

PO-0114 REPEATED HIGH-DOSE GAMMA GLOBULIN ADMINISTRATION WAS EFFECTIVE FOR GIANT CELL HEPATITIS WITH AUTOIMMUNE HEMOLYTIC ANEMIA IN EARLY CHILDHOOD

T Endo, K Ito, T Sugiura, M Kamei, Y Ito. *Pediatrics, Nagoya City University Graduate School of Medical Sciences, Nagoya, Japan*

10.1136/archdischild-2014-307384.783

Background and aims There is no established treatment method for giant cell hepatitis with autoimmune hemolytic anaemia (GCH-AIHA) in early childhood. This study was designed to investigate whether repeated high-dose gamma globulin administration was effective for a case of GCH-AIHA in early childhood.

Methods The subject was a 10-month-old girl. At 6 months of age, examination for poor activity levels revealed that she was anaemic with elevated transaminase levels. She was then hospitalised at another hospital. Bone marrow testing ruled out the presence of any malignant diseases. She received blood transfusion and was administered steroids, but her condition did not improve; thus, she was transferred and hospitalised at our hospital. Upon admission, her liver was palpable at two finger breadths and her spleen was palpable at one finger breadth. Blood test results were as follows: haemoglobin, 7.0 g/dL; alanine transaminase, 354 U/L; total bilirubin, 15.0 mg/dL; direct bilirubin, 9.7 mg/dL; direct and indirect Coombs' tests, positive and antinuclear antibodies, below 40×; and anti-liver-kidney microsomal-1 antibodies, negative. Liver biopsy confirmed giant cell hepatitis. Mild inflammatory cell infiltration was observed, although fibrosis was extremely mild. Considering her clinical course, the patient was diagnosed with GCH-AIHA. After steroid pulse therapy, administration of prednisolone and cyclosporine was continued but transaminase levels did not improve. Therefore, high-dose (2 g/kg) gamma globulin was administered once per month for a total of four times.

Results The patient's anaemia improved and her transaminase levels dropped.

Conclusions Repeated high-dose gamma globulin administration is effective for GCH-AIHA.

PO-0115 WITHDRAWN

PO-0116 RESULTS OF A SINGLE CENTRE REGISTER FOR PAEDIATRIC INTESTINAL FAILURE

¹D Hermans, ²I Scheers, ¹L Bessalah, ³F Fusaro. ¹*Pediatrics, Cliniques Universitaires Saint Luc, Brussels, Belgium;* ²*Pediatric Gastroenterology Hepatology and Nutrition Unit, Cliniques Universitaires Saint Luc, Brussels, Belgium;* ³*Neonatal Surgery Unit, Children's Hospital Bambino Gesù, Roma, Italy*

10.1136/archdischild-2014-307384.784

Aim Intestinal failure (IF) is a rare condition requiring long term parenteral nutrition (PN). The complex management of IF needs a multidisciplinary approach by expert team of paediatricians, surgeons, gastroenterologists, nurses and dieticians. The risks of medical, surgical and nutritional complications must be prevented or managed appropriately. The primary aims of the register were to list the patients, the aetiology of IF, the therapeutic approach of the disease and the follow-up.

Methods We collected retrospectively the data of 21 patients followed in our centre for IF between 1999 and 2013.

Results Twenty-one patients were included, their age ranged between 2 mo and 15 yrs (mean 7.4 yrs). The causes of IF were short bowel syndrome (16), malabsorption (1) and intestinal motility disorders (4). Sex ratio was 0.29 (F/M). All children required home PN. The duration of PN was (43.1 ± 46.9 mo). 10/21 (47.6%) patients could be totally weaned from PN after 25.4 ± 33.5 months, 5/21 (24%-after 109 ± 74.9 months) were off PN after longitudinal intestinal lengthening tapering (4LILT) or 1 after combined serial tapering enteroplasty (STEP) and (LILT). PN partially weaned in the 6/21 (23.8%) remaining patients.

Conclusions Results of this single centre experience demonstrate that with a proactive multidisciplinary IF management, including surgical rehabilitation procedures, the majority of patients have obtained partial or full enteral autonomy. Extension of this register to other centre in Belgium or Europe would be interesting and probably enhance the quality of patient follow-up.

PO-0117 CLINICAL AND EPIDEMIOLOGICAL CHARACTERISTICS OF COLIC IN THE INFANTS

OM Horlenko, UG Dubinina, AO Yankovsyka, BM Halay, OA Pushkarenko, GB Cossey, VL Piriidi. *Pediatric with Infectious Diseases, Uzhgorod National University Medical Faculty, Uzhgorod, Ukraine*

10.1136/archdischild-2014-307384.785

Background and aims Intestinal colic in the infants is often found in early childhood and is one of the most frequent causes of complaints of parents to the paediatrician. They have functional genesis in 90% of cases, and terminated without treatment at the age of 3–4 months. Problem of Colic needs further study of the causes of disease and the possibility of its correction.

Methods We inspected of 66 children (aged from 6 to 66 days, M±m, 33,52 ± 3,85 days) which have primary diagnosis colic on the bases of Clinical Children Hospital, uzhgorod, Ukraine.

Results The investigation contingent have follows association diagnosis: Acute Respiratory Viral Infection (18,18 ± 4,78%), Pyelonephritis (6,06 ± 2,46%), Pneumonia (9,09 ± 3,57%) Syndrome increased neur-reflex excitability (10,61 ± 3,82%), Protein-energy malnutrition (13,64 ± 4,26%), Atopic dermatitis (9,09 ± 3,57%), Metabolic syndrome (3,03 ± 2,13%), Anaemia (3,03 ± 2,13%), Bullous dermatitis (4,55 ± 2,58%), Jaundice (4,55 ± 2,58), Torticollis (3,03 ± 2,13%), Perinatal infection (3,03 ± 2,13%). Body weight at the birth was 3214,50 ± 84,57 h, at the time of inspection - 3785,24 ± 151,94 h, (n = 66). Clinical signs in the children: Anxiety (100%), Sharp cry (6,06 ± 2,46%), Weakness (10,61 ± 3,82%), Frequent regurgitation (89,39 ± 3,82%), Periodical Vomiting (6,06 ± 2,46), Flatulence (100), High. Temperature (3,03 ± 2,13) Vomiting (4,55 ± 2,58), The rejection of breastfeeding (3,03 ± 2,13), Obstacle breathing (18,18 ± 4,78), Diarrhoea (3,03 ± 2,13).

Conclusions The colic diagnosed in the children with association pathology-acute respiratory viral infection, syndrome increased neur-reflex excitability, protein-energy malnutrition. Intestinal colic were characterised by of Anxiety, Flatulence, Frequent regurgitation, Weakness, Obstacle breathing for our dates. The dominant factors in the development of colic are inflammation and nutritional disorder in the clinical design.