abortions (OR = 1,2). In studied population we found 3 celiac mothers (0.7%) at gluten free diet (GFD); in 3 /423 (0,7%) woman IgA and IgG anti-tTg ab were positive:1/193 (0,51 %) was SgaM and 2/230 (0,86 %) were NgaM (p=ns). In the new three cases an intestinal biopsy showed subtotal villous atrophy (Marsh 2) and HLA determination showed DQ2 positivity.

Conclusions: Undiagnosed CD doesn't seem more frequent among SGA mothers than in the general population. However, screening for CD during pregnancy could lead to the effective strategies for the prevention of such disease.

1) Hadziselimovic F, Geneto R, Buser M. Fetal Pediatr Pathol. 2007 May-Jun;26(3):125-34.

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ELEMENTAL FORMULA DIET IN AUTISTIC CHILDREN

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Object of study: Autism is a complexed neurodevelopmental-neurobiological disorder of behaviour. The aim of the study was the investigation of the correlation of the autistic children's hyperactivity status with major nutritional changes using elemental formula diet and testing these children for food allergies using Rast/Cap IgE tests.

Method: A total number of 45 children aged 2,5 to 8 years were checked. All of them were diagnosed with pervasive developmental disorder (international criteria 1994). From the 45 children, 17 were found having positive Cap IgE tests for cow milk allergy(class 1-3) and 3 of the 17 children had multinutritional allergy. Further, the 17 children group was randomly divided in two subgroups, 9 of the children started elemental formula(containing free aminoacids-Neocate®) diet with exclusion of all milk products or milk containing food(group A) and the rest 8 children continued their previous diet(group B).The other 28 children group was also randomly divided in two subgroups, 13 children started elemental formula(containing free aminoacids-Neocate®) diet with exclusion of all milk products or milk containing food(group C) and the rest 15 children continued their previous diet(group D).

Results: After 4 months of observation, statistical significant differences (p< 0,001) were found in hyperactivity status(measured using properly arranged questionnaire model and special scoring system) between groups A and B, also between groups C and D.

Conclusions: Children suffering from pervasive developmental disorder have increased hyperactivity status but it seems that elemental diet has much to offer.

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FECAL CALPROTECTIN IN AUTISTIC CHILDREN BEFORE AND AFTER THE USE OF ELEMENTAL DIET

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Object of study: Autism is a complexed neurodevelopmental-neurobiological disorder of behaviour. From the other hand, gastrointestinal problems like constipation, diarrhea or vomiting are often seen in autistic children and they are very difficult to resolve. The aim of the study was the investigation of the degree of possible inflammation of the autistic children's intestine mucosa by measurement of fecal calprotectin levels and observation of their changes after the introduction of elemental diet.

Method: A total number of 65 children aged 2,5 to 8 years were checked(group A). All of them were diagnosed with pervasive developmental disorder (international criteria 1994). Further, the children were randomly divided in two groups, 32 of the children started elemental formula(containing free aminoacids-Neocate®) diet with exclusion of all milk products or milk containing food(group B) and the rest 33 children continued their previous diet(group C). Also, fecal calprotectin levels were measured in samples of 22 healthy children(aged 2 to 8 years) having normal diet(group D).

Results: Statistical significant differences (p< 0,001) were found in fecal calprotectin levels between groups A and D. Also, after 4 months of observation, statistical significant differences (p< 0,001) were found in fecal calprotectin levels between groups B and C.

Conclusions: Children suffering from pervasive developmental disorder have increased levels of fecal calprotectin, but these levels are significantly reduced by the introduction of elemental diet. We have much more to investigate by measuring calprotectin plasma levels and examine the gastrointestinal tract by other methods.

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MANAGEMENT OF CHILDREN WITH INFLAMMATORY BOWEL DISEASE- A DISTRICT GENERAL HOSPITAL EXPERIENCE

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Background: Inflammatory Bowel Disease (IBD) encompasses two related but unique disorders of as yet unknown cause. The incidence has increased substantially in recent years- 2.2 to 6.8/100 000 in paediatric/adolescent population worldwide. Current therapeutic goals in children and adolescents are to diagnose/ treat relapses early, improve clinical management and reduce morbidity.

Aim: To review the management of children with Inflammatory Bowel disease presenting to the outpatients department of a district general hospital in UK.

Methods: A retrospective clinical audit.

Recommendations of the Working group on Inflammatory Bowel Disease of the British Society of Paediatric Gastroenterology and Nutrition, 2008, formed the standards to evaluate our local practice. Data on establishing the diagnosis (history taking, examination, investigations) and treatment was collected retrospectively and compared with the standards.

Results: A total of 14 patients presented to the children's outpatient department over a 5 year period. Local practice maintained 100% standards for history taking, examination, blood tests, upper GI endoscopy with biopsy and colonoscopy. Only 28% of the patients had Barium meal and follow through and 92% had faecal tests. For their treatment, children with Crohn's disease reached 85% standard for use of elemental nutrition to induce remission and Azathioprine for maintenance of remission. Children with Ulcerative colitis fared better at achieving 100% standards. Need for

replacing Barium meal followthrough with Ultrasound abdomen was suggested.

Conclusion: Local protocol helps to maintain good management standards as recommended by the IBD working group. Service provision in the form of abdominal ultrasound was identified to improve quality of care.

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THE POTENTIAL BENEFIT OF NJ TUBE PLACEMENT AT THE TIME OF CONGENITAL DIAPHRAGMATIC HERNIA REPAIR SURGERY

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Aims: A previous retrospective review of CDH cases repaired from 1996-2007 revealed a mortality rate comparable to other centres. A follow-on study was then begun to more accurately examine mortality, morbidity and any benefit of NJ tube placement in successful feeding establishment.

Methods : Data were gathered from patient notes during their PICU and ward admissions and analysed using Microsoft Excel.

Results: From Oct 2007 to Jan 2010, there were 17 episodes of CDH repair among 15 patients. 3 patients died, giving a survival rate of 80% which is improved on the previous figure of 70%.

Patients had an average of 17days TPN [range 0-38] with an average of one episode of CONS sepsis per patient. 7 patients had an NJ tube passed, taking an average of 5.3days to achieve jejunal placement. One tube was sited radiologically, but successful placement failed completely in 3 patients. Mean time to establish full feeds was 21 days [range 1-65], but this was reduced to 3.8days in patients after an NJ was successfully sited.

Conclusions: Time to achieve full enteral feeds was significantly reduced post NJ tube placement. However, the failure to place an NJ in almost one-third of patients attempted must be noted, as must the 5 day delay in attaining successful tube position. We would recommend routine placement of NJ at the time of hernia repair. This would likely reduce TPN requirements, dependence on central venous access and episodes of sepsis.