IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

I.P.A
Irish Paediatric Association

Irish Paediatric Association Annual Conference 2025

Radisson Hotel, Athlone
Thursday 27 and Friday 28 November 2025

CPD Approved Ref: 2236



IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 09.40-09.45
General Paediatrics

ASSOCIATION BETWEEN UROPATHOGENS AND PYURIA IN CHILDREN WITH URINARY TRACT INFECTIONS

J Gilchrist[1], L Altabari[1], H Chaudhary[1], H Mijburgh[1], A Raba[1]

[1]General Paediatrics, CHI Tallaght, Belgard Square North, Dublin, Ireland

Background:
Urinary tract infections (UTIs) are a common cause of emergency department (ED) visits in children. While pyuria is often used as a diagnostic marker, its sensitivity may vary depending on the causative organism. This study aimed to evaluate the association between specific uropathogens and the presence of pyuria in culture-confirmed paediatric UTIs.

Methods:
We conducted a retrospective study of children under 16 years evaluated in the paediatric emergency department for suspected UTI over a 3-year period. All urine samples were collected using a clean-catch method. Pyuria was defined as a urine white cell count (WCC) ≥10 cells/µL. Culture-confirmed UTI was defined as pure growth of a single uropathogen ≥100,000 CFU/mL. The primary outcome was the prevalence of pyuria across different uropathogens.

Results:
There were 98120 visits during the study; a total of 351 children with positive urine cultures (median age 3 years; 80% female) were included. Pyuria was present in 297 (85%). Pyuria presence was more common in patients with *Escherichia coli* or Proteus spp. (88% and 87%, respectively) than those with Enterococcus spp. and Klebsiella spp. (60% and 55%, respectively) ($p<0.001$). In culture antibiogram tests, co-amoxiclav resistance was 100% in Klebsiella oxytoca and 5% in Enterobacter spp., 60% in E. coli strains and 25% in Proteus spp.

Conclusion:
The presence of pyuria in pediatric UTIs is strongly associated with the type of uropathogen. While pyuria remains a useful diagnostic tool, clinicians should be cautious when excluding UTI in the absence of pyuria, particularly when non–*E. coli* organisms are suspected.

1. Kawalec, A., Józefiak, J., & Kiliś-Pstrusińska, K. (2023). Urinary tract infection and antimicrobial resistance patterns: 5-year experience in a tertiary pediatric nephrology center in the southwestern region of Poland. Antibiotics, 12(9), 1454. https://doi.org/10.3390/antibiotics12091454 2.'t Hoen, L. A., Bogaert, G., Radmayr, C., Dogan, H. S., Nijman, R. J. M., Quaedackers, J., Rawashdeh, Y. F., Silay, M. S., Tekgul, S., Bhatt, N. R., et al. (2021). Update of the EAU/ESPU guidelines on urinary tract infections in children. Journal of Pediatric Urology, 17(3), 200–207. 3. Alsaywid, B. S., Alyami, F. A., Alqarni, N., Neel, K. F., Almaddah, T. O., Abdulhaq, N. M., Alajmani, L. B., Hindi, M. O., Alshayie, M. A., Alsufyani, H., Alajlan, S. A., Albulushi, B. I., & Labani, S. K. (2023). Urinary tract infection in children: A narrative review of clinical practice guidelines. Urology Annals, 15(2), 113–132. https://doi.org/10.4103/ua.ua 4. Mårild, S., & Jodal, U. (1998). Incidence rate of first-time symptomatic urinary tract infection in children under 6 years of age. Acta Paediatrica, 87(5), 549–552. https://doi.org/10.1111/j.1651-2227.1998.tb01502.x 5. Health Service Executive. (n.d.). Paediatrics - urinary tract infection. https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/paediatric s-urinary-tract-infection.pdf 6. Lu, J., Liu, X., Wei, Y., Yu, C., Zhao, J., Wang, L., Hu, Y., Wei, G., & Wu, S. (2022). Clinical and microbial etiology characteristics in pediatric urinary tract infection. Frontiers in Pediatrics, 10, 844797. https://doi.org/10.3389/fped.2022.844797 7. Khan, A., Jhaveri, R., Seed, P. C., & Arshad, M. (2019). Update on associated risk factors, diagnosis, and management of recurrent urinary tract infections in children. Journal of the Pediatric Infectious Diseases Society, 8(2), 152–159.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 09.45-09.50
General Paediatrics

ARE STAFF READY FOR THE INTRODUCTION OF AN ELECTRONIC HEALTHCARE RECORD AT THE NATIONAL CHILDREN'S HOSPITAL IRELAND?

S Holohan[1], M Hesseling[2], J Donnelly[1]

[1]General Paediatrics, CHI, Dublin, Ireland
[2]Digital Health, CHI, Dublin, Ireland

Aims:
We undertook a staff survey to assess the readiness of CHI staff for the introduction of an Electronic Healthcare Record (EHR) at the National Children's Hospital Ireland. The aim of the survey was to identify staff demographics, their digital competency levels and their opinion on the introduction of an EHR.

Methods:
The survey was available digitally to staff across all current CHI sites and comprised of 21 questions. The questions ascertained the participants' age, place of work, awareness of the impending change, prior experience with an EHR and general digital competence. Furthermore, we looked for the opinion of staff on the EHR introduction.

Results:
In total, 338 responses were received. We achieved a largely proportionate spread of participants both in terms of places of work and age profile. 87% of our respondents were female and 12% male. Non-clinical staff made up 26% of respondents, with clinical staff split into doctors (35%), nurses (32%) and other clinical staff (7%).
99% of individuals were aware of the introduction of an EHR at the NCHI. 55% of individuals reported prior experience with an EHR at work. Overall, 92% feel that the introduction of EHR will improve patient care on introduction, and 87% believe that EHR will improve their own workplace experience. The most common area of concern was around the need for sufficient formal training in preparation for go-live.

