review; after proper treatment of the disease in these children, the combination anti-infectives with proton pump-inhibitors has led to clinical-histologic healing after a month in 350 cases (88.82%), 44 patients remained positive (11.16%). In 24 cases (6.09%) the endoscopical and histopatological modifications persisted 2 months after treatment. A total of 5 cases (1.26%) remained positive longer.

Conclusions: We had cases of relapse because of the continued action of favoring-factors, the presence of *Helicobacter pylori* infection to other family members and because of the micro-organism virulence factors that determine resistance to therapy and genetic predisposition of some of our patients, which is why we hope to the possibility of practice genetic common studies.

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EXCLUSIVE ENTERAL NUTRITION IN PAEDIATRIC CROHN'S DISEASE

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Background: The British Society of Paediatric Gastroenterology, Hepatology and Nutrition (BSPGHAN) guidance (October 2008) advocates the use of Exclusive Enteral Nutrition (EEN) as an alternative first line treatment to oral corticosteroids for induction of remission in paediatric Crohn's disease. Compared to steroids, EEN is not known to produce any harmful consequences.

Aims: To assess whether EEN was being offered at two neighbouring district general hospitals (DGHs) in accordance with BSPGHAN standards and whether EEN courses were producing a remission rate similar to that in the literature.

Methods: All patients on the Crohn's Disease Register were included. Data was collected from medical and dietician records and analysed using Microsoft Excel.

Results: 95% children were offered and tolerated a full course of EEN. 83% EEN courses lasted 6-8 weeks. Remission was achieved in 78% overall (consistent with the literature). The length of period for food reintroduction was much more variable. Average number of dietician consultations for induction of remission and food reintroduction were also variable. 71% of those patients who achieved

complete remission with EEN had a relapse (< 2 months to > 3 years).

Conclusions: EEN was widely used in both the DGH settings. It was tolerated well and proved to be an effective treatment achieving complete remission in 78% of patients. Our findings support the use of EEN as a first line treatment for paediatric Crohn's disease. There is a need for more collaborative research and regular audits into the care of paediatric Crohn's disease patients.

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IS THE EOSINOPHYL CATIONIC PROTEIN A PREDICTIVE MARKER OF ALLERGIC RISK IN NEWBORNS?

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Aim: To evaluate

a) relationships between eosinophyl cationic protein (ECP) in cord blood serum and eosinophyl counts (EC) in nasal and rectal mucosas in newborns with family history of allergic diseases (FHa) and intrauterine exposition to allergens (IEA);

b) to set up a diagnostic score for the predictivity of allergic diseases

Patients and methods: 27 newborns (13 F, mean GA : 277 days, mean BW: 3890 g) were included ; FHa and IEA was evaluated, a blood sample collected from cord blood to measure serum ECP, nasal and rectal tampons executed at birth to count eosinophyls . Statist ical analysis: Anova test and t-student test.

Results: 11 newborns had FHa, and 2 had IEA (group A). We attributed a score from 0 to 3 at the FHa and the IEA . Group A got 11 points, while the group without a family risk of atopy got 4 points. The mean values of ECP value was 65.5 µ/ml in group A and 7.8 µ/ml in group B (p< 0.05). The exposition frequency was 61% in group A and 33% in group B. The cytologic research did not find any eosinophilic cell in rectal or nasal mucosa.

Conclusions: The difference of exposition frequencies between the 2 groups suggests more intensive eosinofilic activation in exposed newborns. The identification of newborns at "extremely high atopic risk" (ECP>13,5 µg/l, FHa and IEA) with the