GI bleeds requiring endoscopy (UGIB) and/or other emergency upper endoscopies (OEE). Cases were reported in REDCap.

Results 28 centres provided denominator data with regard to the services they provide (covering 90% of the UK population). 22 provided prospective data for UGIB and 18 for OEE covering 70 and 60% of the UK population respectively.

98 cases were reported over a 6 month period: 34 UGIB, 55 OEE, (38 foreign body and 17 others); 9 less severe UGI bleeds not fitting the definitions were excluded from further analysis.

Of 25 centres reporting, 14(56%) had 0 UGIB and 20/25 (80%) had ≤ 2 over the 6 months. Endoscopic interventions for GI bleed were undertaken in only 6/25 centres.

The mean age of the UGIB group was 6.7 years, 29% were ≤ 1 year. 19(56%) had significant co-morbidities. Presenting symptoms were one or both of melaena and haematemesis. Of the 20 providing sufficient data for a Sheffield score, 25%(4/20) were high (≥ 8) at presentation (median score 2.5, range 1–24, interquartile range 3.25). Main findings at endoscopy; 8(24%) had no abnormalities, 14(41%) had UGI ulcers (6 duodenal, 6 gastric and 2 oesophageal), 9(26%) oesophagitis and gastritis, 8(24%) varices.

13(38%) required endoscopic treatment, 6 for varices, 4 for GU, 2 DU, 1 for blood in upper GI tract. 3 required surgery. Two patients died, one within 48 hours of the bleed in PICU in the context of sepsis and multi-organ failure. 14 patients required inter-hospital transfer, median time from hospital presentation to endoscopy was 97 hours for patients needing transfer and 24 hours for those not.

For the OEE (N=55), mean age was 6.3 years, 26% ≤ 1 year. 21(38%) had significant co-morbidities. Main indications were foreign bodies (25, 45%) - coins (15), battery (2), button battery (5), magnets and a toy. 13(24%) food bolus obstruction, 11(20%) caustic substance ingestion, 5 oesophageal stricture. 9/55(16%) endoscopies revealed no significant findings, 37(65%) required treatment at endoscopy. 50% (27 patients) had required inter-hospital transfer. Median time from first hospital presentation to endoscopy was 21 hours in those requiring transfer and 14 hours in those not.

Conclusions This is the first national prospective study of its kind examining the most urgent and severe endoscopy cases in under 16s. These data indicate that very small numbers of centres are performing endoscopic treatments for severe UGI bleeds. Inter-hospital transfers appears to be much quicker for surgical indications than UGIB although we did not find evidence of poor outcomes in the UGIB due to delayed transfer. The planning, location and skill mix of national emergency endoscopy services require careful consideration.

P21 EXPERIENCES IN DIETARY MANAGEMENT OF EOSINOPHILIC OESOPHAGITIS

Sarah Khweir, Lucy Jackman, Edward Gaynor, Leanne Goh. *Great Ormond Street Hospital*

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Introduction Patients with eosinophilic oesophagitis (EOE) are currently treated with medication (proton pump inhibitors (PPI)/topical steroids), diet restriction and dilation. Diet therapy consists of dietary exclusion of specific foods. A 'step-up' approach is usually recommended, considering empirical 1–2 food (milk $\pm$ wheat) exclusions then 4-food (additional

elimination of soya and egg), then 6-food (with additional elimination of nuts and seafood). Once in remission, individual reintroductions with endoscopic reassessment, helps guide the minimum number of food exclusions required to maintain this. At Great Ormond Street Hospital (GOSH), the GIANTS (gastro-intestinal, allergy, nutrition and therapy service) was a new service initiated in March 2018, managing all existing and newly diagnosed EOE patients at GOSH. This service evaluation project aimed to explore the most common strategies in dietary exclusions and how this impacted on growth and remission of EOE within our cohort.

Methods Retrospective electronic patient records review from March 2018–March 2020. Newly diagnosed patients on diet therapy under GIANTS were included. Patients who had been diagnosed prior to the inception of GIANTS and those with significant comorbidities e.g. trachea-oesophageal fistula were excluded.

Results There were 13 newly diagnosed patients (excluding those with comorbidities) with EOE in the GIANTS service. Of these patients, four patients (30%) completed diet therapy. One patient was unable to complete a milk exclusion and chose medicinal therapy. Children were 3 female, 1 male with a mean age of 7.4 years at diagnosis. Two patients commenced a milk free diet, one had a milk and soya free diet and the fourth had a milk, wheat and soya free diet. Three of four of these patients achieved remission. Three of four patients had trialled drug therapy (PPI) first with no histological remission. BMI z-score did not change between when the children were first diagnosed to achieving disease remission (mean BMI z-score -0.28 to -0.29). All patients had regular access to a dietitian.

Conclusion In this small service evaluation, medicine was the preferred treatment choice for families. This is likely due to the burden of changing the diet has on a family and a patient's quality of life. However, 75% of this cohort achieved histological remission on diet therapy. PPI appeared ineffective in this small patient group. Empirical food elimination via a step-up approach appears helpful in these patients, reducing burden of excessive exclusions and also reduced number of endoscopies when considering reintroduction of these foods. Growth appeared unaffected with no concerns with BMI. All patients on diet therapy had regular input with the dietitian, supporting the need for specialised dietetic input within gastrointestinal allergy. Whilst these findings are supported in the guidelines, more research is needed to look at which diet strategy is the most effective and how this is achieved, including how many previous treatments and endoscopies a patient has required. Achieving remission rates as timely as possible is crucial not only for the patient's quality of life but also to reducing the need for repeated endoscopies within short timeframes.

P22 FIBRATES: AN ADJUVANT THERAPY FOR CHOLESTASIS IN PAEDIATRIC AGE GROUP

¹Tawhida Y Abdelghaffar, ²Behairy A Bahairy, ²Hatem A Konsowa, ²Alif A Allam, ²Mary A Naguib, ³Huda Atta. ¹Dr.Yassin Abdel Ghaffar Charity Centre for Liver Diseases and Researches, Cairo, Egypt; ²National Liver Institute, Menoufia University, Egypt; ³Birmingham Children's Hospital

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Introduction Bile formation is a delicate process. This is illustrated by inherited liver diseases caused by mutations