

### OP-053 AUDIT OF POSTNATAL MANAGEMENT OF ANTENATALLY DIAGNOSED RENAL COLLECTING SYSTEM DILATATION OR HYDRONEPHROSIS

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**Aim** To monitor compliance with standard guidelines for postnatal follow up of antenatally diagnosed renal pelvic dilatation/hydronephrosis in our hospital. Antenatal urinary tract dilatation is a common abnormality detected on prenatal ultrasound scan, in up to 5% cases. It ranges from transient and benign dilatation to significant congenital anomalies. The severity is determined by antero-posterior renal pelvic diameter and/or degree of calyceal dilatation. Neonatal ultrasound with in first week of life may not reflect true anatomy, unless indicated due to severity of dilatation.

**Material and Method** Neonates who had renal ultrasound to follow up antenatal renal pelvic dilatation in the year 2021 were audited for compliance with the RCH guidelines.

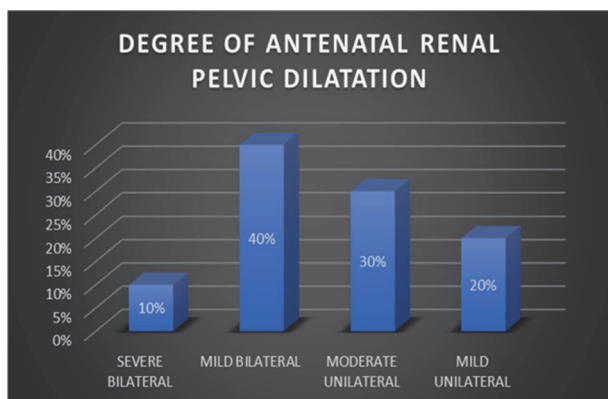
Royal Children's Hospital Melbourne guidelines based on third trimester scan findings:

- Bilateral dilatation >10 mm requires RUSS pre discharge.
- Unilateral (severe) dilatation >15 mm or moderate-severe calyceal dilatation requires RUSS pre discharge.
- Unilateral (moderate) dilatation 10.1–15 mm with or without calyceal dilatation requires USS at 1–4 weeks of age.
- Bilateral or unilateral (mild) dilatation 7–10 mm or mild calyceal dilatation requires USS at 4 weeks of age.

Figure 1 shows the percentages of different types of severity in our study group.

**Abstract OP-053 Table 1** Compliance and results

TOTAL POSTNATAL SCANS (n).	16
SCANS ACCORDING TO GUIDELINES (%)	6.20%
SCANS NOT ACCORDING TO GUIDELINES (%)	93.75%
NORMAL POSTNATAL SCANS (%)	56.25%
ABNORMAL POSTNATAL SCANS (%)	43.75%
ACCURATE DOCUMENTATION OF ANTENATAL SCANS (%)	62.5%
DOCUMENTATION WITHOUT MEASUREMENTS OF ANTENATAL DILATATION (%)	25%
VERBAL DOCUMENTATION ONLY (%)	12.5%



**Abstract OP-053 Figure 1** Graph comparing results.

**Results** 16 babies underwent Renal USS in the year 2021. only 1 out of 16 babies had renal ultrasound scans performed as suggested by the RCH guidelines, the other 15 were not as per guidelines. Results as per table 1.

- 9 babies had normal postnatal renal ultrasound scans while 7 had abnormal scans.
- 10 babies had antenatal renal pelvis measurements documented, 4 had antenatal dilatation recorded only without measurements, in 2 cases the dilatation was recorded verbally without written documentation.

**Conclusions** We are not following the standard RCH guidelines. Notably our postnatal ultrasounds are being arranged earlier than recommended. We recommend the following: 1. Development of departmental guidelines in concord with the Radiology department and in compliance with the RCH guidelines. 2. Re-audit in 1 year's time to monitor compliance and close the audit loop.

### OP-054 FAMILIAL MEDITERRANEAN FEVER: COMPARING VITAMIN LEVELS BASED ON ATTACK FREQUENCY

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**Aim** Familial Mediterranean fever (FMF) is an autoinflammatory disease frequently observed in the Eastern Mediterranean region. Previous studies indicated that vitamin D, B12, and folate levels may decrease due to inflammatory processes; however, there is no clear data on the impact of attack frequency on these levels. Our study aims to evaluate the effect of FMF attack frequency on vitamin levels.

**Material and Method** Children diagnosed with FMF aged 4–18 who presented to pediatric nephrology clinic constituted study group, while healthy children who presented during same period and underwent vitamin level assessments formed control group. Study group was categorized based on number of attacks, with those experiencing 2 or fewer attacks annually classified as the attack group and those with 6 or more attacks classified as the frequent attack group.

**Results** 333 FMF patients were included in the study group, with 108 in the attack group, 225 in the frequent attack group. Simultaneously, 161 children from the same period were included in the control group. The median and standard deviation (SD) of 25(OH)D levels for the frequent attack, attack, and control groups were 14.3 (8.37), 14.8 (8.76), and 14.95 (9) ng/ml, respectively, showing no significant differences between groups ( $p=0.436$ ). When B12 levels were examined in same order, median and SD were 320 (176), 328 (155), 373 (187) pg/ml, respectively, with a significant difference observed between the FMF and control groups ( $p=0.001$ ). However, no relationship was found between B12 levels and attack frequency ( $p=0.92$ ). Folic acid levels, with a median and SD of 6 (3.2), 6.8 (3.5), 7 (3.4) ng/ml, respectively, showed no significant variability ( $p=0.25$ ).

**Conclusions** Given the widespread prevalence of vitamin D deficiency in community and higher incidence of vitamin B12 deficiency in FMF patients, routine screening of these two vitamin levels in FMF patients may assist in effectively identifying nutritional deficiencies.