

pathphysiology. So it can be used as an early and sensitive marker for the evaluation of gut wall integrity loss in GE particularly rotavirus gastroenteritis (RV-GE) in Egypt.

Patients and methods This case-control cross-sectional study was conducted on 93 Egyptian cases who suffered from acute viral gastroenteritis. 28 healthy children matching in age were recruited as the control group. We collect all clinical data concerning disease manifestations and severity criteria.

Serum I-FABPs were measured using the Enzyme linked Immune Sorbent Assay (ELISA) technique. Viral detection and typing was done by Polymerase Chain Reaction (PCR) for adenovirus, and by Reverse transcriptase PCR (RT-PCR) for rotavirus, astrovirus and norovirus.

Results Results of this work revealed that serum I-FABPs levels were generally higher in the study group cases compared to the control group (1026.4 ± 494.4 pg/ml versus 267.9 ± 200.4 pg/ml, $P < 0.001$). They were also significantly higher in the 46 RV-GE cases compared to other types. Furthermore, Serum I-FABPs levels were significantly higher in severely dehydrated cases as compared to mildly dehydrated ones ($p = 0.037$). Serum I-FABPs levels were correlated significantly with those hospitalised ($r = 0.223$, $p < 0.05$).

Conclusion Serum I-FABPs can be successfully used not only as early and sensitive predictor marker of gut wall integrity loss in viral GE (especially RV-GE) but also their levels can indicate case severity.

Pulmonology/Allergy/Immunology/Asthma

PO-0994 LTRI IN PAEDIATRICS: ANALYSIS OF AN ANNUAL SURVEY

S Accomando, G Ferrante, A Tricarico, P Alga, MS Lo Presti, V Scavone, F Ardolino, F Leone, G Corsello. Department of Sciences for Health Promotion and Mother and Infant Care "G. D'Alessandro", Pediatrics Section, Palermo, Italy

10.1136/archdischild-2014-307384.1612

Background and aims Lower tract respiratory infections (LTRI) are very frequent in paediatric population. We collected epidemiological, etiological and clinical data and correlated them to some variables.

Methods We performed an observational study of all children with a LTRI, admitted to our Paediatric Unit from February 2013 to January 2014. The population was grouped in three classes of ages (0–2yr, 3–6yr, >6yr). All patients underwent to a questionnaire focused on exposition to protective and risk factors for respiratory diseases.

Results 83 children were included. We grouped them according to discharge diagnosis and analysed the distribution for ages, sex and season of onset. At the admission 18 patients had respiratory distress; O₂ therapy was necessary for 11 of them, infusion therapy for 40, endovenous antibiotic therapy for 34.

Swabs were positive in 1 case for Parainfluenza viruses and in 2 for S. Aureus; sierological tests were positive in 5 cases for

Mycoplasma Pneumoniae, in 2 for Chlamydia Pneumoniae, in 1 for ParvovirusB19, in 1 for Coxsackievirus. In 28 patients (33%) exposition to passive smoke was observed, in 17 (20%) to aero-allergens and in 33 (40%) a personal or familiar story of atopy.

Conclusions Our experience showed a higher prevalence of LTRI in males (63%), in winter (35%) and spring (33%), without a difference between preschool and school age children.

PO-0995 SWEAT TESTING SINCE THE INTRODUCTION OF NEWBORN SCREENING IN WEST MIDLANDS, UK

¹M Ahmed, ²T Reynolds. ¹Paediatrics, Burton Hospitals NHS Foundation Trust, Burton on Trent, UK; ²Clinical Chemistry, Burton Hospitals NHS Foundation Trust, Burton on Trent, UK

10.1136/archdischild-2014-307384.1613

Background Cystic Fibrosis (CF) is an autosomal recessive condition caused by gene mutation which affects sodium and chloride transport across the membrane of secretory epithelial cells. New born screening for CF was introduced in the West Midlands, UK in November 2006. ~20% of CF patients may present with meconium ileus. The majority of the remainder are expected to be picked through new-born screening. Sweat test remains the gold standard for the diagnosis of CF and is a critical component of +ve newborn CF screening protocol.

Aim To investigate the positive yield of sweat test at Queen's Hospital Burton Upon Trent (in patients with negative new born CF screen) since the introduction of new born CF screening.

Methods We retrospectively collected local data on all the sweat test results since the introduction of new born CF screening in the West Midlands.

Results Out of 129 sweat tests performed, only one case yielded positive result (born before new born CF screening). Another patient had a borderline test result which was subsequently repeated and found to be normal. Therefore, we effectively have no positive sweat test results so far since the screening commenced.

Conclusion Even though our data is encouraging and suggests increasing the threshold required for performing a sweat test (in individuals born after Nov 2006), this investigations should still be carried out in patients with high index of clinical suspicion as occasional cases will be missed despite universal new born CF screening programme.

PO-0996 ELEVATED LEVELS OF INTERFERON-INDUCIBLE PROTEIN 10 (IP-10) IN PATIENTS WITH 22Q11.2 DELETION (DIGEOGE) SYNDROME

¹DM Aresvik, ²K Lima, ³T Overland, ⁴TE Mollnes, ⁵TG Abrahamsen. ¹Department of Paediatric Research, Oslo University Hospital, Oslo, Norway; ²Division of Medicine, Akershus University Hospital, Lorenskog, Norway; ³Women and Children's Division, Oslo University Hospital, Oslo, Norway; ⁴Department of Immunology, Oslo University Hospital and University of Oslo, Oslo, Norway; ⁵Women and Children's Division, Oslo University Hospital and University of Oslo, Oslo, Norway

10.1136/archdischild-2014-307384.1614

Background and aim The 22q11.2 deletion syndrome (DS), also known as DiGeorge syndrome, is a genetic disorder with an estimated incidence of 1 in 4000 births. These patients may suffer from disorders of many organ systems, but cardiac malformations, thymic hypoplasia/aplasia, hypoparathyroidism, cleft palate and psychiatric disorders are most frequent. In addition, the

Abstract PO-0994 Table 1

Diagnosis	N	Sex	0–2yr	3–6yr	>6yr	Hospital day
Pneumonia	56 (43 Typical-13 Atypical)	35M-21F	17	17	22	6,28
Bronchiolitis	9	6M-3F	all			5,1
Bronchitis	9	6M-3F	2	4	3	7,6
Wheezing	9	5M-4F	1	5	3	3,4