**PO-0108** ROTA VIRUS GASTROENTERITIS AMONG CHILDREN LESS THAN 5 YEARS: A CROSS SECTIONAL STUDY ON DEMOGRAPHIC, CLINICAL, LABORATORY AND TREATMENT PROFILE

1C Cheriah, 1J Jenny John, 1E Ignatius Douza, 1M Shamseldien, 1Pediatrics, Gulf Medical University, Ajman, United Arab Emirates; 2Pharmacology, Gulf Medical University, Ajman, United Arab Emirates

10.1136/archdischild-2014-307384.777

**Introduction** Rotavirus is leading cause of severe diarrhoea (about 20%) among infants and children and necessitating hospitalisation. The frequency of rotavirus infection among the admitted children <5 years with gastroenteritis and their demographic, clinical, laboratory and treatment profile was studied.

**Material and methods** Hospital based study carried out among <5 years children with acute gastroenteritis (AGE) admitted to Paediatric ward, from January 2011–December 2012.

Demographic characteristics, clinical history, laboratory investigations studied.

SPSS version 20 software used for Statistical analysis. Chi-square test and t-test were used to compare variables.

**Results** 970 cases of AGE of age <5 years admitted during study period.

- 240 cases (24.7%) - Rotavirus gastroenteritis (RVGE), 46 cases- Amebiasis, 8 Adenovirus infection.
- 57% of RVGE males.
- Nationality: Majority from Middle-East; (22% Egypt) (18% UAE Nationals)
- 62% RVGE <2 years.
- Diarrhoea, vomiting and fever were the frequent presenting symptoms in all cases.
- 79% of the cases presented with Moderate degree of dehydration.
- Mean total leucocyte count (TLC) was 9738.4 (3888.2) among RVGE; 11454.2 (4407.3) in amebiasis group (p < 0.05).
- Mean CRP value: 9.8 (16.6) mg/L in RVGE; 50.3 (82.3) mg/L in amebiasis group (p < 0.001).
- Stool examination showed significant difference in colour, consistency, presence of mucus and blood between RVGE and Amebiasis group.
- Mean duration of hospital stay was 2(1) days in both RVGE and other AGE group.
- No mortalities noted.

**Conclusion** Frequency, age distribution, clinical characteristics of RVGE are similar to other reports from Middle East.

Routine Rotavirus Immunisation recommended.

**PO-0109** HERITABILITY OF CHILDHOOD CONSTIPATION

1D Croaker, 2K Wu, 3M Mohanty. 1Paediatrics and Child Health, The Canberra Hospital, Canberra, Australia; 2ANU Medical School, The Canberra Hospital, Canberra, Australia

10.1136/archdischild-2014-307384.778

**Background/aim of study** Constipation is a frequent cause of referral to specialist clinics. Prediction of those who need investigation would be useful. Previous literature has looked at both autism and allergy as potential aetiologic factors in constipation. We studied factors predicting transit study results.

**Methods** Retrospective review of 90 consecutive colon nuclear transit studies in children. Clinical data as well as transit study results were reviewed.

**Main results** A significant minority had a history of delayed passage of meconium. These tended to be smaller (Z score average-0.15) than both the general population and the overall group (NS). Moreover children with a history of delayed passage of meconium were more likely to have an abnormal study than those without a history of delayed passage of meconium. All children had a rectal biopsy, none had Hirschspring disease.

The constipated group generally were more obese than the national average.

Overall 40.7% had diffuse slow transit; 38% had recto sigmoid retention and 22.3% were normal.

An allergic history was present in onethird, but did not predict the study result.

38% had an underlying neuropsychiatric problem, and these children were slightly less likely to have a normal study than neurotypicals: 13% vs. 30% (p = 0.0643 Fisher exact test).

**Conclusion** Early onset of symptoms (delayed passage of meconium) and a neuropsychiatric disorder both seem to predict the study result.

**PO-0110** PREDICTORS OF SLOW COLONIC TRANSIT IN CHILDREN

1D Croaker, 2R Cheriathu, 2L Jenny John, 1E Ignatius Dsouza, 1M Shamseldien.

1Department of Paediatrics and Child Health, ANU Medical School, The Canberra Hospital, Canberra, Australia; 2Medical Student, ANU Medical School, The Canberra Hospital, Canberra, Australia

10.1136/archdischild-2014-307384.779

**Background/aim of study** Constipation is a frequent cause of referral to specialist clinics. Prediction of those who need investigation would be useful. Previous literature has looked at both autism and allergy as potential aetiologic factors in constipation. We studied factors predicting transit study results.

**Methods** Retrospective review of 90 consecutive colon nuclear transit studies in children. Clinical data as well as transit study results were reviewed.

**Main results** A significant minority had a history of delayed passage of meconium. These children tended to be smaller (Z score average-0.15) than both the general population and the overall group (NS). Moreover children with a history of delayed passage of meconium were more likely to have an abnormal study than those without a history of delayed passage of meconium. All children had a rectal biopsy, none had Hirschspring disease.

The constipated group generally were more obese than the national average.

Overall 40.7% had diffuse slow transit; 38% had recto sigmoid retention and 22.3% were normal.

An allergic history was present in onethird, but did not predict the study result.

38% had an underlying neuropsychiatric problem, and these children were slightly less likely to have a normal study than neurotypicals: 13% vs. 30% (p = 0.0643 Fisher exact test).

**Conclusion** Early onset of symptoms (delayed passage of meconium) and a neuropsychiatric disorder both seem to predict abnormal transit study results. Food allergy is clinically relevant, but our data does not show an association with the outcome of the transit study.