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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. Statistical 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 eosinophilic activation in exposed newborns. The identification of newborns at “extremely high atopic risk” (ECP>13,5 µg/l, FHa and IEA) with the
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assignment of a diagnostic score in clinical practice can be useful to apply early environmental and dietary prevention measures.

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THE STATE OF CYTOKINE LINKS OF IMMUNITY AT HEPATOGENIC ULCERS AND WAYS OF CORRECTION

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Background and aims: The great number of researches is confirmed, that development of ulcerous illness and chronic gastritis is accompanied violations of cytokine station. They present are given about the change of products of proinflammatory and anti-inflammatory interleukins in the mucus shell of stomach and duodenum.

Methods: We study the levels of IL-1ß, IL-2, IL-4, IL-8 in the serum blood of patients with hepatogenic ulcers and erosions which complicated the chronic diffuse diseases of liver (CHDDL). We observed 120 patients, among them 72 patients with the cirrhosis of liver (CL) and 48 patients by chronic active hepatitis (CHAH) by alcoholic etiology. The I-st group of patients used the base treatment at CL with including - “Ursofalk” and “Dufalac”, 1 month, II-nd group used the base treatment.

Result: In I-st group of patients levels of IL-1ß, IL-4 under used of treatment decreased to the reference dates. In the II-nd group of patients the levels of all of interleukins after treatment remained higher normal indexes. There were folloiving reliable differential levels of interleukins of I-st and II-nd groups after treatment: concentration of IL-1ß (p<0.001), IL-4 (p<0.01). The indexes of interleukins in the serum blood of patients of the II group remain higher than indexes of I of group.

Conclusions: After used complex treatment concentration of IL-1ß decreased in 2 times comparatively with an initial level (p<0.01), concentration of IL-2 in 1,7 times (p<0.05), concentration of IL-4 in 1,2 times (p>0.05), concentration of IL-8 in 1,4 times (p>0.05).

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THE MANAGEMENT OF ACUTE GASTROENTERITIS IN CHILDREN IN PORTUGAL

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Aim: To evaluate the knowledge/practice in the AGE’s management in children.

Methods: An anonymous semi-structured questionnaire(21 questions) was applied to paediatricians, paediatrician fellows(PF) and general practitioner(GP) from July 7 to September 25, 2009,in the site of SPP. The Zprobe was used to compare paediatricians/PF(1);paediatricians/GP(2).

Results: There were 430 answers:paediatricians 261(27.3% registered paediatricians in the national Board), PF 94, GP 83. They answered they knew ESPGHAN’recommendations for Oral Rehydration Solution(ORS) use: paediatricians 82.0%;PF 76.6%;GP 41.0%,(1)p=0.220;(2)p<0.001. The sodium recommended ORS content was correctly answered by paediatricians:68.6%; PF:69.1%; GP:32.5%,(1)p=0.397;(2)p<0.001. ORS was reported to be used in 86.3% of cases (paediatricians:88.5%; PF:95.7%;GP:68.7%,(1)p=0.017;(2)p<0.001); and home made “ORS” in 12.8% (GP:“yes”:25.3%;PF:“no”:57.4% ,(2)p<0.001). Nineteen percent answered they would ever recommend stopping diet. The delay until reassuming normal diet was respectively:< 4hours(h)54.0%(normal diet interval); 4-6h:38.7%; >6h:7.9%. Maintenance of breastfeeding was reported in 96.3%; the use of lactose-free milk or diluted milk was not recommend in 53.0%(paediatricians:53.4%; PF:69.1%; GP:33.7%,(1)p=0.008;(2)p<0.001) and 86.5%(pediatricians:85.8%; PF:94.7%; GP:79.5%,(1)p=0.008;(2)p=0.176), respectively. The recommendation to modify the diet was