The changes in all parameters and discontinuation rates in the two groups were compared after one and four months of the therapy.

Results In total 71 patients were included in the study, 18 patients of them lots follow up during the study, while 53 continued. There were no significant differences in the baseline demographic and biochemical baseline data between the two groups ($P>0.05$).

After one month, there was statistically significant difference between the two groups in the PGS as it decreased by $<1.5\times$ base line in the T-group compared to the C-group ($P<0.02$).

After four months, there were statistically significant between the 2 groups regarding decreased ALT levels below $1.5\times$ base line levels, AST, GGT and bile acid levels in favour of the T-group ($P<0.02$, 0.047 , 0.026 and 0.001 respectively).

Summary and Conclusion The use of FF in combination with UDCA provided satisfactory clinical outcomes, which could be a promising alternative, but patients should be monitored closely as side effects may occur despite achieving improvements in pruritus.

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P23 FIRST REPORTED CASE OF AN INTERLEUKIN-2 RECEPTOR β DEFICIENCY IN AN INFANT BORN TO NON-CONSANGUINEOUS PARENTS, PRESENTING WITH FAILURE TO THRIVE AND ENTEROPATHY

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10.1136/flgastro-2021-bspghan.33

Introduction Failure to thrive is not an uncommon paediatric presentation with multiple, often easily treatable, aetiologies. Immune dysfunction is a rare cause which often manifests with a combination of inflammatory and infectious pathology.

Aim We present a rare cause of immune deficiency, the first reported case attributable to this genetic abnormality in the absence of consanguinity, presenting with immune mediated enteropathy.

Method A five-month-old female presenting with bronchiolitis symptoms, was found to be failing to thrive. Her weight was on the 0.4th centile, gaining just 200 g in the preceding eight weeks.

The first born to non-consanguineous parents of Pakistani descent, she was born at 39 weeks' gestation weighing 2.52 kg. There was no significant family history and she had breastfed successfully for the first three months, growing along the 9th centile, and meeting developmental milestones.

By seven months she was 1 kg below the 0.4th centile, weighing the same as at three months. Bottle refusal and a failure to wean to solids accompanied chronic diarrhoea, oral and perianal inflammation, and eczematous dermatitis. Amino acid nasogastric feeds resulted in a small weight gain, but no relief of systemic symptoms.

Developmental delay and soft dysmorphic features were apparent, and she developed recurrent fevers, polyarticular

swelling affecting knees and joints of the hands and feet, widespread lymphadenopathy, and chronic bilateral uveitis.

Results Double negative T cell levels were elevated, inflammatory markers and liver enzymes were persistently high and cytomegalovirus (CMV) IgG was positive. Hypergammaglobulinaemia and numerous autoantibodies were demonstrated. Faecal calprotectin was markedly raised, and endoscopy revealed nonspecific acute on chronic inflammation of the duodenum and stomach.

By 12 months of age, total parenteral nutrition and pulsed methylprednisolone, followed by oral prednisolone had been started. Symptoms improved, she began to gain weight and make developmental progress.

Full genome sequencing and parental genetic analysis, identified an autosomal recessive interleukin-2 receptor β (IL2RB) mutation, giving a diagnosis of IL2RB deficiency.

The patient is now recovering following haematopoietic stem cell transplantation, with the aim of definitive cure.

Conclusion Interleukin-2 is involved in building protection against autoimmune disease by stimulating T-cell differentiation. Genetic mutations in its receptor are exceptionally rare, with only four homozygous defects identified in seven infants, one neonate, and two fetuses, all conceived to consanguineous marriage partners. Common clinical manifestations amongst the seven surviving the neonatal period reflect the underlying immune dysregulation with enteropathy, arthritis, uveitis, dermatitis and hypergammaglobulinaemia, together with a susceptibility to respiratory and herpesvirus infections. Inflammatory features were prominent in this case but she went on to develop symptoms of CMV illustrating the conundrum of managing inflammation with underlying immunosuppression.

Failure to thrive, diarrhoea, eczema and recurrent viral infections are not uncommon in paediatrics. However, when rare aetiology is responsible, the journey from presentation to diagnosis can be long.

The time from presentation to referral for definitive treatment was remarkably quick in this case. This is testament to the exceptional collaborative multidisciplinary working across sub specialities, leading to a prompt diagnosis and definitive management.

P24 FOOD REINTRODUCTION PATTERN IN CHILDREN WITH COMPLEX GASTROINTESTINAL FOOD ALLERGY

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10.1136/flgastro-2021-bspghan.34

Introduction and Objective Gastrointestinal food allergy (GIFA) is a common condition in paediatric age and both IgE-mediated and non-IgE-mediated reaction are well recognised underlying mechanisms involved in its pathogenesis. Due to the non-specificity of GI symptoms, GI allergic reactions may significantly overlap with a number of other GI disorders, making the diagnosis lengthy and confusing (Heine, 2015). Moreover, in this patient cohort, prolonged food exclusions are common and possibly unnecessary. In our retrospective study, we explore the impact of multidisciplinary team (MDT) approach on the food reintroduction rate in a group of children seen in a tertiary GI allergy service.