Conclusion:
Although this survey included only a small percentage of the overall CHI workforce, it provided reassurance that staff are aware of the impending change and have a positive attitude to it. It is also encouraging that a significant percentage already have prior experience with an EHR. Finally, the survey re-emphasises the pivotal importance for a well thought-out training programme for all staff and the necessity of sufficient support around the go-live period.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 09.50-09.55
General Paediatrics

QUALITY IN VENOUS ACCESS (QIVA) PROJECT

Dr Wallis, Maybell, Dr Iqbal,Asif , Dr Jamil, Mazhar , Dr Qadir, Abdul , Dr Azam, Muhammad , Dr Kalim, Attia

[1]Wexford General Hospital , Wexford, Ireland
[2]University Maternity Hospital Limerick , Co. Limerick, Ireland
[3]The Royal Oldham Hospital Manchester, UK
[4]CHI at Crumlin Crumlin Dublin, Ireland
[5]Wexford General Hospital Wexford, Ireland
[6]CHI at Tallaght , Co. Dublin, Ireland

Background:
Peripheral venous access (VA) is challenging in children due to smaller and less visible veins. Multiple VA attempts distress the child, parents and staff and may delay treatment. We therefore began a quality improvement project to reduce VA attempts by providing education sessions and vein finders. We aimed at an 80% first attempt success rate based on (1) and (2).

Method:
We used the m-DIVA score to assess the likelihood of difficult VA in children (3). We recorded this together with the number of VA attempts and staff stress score. After baseline data collection, we provided a 1-hour educational intervention based on HSE LanD materials and introduced transilluminating vein finders for smaller children and a near infra-red vein finder for larger children (4). We then repeated the data collection.

Results:
Baseline data collection: 63 VA of which 41 had m-DIVA score ≥ 4, predicting difficult VA, and 25 (39.6%) were successful on the first attempt. Average number of attempts per VA was 2.145 and stress score 2.55.
Post-intervention data collection: 68 VA, of which 60 had m-DIVA score ≥ 4, and 31 (45%) were successful on the first attempt. Average number of attempts was 1.75 and stress score 1.84.
Combining pre-and post-intervention data, the success rate using a vein finder for the first VA attempt was 64% compared to 53% without.

Conclusion:
The intervention reduced numbers of VA attempts and staff stress scores, and improved VA success rates despite a more difficult post-baseline patient group. The vein finders improved the proportion of first-time success.
There is still scope for improvement. The next phase of the project will add simulation training to our package.

References 1. Lininger RA. Pediatric peripheral IV insertion success rates. Pediatric Nursing. 2003 Sep 1;29(5):351. 2. Chu CH, Liu CC, Lai CY, Chen YC, Tien CH, Hsieh KH, Lin CM. New dimension on potential factors of successful pediatric peripheral intravenous catheterization. Pediatr Neonatol. 2023 Jan;64(1):19-25. 3. Rizvi, MB, Silver, EJ, Khine, H, Sellinger, C. Modified DIVA Score - An

Improved Clinical Predictive Tool for Detecting Difficult Access in Children. Pediatric Emergency Care 2022, 38(10):p e1646-e1649

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 09.55-10:00
General Paediatrics

IMPROVING VITAMIN D MONITORING IN SPINA BIFIDA PATIENTS THROUGH OPPORTUNISTIC TESTING: A QUALITY IMPROVEMENT PROJECT

M Phipps[1,2], R Maher[2], S Nutley[3], R Clarke[3], J Leonard[2,3], F Caulfield[2,3]

[1]Haematology Department, CHI at Temple Street, Dublin, Ireland
[2]Neurodisability Department, CHI at Temple Street, Dublin, Ireland
[3]Spina Bifida Department, CHI at Temple Street, Dublin, Ireland

Background:
Children with Spina Bifida are at increased risk of vitamin D deficiency and pathological fractures, compounded by comorbidities and certain medications. International guidelines (1) recommend opportunistic vitamin D testing during routine blood work to identify and treat deficiency, yet this is inconsistently applied. To date, no published studies have reported outcomes from this approach.

Aims:
To evaluate whether vitamin D levels were tested in line with guidelines, determine the prevalence of abnormal results, assess related clinical interventions, and identify opportunities to improve care and cost-effectiveness of testing and treatment.

Methods
First PDSA cycle: Audit of patients attending the spina bifida clinic (March–July 2024), reviewing vitamin D testing, supplementation, and dietetic input.
Second PDSA cycle: Education session with the spina bifida MDT (January 2025). Introduction of opportunistic vitamin D testing alongside routine bloods (from March 2025).
Third PDSA cycle: Re-audit of patients attending the spina bifida clinic (March–July 2025).

Results:
The initial audit in 2024 showed 11 patients had bloods taken, with no vitamin D levels checked. The re-audit in 2025, showed 15 patients had bloods taken, with vitamin D levels measured opportunistically in 14/15 (93%). Vitamin D status was classified as sufficient in 9/14 (64%), insufficient in 2/14 (14%), deficient in 1/14 (7%), and raised in 2/14 (14%).
Five of 14 patients (36%) required changes to vitamin D supplementation: one started supplementation due to deficiency; two with insufficient levels had their dose increased or adherence addressed; two with raised levels had supplementation reduced or stopped, with further monitoring arranged.

Conclusions:
Opportunistic testing markedly improved compliance with guidelines. Over one-third of patients required changes to management, demonstrating clinical value. Future PDSA cycles will focus on embedding this approach in other care settings, including inpatient admissions, to ensure consistent identification and treatment of vitamin D management in children with spina bifida.

