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DIAGNOSTIC VALUES OF PROCALCITONIN IN PEDIATRIC PATIENTS

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Background Sepsis is a life-threatening condition, and a major cause of mortality and morbidity in pediatric patients.

Objective To determinate the values of procalcitonin (PCT) as a reliable biochemistry markers for early diagnosis of sepsis in newborns, before availability of culture and C-reactive protein (CRP) results.

Methods In this study we include the 27 (M:F=15:12) febrile newborns, 37 - 40 ± 2 GN with two or three clinical signs of sepsis from PICU at the University Children Hospital-Skopje. They have been divided into two groups: I group included 17 septic patients with negative blood culture and II group - 10 septic patients with positive blood cultures. Results of blood count (WBC), CRP and PCT, were recorded. Procalcitonin levels were measured by using an immunoassay system Vidas based on the Enzyme Linked Fluorescent Assay (ELFA) principles, at admission and 3–5 days after admission.

Results Regardless of whether blood culture is positive or negative, the values of procalcitonin PCT at the admission were increased in all 27 febrile newborn infants (≥ 2 ng/mL). The values of C-reactive protein gradually increase after 24–36 hours at admission. The values of WBC increased at 18 patients, except in 9 pediatric patients with severe sepsis the WBC were decreased (WBC counts < 4000). The second measurement of PCT, after 3 days, it is decreased. The value of PCT is a reliable parameter whether an appropriate antibiotic for the treatment is used.

Conclusion We examined two parameters at febrile newborns with two or three clinical signs of sepsis, the values of PCT increased at the moment at admission, while the values of C-reactive protein gradually increase. The PCT measurement provided valuable information before availability of culture results.

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ACUTE CYANIDE POISONING AND CHALLENGES IN THE DIAGNOSIS

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Objectives We aimed to draw attention to the acute cyanide poisoning which may occur with eating of apricot kernel including amygdalin as a cyanogenic glycosides.

Setting Hatay Mustafa Kemal University, Tayfur Ata Sokmen Medicine Faculty, Pediatric Surgery Department, Hatay, Turkey.

Subjects Total 21 patients who were hospitalized and treated with diagnosis of cyanide poisoning due to apricot seed between September 2016 and October 2018 were examined retrospectively.

Intervention Demographical data, clinical findings, diagnosis and response to treatment were reviewed.

Main outcome measure Response to treatment, Complication.

Results The mean age of the patients was 39 months (23–65 months). 12 of the patients were male and 9 were female. 10 of the all patients was native Turkish citizens and 11 of the patients was Syrian refugees. In the anamnesis of the patients, it was learned that they ate the average 15 pieces (10–30) raw apricots kernel. It was learned that the complaints of cases started at the average of 45 minutes (30–90 minutes) after eating the apricot kernel.

Conclusion It should be kept in mind that, acute cyanide poisoning is uncommon but it has high potential for mortality, when be suspected cyanid poisoning based on the anamnesis and clinical features in the cases; immediately supportively and specific treatment should be started.

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NEONATAL SEIZURES REVEALING DUODENAL ATRESIA

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Introduction Atresia of the intestine is one of the most common reasons for intestinal obstruction of the newborn. As the ileum is the most frequently affected part, duodenum atresia is less frequent with an incidence ranging from 1 in 20,000 to 1 in 40,000 births. We report the case of a newborn with duodenal atresia.

Observation This is a 5-day old female newborn admitted for abnormal movement. She comes from a complicated pregnancy of hydramnios.

The history backs to the birth marked by the installation of iterative vomiting.

Two days before admission, these vomits became bilious with refusal of feeding and occurrence of abnormal movements such as ocular revulsion and hypertonia.

At admission, the patient was icteric and severely dehydrated. The abdomen was depressible without mass. She had a good axial and peripheral tonus with the presence of archaic reflexes. Two hours after admission, she had a convulsive seizure with head deviation eyes that recurred 2 times.

In biology, there was a hypochloremic metabolic alkalosis, acute renal failure with urea at 33.5 mmol/l and serum creatinemia at 517.83 μ mol/l, the infectious balance was negative. The lumbar puncture was normal. Radio showed significant gastric distention with poor aeration of the rest of the digestive tract.

Abdominopelvic ultrasonography found hyperechoic kidneys related to functional renal failure, gastric distention, and umbilical vein thrombosis. It was then supplemented by a digestive opacification which objectified a duodenal atresia in its complete form. Our patient is operated after stabilization. He benefited from a side-lateral duodeno-duodenostomy. The postoperative course was simple. The reintroduction of the diet was progressive with good digestive tolerance. The patient was seen at the consultation with a follow-up of 3 months, she has a good weight gain and a normal transit.

Conclusion Duodenal atresia is a relatively rare cause of bowel obstruction. Antenatal diagnosis when done allows better management from birth. This pathology remains a good prognosis when it is isolated.