2.2%. The M680I mutation, which is very rare among Jews and relatively more prevalent in Armenians and Arabs, was the fourth most common mutation in our study, although it was the second common mutation in nationwide studies.

Conclusions Although most previous genetic studies showed that the M694V mutation was the leading locus of risk for developing amyloidosis, we couldn’t determine amyloidosis in our study. In comparison with national studies, clinical signs of pleuritis, arthritis and crysipelas-like erythema determined at lower rates in our study. The M680I mutation, which is very rare among Jews and relatively more prevalent in Armenians and Arabs, was the fourth most common mutation in our study, although it was the second common mutation in nationwide studies.