Van Speybroeck A, O'Neal J, Dicianno B, Morse L, Elkins D. Guidelines for the Care of People with Spina Bifida - Osteoporosis and Bone Health. [online]. Spina Bifida Association.2018. [Accessed 27 June 2025] Available from: https://www.spinabifidaassociation.org/resource/osteoporosis-and-bone-health/

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 10:00-10:05
General Paediatrics

BURDEN OF BACTERIAL SEPSIS IN A TERTIARY CHILDRENS HOSPITAL- AUDIT CYCLE TO IMPROVE PATIENT OUTCOMES

NS Shaughnessy[1], NC Clarke[2], AW Walsh[1]

[1]Paediatric Intensive Care Unit, CHI at Temple Street , Dublin, Ireland

Background:
Sepsis is the most common cause of avoidable death in children. CHI at Temple Street has carried out three audit cycles on the evaluation and management of children admitted to the Paediatric Intensive Care Unit with sepsis (suspected or confirmed) or septic shock. Increased awareness of sepsis, and an emphasis on early recognition and intervention improve compliance with national paediatric sepsis guidelines.

Aim:
To benchmark the management of children admitted to the PICU with sepsis, against current guidelines. Three sequential audit periods were compared and compliance with the "sepsis bundle" in a timely manner was assessed.

Methods:
All children admitted to CHI at Temple Street PICU for the winter periods 2022, 2023, and 2024 were prospectively screened for infection and sepsis. Additional information taken retrospectively from the patients included demographics, documentation, initial assessment and management, diagnosis at time of discharge. Descriptive statistical analysis was employed for analysis and comparison.

Results:
There were the same number of septic patients admitted to PICU in the 2024 audit period (n= 30) as compared to the 2022 period (n=30), and more than in 2023 (n=22). The mortality rate was slightly less in 2024 where 3 children died from sepsis, compared with 5 deaths in 2022 and 0 in the 2023 period. 80% of patients admitted to PICU had a diagnosis of septic shock in 2024. The delivery of antimicrobials within 1 hour for sepsis had reduced (68%) in 2024 as compared to 95 and 92% in previous years. Overall compliance with the sepsis bundle has improved with early senior input, blood culture, fluid resuscitation and oxygen delivery being high in all audit cycles.

Conclusion:
A focus on early recognition and timely intervention remains vital to the prevention of morbidity and mortality in paediatric sepsis. The audit process is helps ensure lessons are learned to improve future care.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 10:05-10:10
Sub-Speciality

DIAGNOSTIC AND THERAPEUTIC APPROACHES TO IGE-MEDIATED EGG AND MILK ALLERGY: A MULTINATIONAL SURVEY IN CANADA, IRELAND, AND SPAIN

A Gallagher[1,2,3], JLP Protudjer[4], DP Mack[5], M Gonzalez Labrador[6], C Muñoz[7], C Cronin[1,2,3], S Hurley[1,2], J Trujillo[1,2,3]

[1]Department of Paediatrics and Child Health, University College Cork, Cork, Ireland
[2]Department of Paediatrics, Cork University Hospital, Cork, Ireland
[3]Irish Centre for Maternal and Child Health Research (INFANT), HRB Clinical Research Facility Cork (CRF-C), Cork, Ireland
[4]Max Rady College of Medicine Pediatrics and Child Health, University of Manitoba, Manitoba, Canada
[5]Department of Pediatrics, McMaster University, Hamilton, Canada
[6]Immunoallergy Department, Hospital Universitario de Salamanca, Salamanca, Spain
[7]Allergy Department, Hospital Universitario Severo Ochoa, Madrid, Spain

Aims:
Egg and milk are the most common food allergies in children and leading causes of anaphylaxis in early life. Management varies internationally, from strict avoidance to dietary advancement via ladders or oral immunotherapy (OIT). Comparative data on clinical practice across countries are limited.

Methods:

A cross-sectional online survey (May 2024–May 2025) of physicians with formal training in paediatric allergy in Ireland, Canada, and Spain. The survey addressed practice demographics, availability of support staff, diagnostic resources, management strategies, follow-up, telemedicine. Descriptive statistics were calculated, Fisher's Exact Test was used to examine associations between management approaches.

Results:
108 clinicians (Ireland n=19; Canada n=22; Spain n=67) were included. Irish clinicians reported a balanced distribution across tertiary, regional, and community settings, whereas Canadian respondents were concentrated in private and tertiary centres, and Spanish respondents were predominantly hospital-based. Oral food challenges were widely available in Spain (egg 94%, milk 87%) and Canada (96%, 77%) but less so in Ireland (68%, 53%), where 21% relied on clinical history alone. Management strategies differed significantly by country ($p<0.001$). In Ireland, almost all clinicians used food ladders (egg 95%, milk 95%) with no OIT. Canadian clinicians reported mixed practice, with 77% using ladders and 41% offering OIT. Spanish clinicians most often recommended avoidance (egg 71%, milk 76%) but also had the highest uptake of OIT (egg 53%, milk 63%). Follow-up intensity was greatest in Spain, while telemedicine was widely used in Canada (86%) and Ireland (84%) but less so in Spain (57%).

Conclusion:
This multinational survey demonstrates striking variation in paediatric egg and milk allergy care. Ireland has standardised ladder-based reintroduction, Spain emphasises avoidance and OIT, and

Canada adopts a hybrid approach. Diagnostic capacity, follow-up intensity, and telemedicine use also differ. These findings highlight the urgent need for harmonised international guidelines and comparative effectiveness research to inform safe, effective, and patient-centred management.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 10:10-10:15
Sub-Specialty

PAEDIATRIC CEREBRAL VENOUS SINUS THROMBOSIS: ANTICOAGULATION ASSOCIATED WITH IMPROVED RADIOLOGICAL AND NEUROLOGICAL OUTCOMES

M Phipps[1], E Dunlea[1], M Cotter[1]

[1]Haematology Department, CHI at Temple Street, Dublin, Ireland

Background:
Cerebral venous sinus thrombosis (CVST) is an uncommon but important cause of paediatric stroke. Presentations are often non-specific, and risk factors include infection, dehydration, systemic illness, and prothrombotic states. Anticoagulation remains the standard therapy, though paediatric practice is evolving with the use of direct oral anticoagulants (DOACs).

