feasibility of the application of sAAT in pediatric patients with different GI diseases.

Methods: From 2000 to 2007, fecal materials for sAAT determination were obtained from patients in pediatric patients with different GI diseases. Values of sATT were correlated with diseases entities, stool pathogens and serum albumin.

Results: Data were available from 185 pediatric patients. 60% of chronic diarrhea patients had elevated sATT while 48% of acute diarrhea did (3.66 vs 4.63 mg/gm of dry stool weight, $p=0.245$). There were no difference between acute infectious diarrhea and acute non-infectious diarrhea (4.49 vs 4.85, $p=0.789$). Patients with colitis complicated with perforation were associated with much higher sATT levels. However, there was no significant difference regarding the etiologies between acute diarrhea and acute appendicitis /peritonitis (4.63 vs 3.82, $p=0.716$). In those patients with functional abdominal pain, sATT levels were all normal. Higher sATT values were found in inflammatory bowel disease patients when compared with those with motility disorder (9.78 vs 1.92, $p<0.05$). No correlations with age, duration of diarrhea, or serum albumin noted.

Conclusion: Our study indicates that sATT provide a useful and non-invasive tool to evaluate the damage severity of GI tract and monitor the progression of diseases.

764

CLINICAL AND BIOCHEMICAL FEATURES OF CHILDREN WITH AUTOIMMUNE HEPATITIS ATTENDING ASSIUT UNIVERSITY HOSPITALS

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Autoimmune hepatitis (AIH) in children is a rare chronic progressive liver disorder.

This study aims to assess the clinical, biochemical features and outcome of AIH in children attending Assiut University Hospitals.

Patients and methods: 30 children (20 female and 10 male with a mean age 7 ± 3.2 years) with AIH, based on the International Scoring Criteria of Autoimmune Hepatitis, recruited from Assiut University Hospitals, during the period from

January 2005 to December 2008. Complete blood picture, liver function tests, prothrombin time and concentration, total plasma protein, serum albumin, abdominal ultrasound, antinuclear antibody, anti-smooth muscle antibody and anti-liver-kidney-microsomal antibody type 1 were done. All patients received prednisolone 2 mg/kg per day. Follow-up was done for one year.

Results: 73.3% of patients was diagnosed as type 1 AIH (15 female and 7 male with a mean age 6.5 ± 1.7 years) and 26.7% of patients was diagnosed as type 2 (5 female and 3 male with a mean age 4 ± 2.3 years). Clinical presentation was acute in 76.7 % and insidious in 23.33% of patients. The main presenting symptoms were anorexia and fatigue in 83.3% of patients followed by jaundice and abdominal pain in 66.7% of the patients. Complete remission occurred in 46.7%, partial remission in 40%, and no remission in 13.3% of patients.

Conclusion: The mode of presentation in children is variable, and the disease should be suspected and excluded in all children presenting with symptoms and signs of prolonged or severe liver disease.

Keywords: Autoimmune hepatitis, children

765

THE MAIN ASPECTS OF DIAGNOSTIC OF FUNCTIONAL DYSPEPSIA AND SYNDROME OF DYSPEPSIA IN CHILDREN

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Background and aims: The important question of child's gastroenterology is timely diagnostics of functional diseases of digestive tract, which appear the symptoms of dyspepsia. It is predefined large prevalence of dyspepsia violations among adults children - from 20 to 50%.

Improvement of diagnostics of dyspepsia for children on the basis of complex estimation of clinic-laboratory and instrumental indexes for differentiation of functional dyspepsia (FD) and SD.

Methods: Clinical - laboratory analyses, morphological, instrumental and ultrasonic research of motor-evacuatory function of the stomach by Lemeshko Z.A.