factors within that particular home and dynamic. However, due to the small numbers of cases of SIDS in the time frame reviewed it was impossible to determine whether the inclusion of social care involvement to the SBS would improve the statistical model overall.

**PREVALENCE AND CLINICAL PRESENTATION OF NEONATAL THROMBOCYTOPENIA IN NEONATAL INTENSIVE CARE UNIT, SUEZ CANAL UNIVERSITY HOSPITAL**

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10.1136/bmjpo-2021-RCPCH.14

**Abstracts**

Background Thrombocytopenia is the commonest haematological abnormality encountered in the neonatal intensive care unit (NICU). The incidence in neonates varies greatly, depending on the population studied.

Objectives The aim of the present study was to study the prevalence of thrombocytopenia in the neonates admitted to the NICU.

Methods The study was carried out in 97 consecutive eligible neonates; we collected data from neonates admitted in Neonatal intensive care units (NICUs), Suez Canal university hospital in the period from April 2019 to October 2018. Platelets counts were done twice to avoid sample errors.

Results The prevalence of thrombocytopenia in the study group was 38.14% (37/97). The prevalence of Mild-moderate thrombocytopenia was 21.64% (21/97) and the prevalence of severe thrombocytopenia group was 16.49% (16/97). Factors associated with thrombocytopenia were sepsis (75.67%), pre-clampia (8.1%) in mothers. The most common bleeding manifestation was Interventricular haemorrhage (16.2%). The overall mortality in babies with thrombocytopenia was 14.43%, 10 neonates (27.02%) with severe thrombocytopenia needed more than one time transfusion while 2 patients (5.40%) only with mild thrombocytopenia needed platelet transfusion.

Conclusions It is concluded that thrombocytopenia is very common in the NICU and should be actively looked for so that it can be managed appropriately.

**CONGENITAL SYphilis IN A 4-MONTH-OLD INFANT WITH LIMB WEAKNESS**

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10.1136/bmjpo-2021-RCPCH.15

Background Each year, syphilis complicates over 2 million pregnancies worldwide and continues to rise. Whilst still uncommon, rates of congenital syphilis have been rising in developed countries over recent years. In 2018 alone, 1,306 cases were reported in the United States; constituting a 185% increase since 2014. This disease can lead to peri/neonatal death, prematurity and low birth weight. Untreated, spontaneous abortion can occur in 40% cases. Affected individuals often suffer long-term sequelae such as visual loss, sensorineural hearing loss, bone/joint deformity and neurodevelopmental delay.

Cases of congenital syphilis are uncommon in the UK; with an estimate of 10 cases annually in 2015, meaning most paediatricians will have little to no experience with the disease. Many affected individuals may be asymptomatic at birth and symptoms can often mimic other conditions. In this respect, and with rising incidence in adult disease over recent years, congenital syphilis poses a true diagnostic challenge for clinicians; as demonstrated in this case report.

Objectives In this report, we describe a rare case of a 4-month-old girl presenting with a several month history of reduced movement to the left arm accompanied by a maculopapular rash to the limbs. X-Ray findings included inflammatory periosteal changes to the radius and ulna. Blood test results included raised inflammatory markers (CRP and ESR) with a slight microcytic anaemia, raised ALP and suppressed TSH.

Methods Results Treponema pallidum immunoglobulin M (IgM) was detected in both baby and mother and a diagnosis of congenital syphilis was made.

Conclusions This case is an interesting clinical picture with a variety of important differential diagnoses including non-accidental injury, malignancy, autoimmune disease and other congenital infections. With an increasing rate of congenital syphilis infection in the developed world, it is vital that clinicians are able to recognise symptoms to ensure prompt diagnosis and treatment. In this respect, we attempt to avoid the chronic and potentially life-threatening complications of untreated infection.

**PILOT STUDY DEMONSTRATES THAT PLACENTAL HISTOPATHOLOGY CAN BE A POTENTIAL ADDITIONAL TOOL FOR DIAGNOSING EARLY-ONSET NEONATAL SEPSIS**

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10.1136/bmjpo-2021-RCPCH.16

Background Early Onset Neonatal Sepsis (EONS) is one of the commonest and serious problem for newborn babies, incidence in India being 38 per 1000 intramural live births. Currently, EONS diagnosis is mainly considered on maternal risk factors and non-specific neonatal symptoms. Also, initiating empirical antibiotics in timely fashion is critical in decreasing morbidity and mortality. But since a gold standard test is unavailable for EONS especially in the initial hours of life, number of neonates who require antibiotics is high. This inturn results in increase in disadvantages related to the antibiotic use and prolonged hospital stay. We tried to explore whether placental histology can be used as an additional tool in diagnosing EONS thereby avoid the unnecessary antibiotic usage and hospital stay for neonates.