Aims:
To describe the clinical profile, risk factors, anticoagulation use, and radiological and clinical outcomes of paediatric CVST cases at Children's Health Ireland between January 2020 and December 2024.

Methods:
A retrospective chart review was performed for children with confirmed CVST. Data collected included demographics, presenting features, comorbidities, imaging, laboratory results, treatments, and outcomes. Radiological resolution and neurological sequelae (seizures, motor deficits, headaches) were recorded.

Results:
Forty-five patients were included; 32 (71%) received anticoagulation and 13 (29%) did not. Thrombosis most frequently involved the transverse/sigmoid sinuses (53%) and superior sagittal sinus (36%). Anticoagulation comprised subcutaneous low-molecular-weight heparin (n=20) and oral rivaroxaban (n=24). Infection was the most common provoking factor (56.3% treated vs. 46.2% untreated), with mastoiditis predominating. Radiological resolution at three months was more frequent with anticoagulation (31.3% vs. 15.4%; OR 2.5, 95% CI 0.47-13.4), with complete resolution in 37.5% vs. 15.4%. Neurological sequelae occurred in 25% of treated patients compared with 46.2% of untreated patients (OR 0.39, 95% CI 0.10-1.51). In infection-related cases (n=24), anticoagulation was associated with lower neurological complications (27.8% vs. 66.7%; OR 0.19, 95% CI 0.03-1.40). Despite these trends, many children achieved full recovery without lasting deficits.

Conclusions:
Anticoagulation, typically LMWH followed by rivaroxaban, was associated with improved radiological recanalisation and fewer neurological sequelae, particularly in infection-related CVST. These findings support international recommendations advocating anticoagulation as standard management in paediatric CVST and highlight the importance of structured follow-up to optimise long-term outcomes.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 10:15-10.20
Sub-Specialty

MARGINS OF THE MARGINS: DIRECTLY OBSERVED TREATMENT FOR ANAEMIA AND VITAMIN D DEFICIENCIES: AN IMPORTANT MINORITY IN PAEDIATRIC INCLUSION HEALTH

K Kelleher[1], **C Kundai[1]**, A Walsh[1]

[1]Inclusion Health, Childrens Health Ireland @ Temple Street, Dublin , Ireland

Background:
Micronutrient deficiencies, particularly iron deficiency anaemia (IDA) and vitamin D deficiency, pose significant health risks in marginalised paediatric populations facing social adversity and healthcare access barriers[1]. Symptomatic anaemia and rickets are becoming more frequent. Some caregivers living with social adversity face additional challenges in accessing and administering medications. In such cases, hospital-delivered care can ensure more children are successfully treated.

Aims:
To record the rates of iron and vitamin D deficiencies, failed oral treatment and subsequent directly observed treatments.

Methods:
We conducted a cross-sectional analysis of 169 children attending a paediatric inclusion health clinic for the first time in 2024. Baseline nutritional and clinical data were collected, with blood tests including haemoglobin, ferritin, and 25(OH)-cholcalciferol levels performed where indicated. Treatment outcomes were recorded for all with abnormal results.

Results:
76% (129/169) of new patients completed at least one blood test. Haemoglobin was assessed in 128 children, ferritin and vitamin D in 120 each. Anaemia was identified in 14% (18/128) and hypoferritinaemia in 23% (28/120). Vitamin D levels were suboptimal in 38% (45/120), with 20% (24/120) insufficient (30-50nmol/L), and 22% (21/120) deficient(<30nmol/L).
Treatment failure was documented in 7/54 (13%) patients who completed a trial of home-oral medications. 33% (7/21) of children received stoss Vitamin D, of whom 4 had previously failed home treatment. 4 patients received IV iron replacement: of whom 3/28 (11%) had failed treatment for hypoferritinaemia and 1/18 (6%) for anaemia.

Conclusions:
Our findings highlight a substantial burden of iron and vitamin D deficiencies in children attending a paediatric inclusion health clinic. Difficulties arise in treating these children's deficiencies due to the added stress that living in adversity places upon children and their parents. This underscores the need for targeted screening and individualised intervention strategies to improve child health outcomes. We highlight one way we've had success in treating the most marginalised of this group.

1. Grant R, Shapiro A, Joseph S, Goldsmith S, Rigual-Lynch L, Redlener I. The health of homeless children

revisited. Adv Pediatr. 2007;54:173-87. doi: 10.1016/j.yapd.2007.03.010. PMID: 17918471.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 10:20-10:25
Sub-Speciality

NON-CONSULTANT HOSPITAL DOCTOR (NCHD) EXPERIENCE OF ADOLESCENT SEXUAL HEALTH SCREENING AND MANAGEMENT

R O'Toole[1], O Walsh[1]

[1]General Paediatrics and Adolescent Medicine, CHI, Dublin, Ireland

Aims:
To identify the most challenging aspects of adolescent sexual health screening and management for Non-Consultant Hospital Doctors (NCHDs).

Methods:
NCHDs working in paediatric units in Ireland were invited to participate in an anonymous cross-sectional survey.

