

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

¹J Cheriathu, ²L Jenny John, ¹E Ignatius Dsouza, ¹M Shamseldeen. ¹Pediatrics, Gulf Medical University, Ajman, United Arab Emirates; ²Pharmacology, Gulf Medical University, Ajman, United Arab Emirates

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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.

Stool characteristics, Laboratory parameters help to differentiate AGEs, IL6, faecal lactoferrin more specific for differentiating various AGEs.

Routine Rotavirus Immunisation recommended.

PO-0109 HERITABILITY OF CHILDHOOD CONSTIPATION

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

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Background/aim of study Constipation is a common symptom, and accounts for a large percentage of paediatric clinic appointments. We have previously found that carriage of mutations in the CFTR gene is associated with constipation. In this study weeks "To what extent are constipation symptoms heritable in general?"

Methods Parents of children attending the constipation clinic were asked to fill in a questionnaire about bowel habit and family history. Answers were compared with a control group.

Main results Parents of constipated children are no more likely to admit to constipation than control parents, but do have a significantly reduced stool frequency. 50% of control parents admit to passing stool at least once a day compared to 14% of constipation clinic parents ($p = 0.001$). Of those study group parents who do give a history of constipation, two thirds say it dates back to childhood or infancy. There is slightly more rectal bleeding, dietary modification, and abdominal pain and bloating in the constipation group parents, although these symptoms do not reach statistical significance.

In the family history 25% of siblings are also constipated. 15% of families have at least one individual with autism spectrum disorder, and 45% have a family history of allergic problems. 25% have a history of colon cancer in the extended family.

Conclusion Our results support the conclusion that constipation tendency is heritable. There does seem to be a link with irritable bowel syndrome, atopic tendency, autism spectrum disorders, and possibly with colon cancer.

PO-0110 PREDICTORS OF SLOW COLONIC TRANSIT IN CHILDREN

¹D Croaker, ²Z Ridha, ²R Quinn. ¹Department of Paediatrics and Child Health, ANU Medical School The Canberra Hospital, Canberra, Australia; ²Medical Student, ANU Medical School The Canberra Hospital, Canberra, Australia

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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 aetiological 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 Hirschsprung 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% ($p = 0.0634$ 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.