maximum quantities, the percentage of this quantity was calculated.

Results A total of 12 patients aged between one and 14 years were included. All children met adjusted parenteral recommenda-
dations for water soluble vitamins except for vitamin C, where intake was suboptimal in one case. In all patients, vita-
min A recommendations were exceeded, whereas vitamins D and K were suboptimal. Recommendations for zinc were clearly surpassed in all children, but this was below the maximum quantity advised. Iodine was adequately supplied in 50%, copper in 67% and selenium in 75% of patients. No patient exceeded the maximum recommended intake of vita-
min E and chromium. The maximum dose of manganese was exceeded in one patient.

Conclusion Licensed parenteral multivitamin/multitrace prod-
ucts in the UK provide fixed combinations of multiple micro-
nutrients and are dosed based on weight, although recommended intakes are mostly expressed as fixed daily quantities. Consequently, meeting the ESPHAN recommenda-
tions with these products is challenging and monitoring of serum concentrations of these nutrients is essential in this vul-
erable patient population.

Introduction Within Inflammatory Bowel Disease (IBD), per-
neal lesions are a common extra-intestinal manifestation, yet
may mask other entities. Including several etiologies across a
number of subspecialties, most of which are better appreciated
in adulthood. This report focuses on an unusual dermatologi-
cal association with IBD, presenting at an atypical time in the
disease course.

Case Report 11-year-old obese Hispanic female presented
with the chief complaint of epistaxis and was noted to have
painful lower extremity nodules consistent with erythema
nodosum and gluteal cleft lesions. Review of systems revealed
fatigue, anorexia and diarrhea for two months prior accom-
panied by a 6.8 kg weight loss over that period. On admis-
sion, she was febrile (38.3°C), tachycardic and hypotensive
with baseline laboratory values notable for leukocytosis (13.1/
N), hypochromic microcytic anemia (hemoglobin 10.3 g/dL
and mean corpuscular volume 70.3 fL), thrombocytopenia
(55/NL) and evidence of systemic inflammation with elevated
CRP/ESR.

Stool studies were significant for fecal leukocytes and a CT
revealed mural thickening with fat stranding; segmental colitis
was confirmed on colonoscopy. At that time, a punch biopsy
of the gluteal lesion revealed granulomatous dermatitis, pre-
sumed to be cutaneous Crohn’s Disease (CD). Treatment was
initiated with Metronidazole and Methylprednisolone. Soon
after the clinical course became complicated by the develop-
ment of a rectovaginal fistula. Induction and maintenance
treatment were achieved with Infliximab and the patient was
discharged with the diagnosis of CD with perineal
involvement.

Multidisciplinary team monitoring over the following three
years ensued before the patient reported progression of
intertriginous lesions, this time to the axillae and infra-mam-
mary areas. Punch biopsy at the new lesion established the
diagnosis of Hidradenitis Suppurativa (HS), with a pathological
confirmation.

Discussion HS is a chronic inflammatory dermatological dis-
 ease of the apocrine glands, characterized by recurrent and
painful, deep-seated nodules, abscesses, sinus tracts and/or fist-
tulas. It affects inverse areas of the skin following the distribu-
tion of apocrine glands. Prevalence is higher post-puberty,
with smoking and obesity acting as risk factors. The associa-
tion with IBD, particularly CD is stronger in the severe phe-
notype and in pancolitis. The formal diagnosis is made on
average one decade after the onset of IBD. Up to 25% of
IBD patients experience extra-intestinal manifestations, peri-
neal pathology accounts for 50% of the cases. Yet, in the
absence of extra-perineal intertriginous involvement, the pos-
sibility of HS may be less recognizable. Improved awareness
to this association among Paediatricians and Paediatric Gas-
troenterologists is important as co-pathology may require
treatment escalation to immunosuppressive agents or altera-
tions to monoclonal antibody regimen. More intensive treat-
ment is often required as disease remission is harder to
achieve for HS than CD.

Conclusion HS, when associated with CD, typically occurs
one decade after the initial IBD diagnosis. This case presents
a much shorter interval between such diagnoses, and poten-
tially a dual presentation. This has not been appreciated in the literature to date and possibly suggests
rare but earlier association when present. Analysis of a
larger pediatric IBD cohort with HS will help clarify the
pattern of association.

Introduction 30% of Ulcerative Colitis (UC) patients require surgery. Restorative procto-colectomy (RPC) with ileal
pouch-anal anastomosis (IPAA) is the preferred procedure. Published experience suggests up to 25% of patients subse-
quently manifest Crohn’s Disease (CD), and 50% of these
require pouch excision. Despite long-term follow up, we
had not previously identified Crohn’s conversion in our UC
pouch patients.

Aim We analysed our UC cohort, for cases where the pouch
was either excised or de-functioned. The aim of this study
was to quantify the incidence of CD in this group.

Methods All children undergoing pouch surgery have had
data regarding their surgery, pre-op management and disease
status recorded contemporaneously. This database was inter-
rogated and further results from the histology database
retrieved. In addition, pre-pouch surgery work up, specifi-
cally diagnosis and number of pre-op colonoscopies, was
evaluated.

Results From 1999 to 2020, 84 children (mean age 13.5 yrs)
have undergone surgery for UC with the intention of per-
forming RPC and IPAA. 3 were unable to be anastomosed at
initial surgery; 1 subsequently underwent successful IPAA, 2
have end ileostomies.