Results:
41 survey responses were obtained. When using the HEEADSSS assessment tool, less than half of NCHDs, 19 (46.34%) reported 'always' or 'usually' enquiring about an adolescent patient's sexual orientation. The majority of NCHDs, 34 (82.92%) 'always' or 'usually' ask about sexual activity. Regarding STI testing, only 8 (19.51%) of NCHDs 'always' or 'usually' offer a STI screen to sexually active adolescents with just 4 (9.75%) of NCHDs comfortable with obtaining a high vaginal swab sample.
28 (68.29%) of NCHDs disclosed 'always' or 'usually' asking about contraception use amongst sexually active adolescents. Only 19 (46.34%) were comfortable with counselling adolescents and parents about the oral contraceptive pill and just 9 (21.95%) NCHDs were confident with prescribing emergency contraception.
Concerning child protection, the majority of NCHDs, 32 (78.05%) were familiar with the law regarding mandatory reporting of underage sexual activity to TUSLA[1], however only 24 (58.53%) 'always' or 'usually' enquire about the age of the partner(s). 19 (46.34%) NCHDs reported 'always' or 'usually' asking if the reported sexual activity is consensual. Only half of NCHDs, 22 (53.66%) were familiar with their local child sexual abuse support services.

Conclusion:
The 'Growing Up In Ireland'[2] study identified risky behaviours amongst adolescents. 11% of sexually active adolescents reported 'never' using a condom and only 79% disclosed 'always' using contraception. NCHDs therefore warrant specific training regarding adolescent contraceptive options and STI screening in order to improve healthcare in this vulnerable cohort. NCHDs also require education on how to assess for child sexual abuse concerns when taking an adolescent sexual health history and should be informed of the relevant support services available locally.

1. Children First Act 2015 (Section 14 (3)) 2. Growing Up In Ireland Key Findings: Child Cohort at 17/18 Years. No 4: Risky Health Behaviours and Sexual Activity Growingup.gov.ie. Available at: https://www.growingup.ie/pubs/SUSTAT59.pdf (Accessed: 30 September 2025).

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 11.35-11.45
General Paediatrics

QI PROJECT: EDUCATION AND IMPLEMENTATION OF UPDATED BTS ASTHMA GUIDELINES

PS Short[1], PC Cahill[1], SK Keenan[1]

[1]Paediatrics, Portiuncula University Hospital, Ballinsaloe, Ireland

Background:
The BTS Asthma Guidelines were updated in November 2024 to match the GINA guidelines that had been updated earlier in the year. The Saolta Healthcare group primarily follow the BTS guidelines in regards to the diagnosis and management of Asthma. These updated guidelines have moved the focus of treatment towards MART Therapy (Maintainence and Reliever Therapy) with patients having a single combination inhaler used both regularly and PRN, rather than their previous reliever inhaler and preventer inhaler. Implementing this guidelines required re-education of the medical staff of PUH, from Consultants, NCHDs, ANPS and nursing staff across the ward and emergency department.

Methods:
Through this QI project, we carried out education sessions for all of the staff at PUH and collected data on the confidence of their knowledge of MART before and after. We also created new dosing references tables for clinicians to be able to use to make this transition more straighforward from a prescibing prespective. We also carried out education sessions for parents and created new information leaflets on the new inhalers we would be using.

We also created new asthma actions plans to be distributed to patients on MART therapy to help with compliance and make the information easier to access for parents and the children themselves.

Results:
The follow-up questionaires for clinicians showed a significant increase in confidence of identifing candidates for MART in the future along with confidence in prescribing, so that the department can move forward with the new guidelines as one team providing the same information to the community.

Conclusion:
This new practice is currently being undertaken and has shown how beneficial QI projects can be in impacting care for patients.

BTS (NICE) Asthma Guidelines Nov 24 Gina Asthma Guidelines 2024 Asthma Society of Ireland Website Asthma + Lung UK Website

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 11.45-11.55
Sub-Specialty

CLOSING THE GAPS IN SIDS SURVEILLANCE: FINDINGS FROM A 22-YEAR AUDIT OF CHI CASE RECORDS

J Gannon[1], F Cianci[2], J O'Neill[3], M McDermott[3]

[1]Department of Public Health HSE Dublin & Southeast, HSE, Dublin, Ireland
[2]Child Health Public Health, HSE, Tullamore, Ireland
[3]Department of Pathology, CHI, Dublin, Ireland
[4]Department of Pathology, CHI, Dublin, Ireland

Aims:
To assess the completeness of risk factor documentation in sudden infant death syndrome (SIDS) cases reported by Children's Health Ireland (CHI) and compare it against the National Paediatric Mortality Register (NPMR) notification form.[1] The audit also examines social and housing-related determinants, including deprivation and emergency accommodation status, to identify gaps limiting national surveillance and intervention planning.

Methods:
A retrospective audit of all SIDS cases reported by CHI pathologists from 2002 to 2023 was conducted. Data were extracted from post-mortem reports and Emergency Department records. Variables were selected based on the updated NPMR notification form and international recommendations. Residential addresses were mapped to the Pobal HP Deprivation Index to explore socioeconomic patterns.

Results:
A total of 195 SIDS cases were identified. Sleep environment was recorded in 70% of cases, with 16% of these infants found in unsafe locations such as couches. Sleep position was documented in 28%, and of these 47% were recorded as prone. Co-sleeping status was available in 74%, and confirmed co-sleeping occurred in 63% of these. Ethnicity (4%), maternal smoking (6%), and parental substance use (10%) were infrequently documented. Seven deaths occurred in emergency accommodation. Of 185 mapped addresses, 123 cases (66%) occurred in areas with below-average socioeconomic status.

Conclusion:
This audit reveals inconsistent documentation of SIDS risk factors and a strong social gradient in case distribution. Aligning with NPMR reporting and incorporating social determinants are essential to improving surveillance and guiding prevention efforts. Collecting sensitive information immediately following a case of SIDS is challenging, therefore a structured death scene investigation by trained personnel and ongoing engagement with families represent additional opportunities that could improve systematic data capture.

1. National Office of Clinical Audit. National Paediatric Mortality Register 2023. NOCA, Republic of Ireland. Available from: https://www.noca.ie/documents/national-paediatric-mortality-register-2023

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 11.55-12:05
General Paediatrics

PREVALENCE OF REDUCED BONE MINERAL DENSITY IN CHILDREN AND ADOLESCENTS WITH RESTRICTIVE EATING DISORDERS.

