post-prandial vomiting. Three patients received conservative treatment including proton pumping inhibitor successfully. Only one patient received operation with Billroth I +vagotomy due to pyloric complete obstruction. No recurrent gastric outlet obstruction was noted in all the patients

Conclusions: NSAIDs ingestion was an important cause of peptic ulcer in children. Conservative treatment including PPI should be first line therapy for the gastric outlet obstruction due to peptic ulcer in children. Surgical treatment should be reserved for the patients with failed medical treatment.

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COMORBIDITY OF AUTOIMMUNE DISEASES IN CHILDREN WITH DIAGNOSED COELIAC DISEASE

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Introduction: Coeliac disease is an inflammatory enteropathy with an immunological background, characterised by a permanent gluten intolerance in genetically predisposed individuals.

Aim of the study: The aim of the study was to analyse the comorbidity of autoimmune diseases in children with diagnosed coeliac disease, hospitalized in the Department of Paediatrics, in the period 2003- 2008.

Patients and methods: The analysis included 88 children (55% girls and 45% boys), aged from 11 months to 18 years, in whom coeliac disease was diagnosed on the basis of the clinical manifestation, the presence of p/IgAEmA antibodies and/or tTG antibodies, and abnormalities in the histopathological examination of the small intestine. The course of disease and comorbidity of other autoimmune diseases were evaluated in the examined children. The patients were analysed in relation to gender, age and time of disease manifestation.

Results: In 9/88 children (10.2%) with diagnosed coeliac disease, the coexistence of type 1 diabetes was observed; in 4/88 children with coeliac disease inflammatory bowel disease was found; in 4/88 children - lymphocytic colitis was also present.

In children with diagnosed coeliac disease, thyroid

gland diseases (2/88), psoriasis and vitiligo were less common.

In 11/88 patients (12.5%) with coeliac disease food allergy was diagnosed, most often to cow's milk protein and egg.

Autoimmune diseases were significantly more frequent in the subgroup of older children (>7 years of age).

Summary: In this study we would like to emphasize the frequent coexistence of autoimmune diseases in patients with diagnosed coeliac disease (24%), especially in older children.

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RISK FACTORS OF GASTROINTESTINAL DYSFUNCTION IN PATIENTS WITH SPINAL MUSCULAR ATROPHY

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Spinal muscular atrophy (SMA) is a neurodegenerative disease affecting motor functions, which may compromise feeding and swallowing ability, gastrointestinal motility, and nutritional status. We conduct a questionnaire survey for addressing the prevalence of and predictive factors for above problems in patients with SMA.

112 genetically confirmed SMA patients participated. The questionnaire recorded demographic data, neuromuscular status such as respiratory support and current ambulatory functions, feeding and swallowing difficulties, and gastrointestinal motility problems. Body weight was measured and insufficient weight gain was defined as Z score of weight-for-age less than -2.

Four patients with type I SMA were excluded, thus 108 type II & III SMA patients met the inclusion criteria (median age: 13.0 ± 10.68 years, type II 60 cases and type III 48 cases). The prevalence rate of swallowing difficulties in type II SMA was higher than type III patients (41.7% vs. 6.3% in pre-oral phase; 38.3% vs. 10.4% in oral phase; 46.7% vs. 10.4% in pharyngeal phase; and 25% vs. 6.3% in esophageal phase, respectively). Multivariate analysis showed SMA type, neuromuscular status are independent predictive factors. The prevalence