Background

Ankyloglossia is a developmental anomaly causing restricted tongue mobility. Posterior types are usually identified latest and least commonly. Currently, there are no standardised national/international guidelines for diagnosis. This case series aims to highlight the importance of early diagnosis to reduce cases identified only following significant morbidity.

Methods

Over a 2 year period, consecutive patients diagnosed with posterior ankyloglossia were identified.

Results

Of the 15 patients identified, mean age at diagnosis was 24 days (range 4–42). 8(53%) had regained their birthweight however, for 3(38%) of these, weight gain was slow/inadequate. The remaining 7(47%) had lost weight with a mean weight loss of 8.54% (range 2.56–16.06). 13(86%) were exclusively breastfed, 1(7%) both breast- and formula-fed, and 1(7%) formula-fed. Presenting features included poor latch (60%), weight loss (47%), sore nipples (40%), irritability (40%), poor weight gain (20%), increased feed duration (20%), and lethargy (20%). 9(60%) were diagnosed by breastfeeding co-ordinators, 4(26%) by community midwives, and 1(7%) each by a paediatrician and neonatal nurse. All patients underwent a frenotomy following discharge by community midwives, and 1(7%) each by a paediatrician and neonatal nurse. All patients underwent a frenotomy following which both weight gain and feeding improved in 11(73%). Behavioural improvements were noted in 8(53%). 11(73%) mothers felt their baby’s symptoms had improved. All of the 6 mothers who initially described symptoms of their own reported improvement.

Conclusion

For many infants, posterior ankyloglossia is often detected only once feeding has deteriorated enough to result in significantly poor weight gain or weight loss. To prevent this and other morbidities shown in this small case series, a standardised assessment tool may be a useful method to facilitate earlier diagnosis and improve clinical practice.
VITAMIN D DEFICIENCY IN THE HIGH RISK SOMALI COMMUNITY IN WEST LONDON: PHASE I UNDERSTANDING THE COMMUNITY

R Tewari, MK Dhingra. River Island Academic Centre for Paediatrics and Child Care, Northwick Park and St Marks Hospital, London, UK

10.1136/archdischild-2014-307384.1602

Background and aims There is increasing evidence that childhood vitamin D deficiency is associated with poorer overall health and associated with numerous diseases. We wanted to assess knowledge and use of vitamin D in mothers of the Somali Community in West London with the aim of improving knowledge, access to vitamin D and reducing the burden of vitamin D associated healthcare problems in mothers and their children.

Methods A representative sample of Somali individuals were contacted by HASVO (Harrow Association of Somali Voluntary Organisations) and three meetings conducted with these community members. Participants were asked to complete a detailed vitamin D questionnaire assessing baseline knowledge of vitamin D deficiency, awareness of its importance and current uptake. This was followed by an educational presentation and discussion. Questionnaires and presentations were in English and translators provided for those who required assistance.

Results 45 participants completed the questionnaire. Most participants had heard of vitamin D deficiency (33), but the participants and their children were at high risk of it through lifestyle factors, particularly low sun exposure. The discussion exposed variability in both lay health beliefs and experiences with healthcare professionals.

Conclusion Phase I of this study has shown that (i) there is a current vitamin D crisis in this community and knowledge is variable, (ii) clearer community information is needed about vitamin D dosage, (iii) access to cheap vitamin D needs to be better publicised. Thus, we propose that a vitamin D campaign is needed and will be rolled out in Phase II.

INVESTIGATION AND MANAGEMENT OF VITAMIN D DEFICIENCY/INSUFFICIENCY-A SERVICE EVALUATION

M Ahmed, DN Sobithadevi. Paediatrics, Burton Hospitals NHS Foundation Trust, Burton on Trent, UK

10.1136/archdischild-2014-307384.1603

Introduction Vitamin D is essential for bone and skeletal health. The major natural source of Vitamin D is from skin exposure to sunlight. Current evidence suggests that there isn’t enough ambient ultraviolet sunlight from October to April in UK (UK). Similarly, there are reports of rickets re-emerging in parts of UK. There is no internationally agreed consensus regarding cut off value denoting Vitamin D insufficiency/deficiency. Variable practice exits in treating symptomatic and asymptomatic children with Vitamin D insufficiency/deficiency.

Aim To evaluate our current practice in investigating and managing children with subnormal Vitamin D levels (<50 nmol/l).

Method We carried out a retrospective data review on all patients <17 years of age who had vitamin D levels checked in a District General Hospital setting. Data was collected from 2008–2012 and analysed using Microsoft excel.

Results Vitamin D levels were checked on 136 occasions in 89 patients (60% male). 41% of the values were above 50 nmol/l while 20% were <20 nmol/l. ~34% values of <20 nmol/l were from children of Indian and Pakistani origin. 80% of patients with values <50 were treated with oral Vitamin D supplementation. Treatment dose varied from 400–10000 IU/day to 20000–40000 IU/week (ergocalciferol or cholecalciferol).

Conclusion Our data reiterates lack of unified guidance and variable practice amongst clinicians managing Vitamin D deficiency/insufficiency. Careful attention is required when managing South Asian children with chronic illnesses. There is urgent need for multicentre/national research and unified guideline for prevention and treatment of Vitamin D deficiency in children.

HOW TO PREVENT AND IMPROVE MANAGEMENT OF IRON DEFICIENCY ANAEMIA IN CHILDREN

C.S. Chew, XY Chin, GH Tan, SY Chang, MC Tan, CM Lam. Paediatrics Medicine, KK Women’s and Children’s Hospital, Singapore, Singapore

10.1136/archdischild-2014-307384.1605

Aims The aim of our retrospective chart review is to identify causes and improve management of iron deficiency anaemia (IDA) amongst toddlers in outpatient paediatric clinics.

Methods This is a retrospective chart review of children, aged 6 months to 2 years old, who were diagnosed with IDA over 1 year study period in outpatient clinics. Identification of cases with iron deficiency anaemia were from outpatient pharmacy who were prescribed iron supplements during the study period.