A Reilly[1], E Barros[2], L Fitzpatrick[3], M Smyth [2], Ó Walsh [1], S Richardson[2]

[1]General Paediatrics, CHI Temple Street , Dublin , Ireland
[2]General Paediatrics, CHI Crumlin , Dublin, Ireland
[3]Linn Dara Community Eating Disorder Service, Health Service Executive, Dublin , Ireland

Background:
Assessment of bone mineral density (BMD), using Dual-energy X-ray Absorptiometry (DXA), is commonly undertaken in children and adolescents with restrictive eating disorders. However, this practice is largely extrapolated from evidence in adults, where low BMD is a well-recognised complication. Conversely, there is limited data describing bone health in younger patients with restrictive eating disorders.[1] The few studies available suggest a relatively low diagnostic yield, as low as 13% of cases.[2]

Purpose:
To review the prevalence of reduced BMD in a cohort of children and adolescents with restrictive eating disorders attending the outpatient Linn Dara Community Eating Disorder Service, and inpatients and outpatients attending Children's Health Ireland (CHI).

Methods:
We conducted a retrospective review of all patients aged 12–19 years with restrictive eating disorders referred for DXA in our centres between 2019 and 2024. Data included patient demographics, referral source (inpatient vs outpatient), and DXA results. We defined restrictive eating disorders as per DSM-5; Anorexia Nervosa-Restrictive and Atypical (AN) and avoidant/restrictive food intake disorder (ARFID).[3]

Results:
72 patients (median age 15 years; range: 12-19) met our inclusion criteria. Of these 32 cases were inpatients and 40 were outpatients. Just 13/72 (18%) DXA results in this cohort were abnormal. On sub-group analysis the median z-score for inpatients was -1.3 (range: -3.5 to + 0.5). Low BMD was observed in 18.8% of inpatient referrals (95% CI: 8.9–35.3%) and 17.5% of outpatient referral (95% CI: 8.7–31.9%). There was no significant difference between groups (Chi-square test, p = 1.0).

Conclusion:
Only a minority (18%) of children and adolescents with restrictive eating disorders demonstrated reduced BMD, supporting previous findings that osteoporosis-range deficits are uncommon. Inpatient status, which may be considered a surrogate for disease severity, did not predict abnormal results. These findings support a move away from routine DXA scanning in this population and instead advocate an individualised approach.
References: 1. Misra M, Golden N H, Katzman DK. (2015). State of the art systematic review of bone disease in anorexia nervosa. International Journal of Eating Disorders.49(3), 276–292. 2. Ayya, M., Crabtree, N., & Shaw, N. (2019). Anorexia nervosa: Weighing in on bone health

surveillance: When should it be performed? Bone Abstracts. https://doi.org/10.1530/bone-abs.7.P47 3. American Psychiatric Association. (2022). Diagnostic and statistical manual of mental disorders (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 12:05-12:15
General Paediatrics

IMPEED: THE IMPACT OF ECZEMA ON EDUCATIONAL PARTICIPATION AND ACHIEVEMENT

A Cassidy[1,2], F Browne[1], J Hourihane[2,3]
[1]Department of Dermatology, Children's Health Ireland , Dublin, Ireland
[2]Department of Paediatrics and Child Health, Royal College of Surgeons Ireland, Dublin, Ireland
[3]Department of General Paediatrics , Children's Health Ireland, Dublin, Ireland

Aims:
The IMPEED study is a mixed-methods cohort study of the impact of eczema on education. Eczema affects up to 20% of children (1). All children in Ireland undergo biennial standardised national assessments in reading and maths (2).

Methods:
Children with eczema aged 6-16 years were recruited from Paediatric Dermatology clinics and followed over 1-2 academic years. Eczema severity was assessed with Eczema Area & Severity Index, Children's Dermatology Life Quality Index (CDLQI) and Patient Orientated Eczema Measure. Assessment results in reading and mathematics were reported as standardised (STen) scores.

Results:
101 patients were recruited; mean age 10 years, 60 male (59%). Eczema severity ranged from almost clear to very severe.
A significantly higher proportion of our cohort received “well above average” (STen score 8-10) in both Reading (28.1% vs 16.5%, z-score 2.36, $p<0.05$) and Maths (24.6% vs 16.5%, z-score 1.65, $p<0.05$) compared to the national population. No significant difference occurred in other STen score groupings.
Children with higher CDLQI scores had significantly lower results in reading and maths ($p<0.01$). Skin flaring at time of assessment had a significant impact on Reading scores ($p<0.05$) but not Maths.
Thirty-three patients (33%) received additional learning support (ALS) in school, compared to <8.5% of the general population (3) ($p<0.01$). There was no significant difference in eczema severity between those receiving ALS and those not.
Seventy-six (75%) children reported eczema impacts their school day, due to self-consciousness of scratching, distraction due to itch, painful hands, and tiredness. Children missed on average 6 additional school days yearly, primarily due to infective exacerbations, fatigue, painful uniforms/shoes, and appointments.

Conclusion:
The IMPEED study emphasises the impact of eczema on school attendance and engagement. While children with eczema are not necessarily at an educational disadvantage, more severe or burdensome eczema appears to adversely impact academic performance. Participants had significantly higher rates of ALS compared to the general population.

