clinical features of myotonic dystrophy. The baby was hypotonic requiring prolonged duration of ventilator support. The diagnosis of CDM1 in both mother and the baby was confirmed genetically.

A renal ultrasound on day 2 of life showed pelvicalyceal dilatation of the right kidney. At 28 months of age she had urinary tract infection. A renal ultrasound showed bilateral hydronephrosis with hydroureters. A micturating cystogram revealed dilated, tortuous ureters with marked vesicoureteric reflux bilaterally. The bladder was full, smooth and non-trabeculated. A Mercaptoacetyltriglycine (MAG3) scan showed bilaterally delayed and reduced excretion with a minimal response to diuretic on either side. Urodynamic studies done subsequently confirmed the diagnosis of myotonia of detrusor muscle. An MRI of the spine undertaken to rule out any spinal lesion was normal.

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WHEN SHOULD WE REQUEST NEUROIMAGING IN CHILDREN?

M. Ahmed, N. Dlamini

*Paediatrics, Burton Hospitals NHS Foundation
Trust, Burton Upon Trent, UK*

Background: Effective communication between paediatricians and radiologists is crucial to allow timely, appropriate and useful diagnostic neuroimaging. Where its overuse may result in unnecessary radiation (e.g. CT scan) and waste of National Health Service resources, its underutilization may result in delay of potentially serious and life threatening disorders.

Aim: To evaluate the clinical basis for requesting neuroimaging in children and to investigate the impact of findings on clinical management.

Methods: A list of children aged ≤ 16 years, who underwent CT or MRI brain as requested by any specialty or department was obtained from the radiology department.

Results: The indication for neuroimaging was based on symptoms from history in 32 children, positive examination findings in 63 and outcome of preceding investigations in five. 54 children underwent CT and 46 MRI of the brain. Of 37 children who had no positive clinical findings on examination, only one showed an abnormality on scan which was deemed to be clinically insignificant. 73% scans revealed no abnormality. For these children with normal scan

results, the main benefit of imaging was judged to be the provision of reassurance only.

Conclusion: Nearly three quarters of all scans were normal and none of the children with normal clinical examination had clinically significant findings on brain scan. Our data demonstrates the need for careful consideration of the perceived benefits of neuroimaging, especially when there are no positive findings on examination as the risk for clinically significant abnormal neuroimaging result is appreciably lower in such cases.

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SOME CLINICO-LABORATORY STUDIES OF INTRACTABLE EPILEPSY

A.A. Soliman¹, M.A.A. Abdo²

*¹Assiut University, ²Pediatrics, Assiut University,
Assiut, Egypt*

Objectives: Is to detect some auto-antibodies that may be present in intractable epilepsy (IE).

Also the role of steroid as add on therapy in treatment and improving the quality of life of patients with IE.

Methods: Serum was obtained from sixty children with IE, and also from ten healthy children as control group. The above antibodies were estimated in both groups. Furthermore, the patients were divided into two groups: thirty of them were given steroid therapy for 18 wk in addition to their regular antiepileptic medication, the other 30 patients were given placebo drug for a similar period.

Results: There is an increased titer and significant difference in the levels of antiphospholipids in 43/60 patients (71%); ANA in 9/60 (15%); antidouble stranded DNA in 7/60 (11.7%) in comparison with controls. As regard anti cardiolipin IgM, was non significantly elevated in 20/60 (33.3%).

Thirteen children on prednisone therapy showed reduction in seizure frequency: 25% reduction in 11 children; 50% in one child; and only one patient with generalized tonic-clonic IE became entirely seizure free. A second serum sample was taken from the sixty children with IE. there was a significant reducing level of the studied auto-antibodies in those who received steroids in comparison to those who received placebo.

Conclusion: Intractability in epilepsy is multifactorial and the presence of auto-antibodies may be a