

No predictors were found for the daycare outpatient clinic. Contrary to general assumptions, BMI or weight-to-age were not related to difficult venous access.

Conclusions: The present study shows that difficulty of venous access is not very well predictable by easy accessible patient characteristics.

Table 1.

	OR	Outpatient clinic	Phlebotomy	Recovery room
Single puncture rate (%)	73.1%	80.7%	92.1%	59.2%
Time in s (95%CI)	88 (84-93)	133 (122 - 146)	-	147 (196 - 260)
Predictive value (R ²)	8.5 %	-	7.4 %	11.6 %

[Table 1.]

1199

INFLIXIMAB-INDUCED PSORIASIS IN SEVERE PEDIATRIC INFLAMMATORY BOWEL DISEASE

G. Hiremath¹, L. Duffy², I. Leibowitz²

¹Pediatrics, ²Pediatric Gastroenterology, INOVA Fairfax Hospital for Children, Annandale, VA, USA

Background: Inflammatory bowel disease (IBD) is the most significant chronic gastrointestinal disease affecting the pediatric population in western countries. Infliximab-a monoclonal anti-TNF-antibody is frequently used in management of severe IBD, and other immune mediated inflammatory disorders including psoriasis. The paradox of infliximab-induced psoriasis (IIP) has been reported in adults, but has not been documented in pediatric IBD patients.

Objective: Retrospective study to identify IIP in pediatric IBD patients.

Design/methods: We reviewed medical records of 73 pediatric IBD patients on infliximab.

Results: Five (7%) IIP cases with no past or family history of psoriasis were identified. Three (60%)

were female, and 4 (80%) had CD. The median age at IBD diagnosis was 13 years (range: 11-14). The mean and median age at which they were initiated on infliximab was 15 years (range: 13-16). At an average, our patients had received 13 doses (median: 14, range: 6-17) of infliximab and the average duration of exposure to infliximab prior to developing psoriatic skin manifestations was 28 months (median: 12, range: 9-66). The psoriatic lesions were seen in the facial area in 4 (80%) patients and in perineum in 1 (20%) patient. During onset of psoriatic manifestation, 3 (60%) patients were also on 6-mercaptopurine. All 5 patients were continued on infliximab to maintain clinical remission of IBD.

Conclusions: The paradoxical occurrence of IIP in children with severe IBD may not be rare. A systematic approach is necessary to better understand this paradox.

1200

CARESS: THE CANADIAN REGISTRY OF SYNAGIS (2006-2009)

B. Paes¹, A. Li², K. Lanctot², I. Mitchell³

¹Pediatrics, McMaster University, Hamilton,

²Medical Outcomes and Research in Economics (MORE), Sunnybrook Health Sciences Centre, Toronto, ON, ³Pediatrics, University of Calgary, Calgary, AB, Canada

Objective: To determine current usage of palivizumab prophylaxis, compliance patterns, hospitalization rate (HR) and outcomes in children at high-risk of respiratory syncytial virus (RSV) infection through a Canadian Registry Database (CARESS).

Methods: A prospective, study of Canadian infants who received palivizumab in the 2006-2009 RSV seasons across 27 sites. Neonatal and demographic data were collected upon enrolment. Parents/caregivers were contacted monthly for data on palivizumab utilization, compliance and outcomes related to any respiratory tract events.

Results: 4926 infants aged 2 days - 47 months (mean=5.4 months) were enrolled. Participants were typically male (57.1%) and Caucasian (70.8%). Gestational age (GA) was 32.2 ± 4.6 completed weeks. 3480 (70.6%) premature infants received palivizumab (≤35 completed weeks GA), 403 (8.2%) required O₂, 471 (9.6%) had congenital heart disease and 572 (11.6%) were prophylaxed