(1) Health Service Executive & Royal College of Physicians of Ireland. A National Model of Care for Paediatric Healthcare Services in Ireland Chapter 11: Paediatric Allergy. 2016. (2) National Council for Curriculum and Assessment. Assessment in the Primary School Curriculum: Guidelines for Teachers. 2008. (3) Department of Public Expenditure and Reform. Special Educational Needs provision. 2017

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 12:15-12:25
General Paediatrics

INSUFFICIENT SLEEP IN INFANCY: PREVALENCE AND ASSOCIATED RISK FACTORS IN A NATIONAL COHORT

EM O'Connell[1], S Javadpour[1,2]

[1]Department of Paediatric Respiratory Medicine, Children's Health Ireland at Crumlin, Dublin, Ireland
[2]Department of Paediatrics and Child Helath, RCSI, Dublin , Ireland

Background:
Adequate sleep is essential for infant health and development, yet a substantial proportion of infants do not achieve recommended sleep duration. Understanding risk factors for insufficient sleep may help inform early interventions.

Methods:
We conducted a secondary analysis of the first wave of the *Growing Up in Ireland* (GUI) National Longitudinal Study of Children. Caregivers were interviewed when infants were nine months old (n=11,134). Parent-reported sleep duration was assessed, with insufficient sleep defined as <12 hours per day. Associations between insufficient sleep and pre-specified sociodemographic, perinatal, and caregiver factors were examined using multivariable logistic regression, adjusting for potential confounders.

Results:
Among 11,104 infants with available data, 1,760 (15.9%) had insufficient sleep, and caregivers reported sleep to be a moderate/large problem in 11% of cases. Compared with White Irish infants, Black infants were 50% more likely to have insufficient sleep (aOR 1.51, 95% CI 1.03–2.21), and Asian infants more than twice as likely (aOR 2.34, 95% CI 1.64–3.36). Caregiver education was strongly protective: infants of caregivers with tertiary education had half the odds of insufficient sleep compared with those with lower secondary education (aOR 0.51, 95% CI 0.39–0.67). Maternal mental health was also significant: infants of mothers with CES-Depression scores >6 had 77% higher odds of insufficient sleep (aOR 1.77, 95% CI 1.47–2.12). Associations with feeding practices were mixed. Infants breastfed for 3–6 months had lower odds of insufficient sleep than those never breastfed (aOR 0.72, 95% CI 0.57–0.92), while breastfeeding beyond six months and age at introduction of solids were not associated. Birthweight 3.5–4.5 kg was modestly protective (aOR 0.86, 95% CI 0.75–0.98).

Conclusion:
Insufficient sleep affects one in six Irish infants and is strongly associated with ethnicity, caregiver education and maternal mental health. Public health strategies to promote infant sleep should prioritise caregiver education and incorporate supports for maternal wellbeing.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 12.25-12.35
Sub-Specialty

THE EPIDEMIOLOGY OF PAEDIATRIC NEUROMUSCULAR DISORDERS IN IRELAND

MH Elbadry Ali[1,2], D McDonald[4], N McSweeney[3], E Molloy[2,5,6], D O'Rourke[1,7]

[1]Neurology, CHI at Temple Street, Dublin, Ireland
[2]Paediatrics, Trinity College, Dublin, Ireland
[3]Paeditrics, Cork University Hospital, Cork, Ireland
[4]Neurodisability, CHI at Tallaght, Dublin, Ireland
[5]Neonatology, CHI at Crumlin, Dublin, Ireland
[6]Neonatology, The Coombe Hospital, Dublin, Ireland
[7]Paediatric Neurology, The Central Remedial Clinic, Dublin, Ireland

Background:
To date, there have been no studies on the epidemiology of paediatric neuromuscular disorders (PNMDs), and no registries exist in Ireland.
This study aims to describe the prevalence and clinical characteristics of PNMDs in the Irish population. Clinical characteristics will be compared to international studies. Recommendations about health resources planning, allocation of emerging therapeutics, clinical trial eligibility, and disease registries will be made.

Methods:
There are three leading clinics in Ireland for the diagnosis and management of paediatric neuromuscular disorders: the Central Remedial Clinic in Dublin, Children's Health Ireland at Tallaght and Enable Ireland in Cork. Informed consent and assent forms, as appropriate, were completed for all participants after obtaining ethics approvals. Participants' records were reviewed to confirm diagnoses and collect relevant clinical and demographic data, which was completed on the REDCap platform.

Results:
The total number of children with confirmed diagnoses was 505, and the number of children aged 0 to 17 in Ireland was 1,294,821, as reported by the Central Statistics Office in its 2022 census. The prevalence of PNMDs in Ireland was 31.4/100,000. The most common paediatric neuromuscular disorders in Ireland were HMSN, DMD/BMD, SMA and other muscular dystrophies, with a prevalence rate of 6.8, 5.3, 3.6, and 3.6, respectively.

Discussion:
Our prevalence rate is comparable to previous studies, 20 to 40 per 100,000 children, with some indicating a broader range (Muuronen et al., 2025). Among these, Duchenne muscular dystrophy, Hereditary Motor and Sensory Neuropathy and Spinal Muscular Atrophy stand out (Biotteau et al., 2024). The variability in reported prevalence rates across studies underscores the methodological challenges in epidemiological research for rare diseases, particularly those with diverse clinical presentations and genetic etiologies (Woodcock et al., 2016).
The outcome of this study will help inform the planning of healthcare services, allocation of therapeutics, and participation in clinical trials.