Objectives To determine whether placental histology has good correlation with probable or proven early-onset neonatal sepsis (EONS), thereby help to diagnose EONS and guide in clinical decision-making.

Methods This retrospective observational study comprised 101 newborn babies, both term and preterm, who were admitted to the neonatal intensive care unit of Rajagiri Hospital, Aluva, Kochi, Kerala, India between June 2017 and June 2020. EONS was defined as maternal risk factors with clinical symptoms (Suspected EONS) plus raised serial C-reactive protein (CRP) >10 mg/L and a positive (Proven EONS) or a negative (Probable EONS) blood culture. Placentae were studied for a
histological inflammatory response and scored according to the Amniotic Fluid Infection Nosology Committee of Perinatal Section, the Society for Pediatric Pathology, and reported by Redline et al. in 2003.

Results Chorioamnionitis was seen in 42/101 (41.6%) placenta and this occurred significantly more often in newborn babies with probable or proven EONS (p < 0.05). No features of chorioamnionitis were seen in 51/61 (83.6%) of newborn babies with suspected EONS (p < 0.05).

Conclusions Histological examination of the placenta for acute chorioamnionitis has statistically significant correlation with probable and proven EONS and can be a potential tool to guide clinical decision-making and thereby antibiotic use if report is made available within 24 hours as in frozen section study.

Results Of a total of 59 patients, 42 received fluids for more than 24 hours (17 males and 25 females). Age ranged from one month to 15 years and weight ranged from 3.61 kg to 92.00 kg. 62% of surgeries were elective and 76% were major. Hypotonic fluids were not prescribed for any of the patients, but only 33% and 10% met the guidance for monitoring urea and electrolytes and glucose, respectively. Fluid balance charts were in regular use for all patients, however not all of them fully complied with NICE guidance and only 17% had complete fluid balance charts. Overall, only 12% of patients met the NICE guidance.

Conclusions Considering the danger of prescribing children hypotonic fluids, their discontinuation is encouraging. However, the lack of recommended monitoring means that patients could receive fluids that are not appropriate, and poor-quality fluid balance charts may make it difficult for prescribers to assess a patient’s fluid status. These results suggest a need for change in practice in Leeds to meet NICE guidance and a possible need for other organisations to audit their practice.

Background PIMS-TS has emerged as a novel disease entity. A recent systematic review reported on 662 patients diagnosed with PIMS-TS. Most of these previous studies have focused on children’s presentation at the time of admission to tertiary centres and the subsequent investigations and outcomes.

Objectives This case series aims to analyse the clinical features of PIMS-TS at initial presentation and admission to explore if there are any early features of disease, which could enable earlier identification of these patients.

Methods Retrospective data was analysed for all children (aged 0–16 years) seen in North Middlesex University Hospital Paediatric Emergency Department (PED) between March and May 2020 with an eventual discharge diagnosis of ‘PIMS-TS’ or who fulfilled the RCPCH case definition criteria for PIMS-TS. 11 patients met the criteria for inclusion. Data was collected based on the RCPCH guideline including patient demographics, presenting symptoms and laboratory findings.

Results The mean age at presentation was 7.8 years (Range 18 months -13 years). Six patients were ‘re-presentations’. The mean time interval between first presentation and eventual admission was 2.7 days (Range 0 - 5 days). The most common symptoms at first presentation were: fever (100%), vomiting (67%), headache (50%) and rash (50%). Two patients were ambulated on IV antibiotics whilst the remaining four patients were reassured and discharged from PED with no follow up. All three patients who had bloods tested on first presentation had a raised CRP and lymphopenia. Two patients had hyponatraemia (67%).

The most common presenting symptoms at admission were fever (100%), abdominal pain (73%), rash (55%), vomiting (55%) and difficulty in breathing (55%). Four patients (36%) were hypotensive on initial assessment. The pathology results showed that nearly all patients had a raised CRP (91%) and five patients were lymphopenic (45%). The mean CRP was markedly elevated (212 mg/L). ESR was measured in two patients and was raised in both. Eight patients were hyponatraemic (73%). Fibrinogen, D Dimer and fibrinogen results were elevated in all cases where these were measured. Swab results for SARS-COV-2 PCR were negative in all 11 cases. Five patients tested positive for SARS-COV-2 antibody tests. Kawasaki symptoms were underrepresented in this case series with no such symptoms at first presentation and only some such as conjunctivitis (27%) and mucous membrane involvement (9%) appearing in a small number at admission.

Conclusions The results of this case series suggest that children with early PIMS-TS can present to PED with a non-specific febrile illness a few days before they become unwell with the more severe later features. There is a suggestion that certain abnormal blood test results at this point may indicate early PIMS-TS. Further research is needed to ascertain the significance of these findings. The authors support routine nationalised data collection for all cases of PIMS-TS. In addition to exploring optimal treatment options, a review of early signs, symptoms and investigation results will assist in answering the question of whether current accepted practices for