Method 108 patients (83 new, 25 follow up) were seen between April 2019 and April 2020 in an MDT setting

including gastroenterologist, allergist, dietitian, psychologist and clinical nurse specialist. Of those, 32 children with eosinophilic oesophagitis (EoE) alone were excluded. Hence, 76 patients [61%, (n=46) non IgE mediated allergy, 4% (n=3) IgE mediated allergy, 27% (n=20) combined IgE, non-IgE and EoE, 10% (n=7) had other food triggered conditions) were retrospectively reviewed.

Results 97% (n=74) of children were following exclusion diets for ≥ 12 months, with a mean of 5 excluded foods (median 4, IQR 2, 6). At the follow-up, the mean number of foods excluded had reduced to 3 (median 2.5, IQR 1, 5); $p < 0.0001$. Milk (n = 59; 78%) was the most common excluded food, whilst fish/shellfish (n=18; 24%) was the least. Over 12 months 55% (n=42) of patients introduced at least 1 food into their diet and 16% (n=12) of patients reintroduced between 75–100% of excluded foods. The dietitians provided on average 3 contacts to patient, in the form of face-to-face appointments or telephone appointments (range 1–16).

Conclusion In children with GIFA, long-term unnecessary food exclusions should be avoided, due to the relationship with poor growth, feeding difficulties and nutritional deficiencies (Meyer, 2018) Despite the fact that the majority of them had been following long-term exclusion diets, over half of patients were able to reintroduce at least one food into their diet.

In this cohort, the MDT approach, which brings together professionals from different backgrounds to pave the most effective management plan for the patient, has shown to be highly beneficial in supporting patients and their families to reintroduce foods into their diets. However this requires ongoing support for many families' in-between medical appointments to achieve this goal.

This small centre outcome demonstrates some positive impacts of MDT approach, which should become the standard model of care in children with complex GIFA.

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P25

GUIDELINE VS CLINICAL PRACTICE, LOOKING BEYOND ESPGHAN POLYPOSIS WORKING GROUP RECOMMENDATIONS FOR FAP SCREENING

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10.1136/flgastro-2021-bspghan.35

Introduction/Background Current guideline for the initial endoscopic assessment for suspected polypoid disease of the colon have been created by professional bodies such as ESPGHAN.

In instances where there is a family history of FAP and genetics demonstrates a relevant mutation, in clinical practice, we refer to the above guideline to determine the age for initial endoscopic assessment and subsequent surveillance is further determined by the findings of the initial endoscopy.

This guideline recommends only a lower GI endoscopy for the initial test and do not recommend a concomitant UGI scope till age 25 years (Recommendation 5- ESPGHAN FAP Screening guideline).

We report two cases where an initial combined upper and lower GI endoscopies showed >100 gastric, 10 to 50 colonic

polyps and 50 to 100 Gastric polyps, >100 colonic polyps respectively and discuss the relevance of these guidelines for such instances.

Aim; To review the relevance of current guidelines with regard to the extent of initial endoscopy that is recommended in suspected cases of FAP in children.

Subjects and Methods Patient 1: 13 years old boy referred by geneticist as noted to have significant alteration in APC gene raising possibility of APC syndrome. At presentation, history of upper abdominal pain, dyspepsia. No bleeding PR, pallor. Mum had colectomy when 22 years old. Upper GI endoscopy done along with colonoscopy in view of upper abdominal pain and dyspepsia. Upper GI endoscopy revealed numerous (>100) small (<5 mm diameter) gastric polyps in body and antrum. 2 slightly larger polyps were noted at lower oesophagus near gastro oesophageal junction. Histology reported as gastric fundic gland polyp. H pylori not detected. Colonoscopy revealed 10 to 50 colonic polyps (some 2 mm, rest <2 mm diameter). Histology reported as adenomas with low grade dysplasia.

Patient 2: 12 years old boy referred by geneticist, father known to have FAP. Ophthalmology screening showed changes on the retina. Genetic test showed mutation in APC gene. First colonoscopy revealed scattered polyps throughout colon (<50). Histology reported as tubular adenoma of low dysplasia. No upper GI endoscopy done. Noted to have vague upper abdominal pain at the time of second colonoscopy 18 months later. Otherwise asymptomatic. Upper GI endoscopy done along with Colonoscopy in view of upper abdominal pain. Upper GI endoscopy revealed multiple (50 to 100) small gastric polyps (<5 mm diameter) in gastric body. Histology reported as fundic gland polyps. H pylori negative. Colonoscopy revealed >100 Colonic (2 mm) polyps. Histology reported as adenoma with low grade dysplasia.

Results Deviation from current guidelines has yielded a positive finding of multiple gastric polyps.

Summary and Conclusion Current guideline do not provide advice for further management and surveillance when gastric polyps are incidentally discovered on concomitant UGI endoscopy undertaken for other clinical reasons in patients with FAP.

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HELICOBACTER PYLORI CULTURE IN ROUTINE PRACTICE: A PAEDIATRIC RETROSPECTIVE STUDY

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10.1136/flgastro-2021-bspghan.36

Introduction *Helicobacter pylori* is usually acquired in early childhood. The systematic use of standard eradication therapy regimes has resulted in a rising prevalence of antibiotic-resistant strains and a decreasing efficiency of *H. pylori* eradication therapy. The latest ESPGHAN guidelines (2016) suggest only investigating *H. pylori* in paediatric patients who would benefit from treatments and to base the eradication therapy on susceptibility testing.

Our local practice has been to test symptomatic children with *H. pylori* stool antigen and to treat with a standard