Background Children's breast preference, feeding from one breast more than the other, has been thought to be common. It may develop spontaneously in absence of known risk factors. We know of no study that explores characteristics of spontaneous children's breast preference (BP).
Objective To establish characteristics of spontaneous BP among children aged 2–24 months.
Design/methods We conducted this cross-sectional study through self-administered survey in 8 primary healthcare centres in Al-Ahsa area, Saudi Arabia. A convenience sample of 500 mothers who brought their 2–24 months old children for vaccination was recruited during 3 months of 2013. The survey consisted of two parts: part 1 was general demographic questions and part 2 explored more about BP. The survey was validated by 2 lactation consultants and tested in a pilot sample of 20 mothers. Surveys with nonresponses on presence or absence of BP question were excluded whereas other nonresponses were replaced by multiple imputation.
Results A total of 480 mothers answered the question on presence or absence of BP (response rate 96%). Out of this, 127 (26%) mothers reported that their children had BP. Prevalence of spontaneous BP was 14% (67/480). Self-reported causes of BP differed significantly (Chi-Square goodness-of-fit $p < 0.001$): spontaneous BP constituted 53% of the causes; small nipple 19%; less milk production 17%; various medical/surgical pathologies 6%; mothers' preference 5%. Mothers observed that spontaneous BP began at a median of 1 month (interquartile range: 1 day-3 months, maximum: 9 months). No significant sex predominance was noted (binomial $p = 0.50$). Proportion of children preferred right or left breast were similar (42% vs 58% binomial $p = 0.50$). Spontaneous BP was the main or ancillary reason for 21% of formula milk usage within the first six months of life. Nineteen mothers were worried from spontaneous BP; however, only 7 of them sought medical advice.
Conclusions Spontaneous BP was the most common cause of BP in children aged 2–24 months with prevalence of 14% and with no sex or side predominance. It started at very early in life and negatively impacted exclusive breastfeeding. Further study is warranted to confirm these results in other populations and ascertain biological causes and the best intervention, as this could help to improve exclusive breastfeeding.

PO-0101 PROGRESSIVE FAMILIAL INTRAHEPATIC CHOLESTASIS IN SAUDI ARABIA

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Background Progressive familial intrahepatic cholestasis (PFIC) is a rare inherited autosomal recessive disease where patients develop severe cholestasis progressing to biliary cirrhosis and chronic liver failure, usually during the first decade of life.
Aim To review the clinical presentation, familial involvement and outcome of patients with PFIC in Saudi Arabia.
Methods A retrospective study for patients who were diagnosed to be PFIC based on gene study between 2000–2013.
Results 48 patients were confirmed by gene test to have PFIC: 5/type 1, 27/type 2, and 16/type 3.

Consanguinity is seen in all patients (100%) and 31 patients (64%) having positive family history of liver diseases All PFIC type 1 patients presented with jaundice, poor growth, hepatomegaly, normal hearing and GGT. Diarrhoea in 4 patients (80%) Two patients (40%) underwent liver transplantation. Of the 27 patients with PFIC type 2, 24 patients (88%) with jaundice 22 patients (81%) and itching 3 patients (11%), hepatomegaly in 23 patients (85%), and 6 patients (22%) with signs of rickets. Biochemically three patients (11%) have high GGT on presentation and the rest of patients (88%) had normal GGT and normal cholesterol and 9 patients (33%) had coagulopathy (INR >1.3). Fifteen patients (55%) underwent liver transplantation; three patients (11%) died.

16 patients with PFIC type 3 presented after 2 years of age, 6 patients (37%) with only jaundice in 5 patients (31%) and 4 patients (25%) with only itching, hepatomegaly in 14 patients (93%) and one patient (6%) with signs of rickets. Biochemically one patient (6%) had normal GGT, and two patients (12%) had coagulopathy on presentation. One patient (6%) underwent liver transplantation.
Conclusion The vast majority of patients with PFIC type 1 and 2 present in the first two years and have normal GGT, while type 3 present after two years and have high GGT. However, GGT can be high in PFIC type 2 (11%) as it can be normal in PFIC type 3 (6%). One third of patients required liver transplant.

PO-0102 TRANSCUTANOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT (TIPSS) IN CHILDREN

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Background Variceal haemorrhage is a major cause of mortality and morbidity in patients with portal hypertension. Transcutaneous intrahepatic portosystemic shunt (TIPSS) is a procedure which is widely used in adults with limited experience in children.
Objectives The aim of this study is to analyse the use of pre- and post-operative laboratory results as predictors for TIPSS failure in the given sample.
Methods This is a retrospective study of children who underwent TIPSS from 1998 to 2013. Data were obtained within 1 month before TIPSS placement. The variables are shown in (Table 1). Failure of TIPSS was defined as requirement of revision within 36 months after the procedure. Patients were divided into two groups post-operatively according to the procedure success; those who did not require revision within 36 months after procedure were considered to have successful TIPSS, while those who needed revision within 36 months after procedure had a failed TIPSS procedure.

Abstract PO-0102 Table 1 Characteristics of the study sample and success rate

	n=10 (%)
-Age in month	
78 - 166	112.4 (mean)
-Cause of Liver disease	
Congenital Hepatic Fibrosis	5 (50)
Allagile Syndrome	1 (10)
Auto-immune hepatitis	1 (10)
Wilson disease	1 (10)
Budd-Chiari Syndrome	1 (10)
Cryptogenic liver cirrhosis	1 (10)
-Indication for TIPSS	
Variceal Bleeding	10 (100)
-Out-come at 36 months after procedure	
Success, no revision after 36 month	7 (70)
Revision in 36 months	3 (30)
Recurrent Bleeding	2 (20)
Occlusion	1 (1)