Darin, N., & Tulinius, M. (2000). Neuromuscular disorders in childhood: A descriptive epidemiological study from western Sweden. Neuromuscular Disorders, 10(1), 1–9. https://doi.org/10.1016/S0960-8966(99)00055-3 Muuronen, M., Sätilä, H., Nokelainen, P., Huhtala, H., Caminiti, D., Eriksson, K., & Palmio, J. (2025). Epidemiology of childhood neuromuscular diseases in two hospital districts in Finland. European Journal of Paediatric Neurology, 55, 97–102. https://doi.org/10.1016/j.ejpn.2025.03.012 Woodcock, I. R., Fraser, L., Norman, P., Pysden, K., Manning, S., & Childs, A. (2016). The prevalence of neuromuscular disease in the paediatric population in Yorkshire, UK ; variation by ethnicity and deprivation status. Developmental Medicine & Child Neurology, 58(8), 877–883. https://doi.org/10.1111/dmcn.13096

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 12.35-12:45
Sub-Specialty

NEUTROPHILS IN A NUTSHELL: ALLERGEN-INDUCED NEUTROPHIL ACTIVATION AND LPS-ENHANCED BASOPHIL REACTIVITY IN CHILDHOOD NUT ALLERGY

J Trayer[1,2], JM Isaza-Correa[1], LA Kelly[1], M Kelleher[3], JO'B Hourihane[4,5], A Byrne[1,3], EJ Molloy[1,6,7]

[1]Discipline of Paediatrics, Trinity College Dublin, Dublin, Ireland
[2]General Paediatrics, Children's Health Ireland at Tallaght, Dublin, Ireland
[3]Allergy, Children's Health Ireland at Crumlin, Dublin, Ireland
[4]Allergy, Children's Health Ireland at Temple Street, Dublin, Ireland
[5]Paediatrics and Child Health, Royal College of Physicians in Ireland, Dublin, Ireland
[6]Neurodisability, Children's Health Ireland at Tallaght, Dublin, Ireland
[7]Paediatrics, Coombe Hospital, Dublin, Ireland

Background:
This study investigated allergen-specific activation of neutrophils in children with nut and house dust mite (HDM) allergy, and examined whether lipopolysaccharide (LPS) co-stimulation amplifies basophil responses in nut-allergic children.

Methods:
Whole blood from allergic and non-allergic children was incubated with nut and HDM extracts, with and without LPS. Neutrophil and basophil activation was assessed using flow cytometry.

Results:
Samples were collected from 21 nut allergic children and 12 non-allergic controls.
Neutrophil expression of CD11b was increased when stimulated with allergens specific to the child's allergy status. In children allergic to HDM, CD11b mean fluorescence intensity (MFI) increased by 6657 (95% CI 3927–9387, p< 0.0001). A smaller but significant increase was also observed in non-HDM-allergic children (mean increase 4347, 95% CI 393–8354, p= 0.0329). There was no change in expression of CD16 or TLR4 with nuts.
In nut-allergic children, in vitro co-stimulation with LPS significantly increased basophil activation compared to nut alone at concentrations of 10 ng/ml (mean CD63% increase 7.11%, 95% CI 2.97–11.25, p = 0.0002) and 1000 ng/ml (mean 6.63%, 95% CI 2.36–10.90, p = 0.0007). No effect was seen at 0.1 ng/ml or in non-allergic controls. Basophil sensitivity was similarly increased with a decrease in EC50 in samples treated with LPS (55.4 ± 30.3ng/ml) compared to nut alone (116 ± 50.6ng/ml, p=0.0335).

Conclusions:
Neutrophils are directly activated by relevant allergens in allergic children. This demonstrates evidence for a previously undescribed role in acute allergic reactions. Only neutrophils from allergic individuals activate in the presence of nut protein suggesting an IgE mediated mechanism. Basophil reactivity and sensitivity are increased by LPS co-stimulation. These findings suggest a role for both neutrophils and TLR4 signalling in the allergic response and may provide insights into how intercurrent illness exacerbates allergic reactions.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 14:55-15:05
Neonatal

PROTEOMIC AND CLINICAL ANALYSIS OF CULTURE NEGATIVE LATE ONSET NEONATAL SEPSIS

D O'Reilly[1,2,3], L Murphy[1], L Ryan[2], E Fouhy[3], CA Murphy[3], J O'Loughlin[4], F Ni Ainle[3,5], IC Gormley[6], CN Morrell[7], CM Moore[2], P Maguire[3], A Curley[2], N McCallion[1]

[1]Department of Neonatology , Rotunda Hospital, Dublin 1, Ireland
[2]Department of Neonatology, National Maternity Hospital, Dublin 2, Ireland
[3]School of Biomolecular and Biomedical Science, University College Dublin, Dublin 4, Ireland
[4]Department of Laboratory medicine, Rotunda Hospital, Dublin 1, Ireland
[5]Department of Haematology, Rotunda Hospital, Dublin 1, Ireland
[6]Department of Mathematics and Statistics, University College Dublin, Dublin 4, Ireland
[7]Aab Institute of Cardiovascular medicine, University of Rochester, Rochester, NY, USA

Aims:
To determine the clinical and proteomic features of culture negative late onset neonatal sepsis.

Method:
A sub-analysis of the prospective observational cohort study Platelet Activation for the identification of late onset sepsis in preterm infants (PARENT) examined clinical data from n=153 neonates who had suspected late onset sepsis during their neonatal intensive care stay. Platelet poor plasma collected at the time of initial sepsis investigations in n=11 neonates ultimately determined to have “culture positive” sepsis, n=23 neonates ultimately determined to have “culture negative sepsis” and n=33 neonates who were diagnosed as non-septic following 36 hours of antibiotic therapy. Proteomic analysis was performed on an extracellular vesicle enriched sample using mass spectrometry and low abundance circulating proteins related to cardiovascular disease were assessed by 96 multiplex proximity extension assay (Olink).

Results:
The vast majority of antibiotic days in the PARENT study were for children who ultimately were determined to not have sepsis (culture negative sepsis=481 days, non-sepsis=290 days, culture proven sepsis=223 days). Proteomic analysis showed no significant differences between neonates with culture negative sepsis and non-sepsis, with both groups being statistically distinct from neonates who had culture proven sepsis where significant proteomic differences exist.

Conclusions:
“Culture negative” neonatal sepsis as defined in this study is not a biologically meaningful diagnosis. This has important clinical implications given the high level of antibiotic exposure in this group as well as research implications where “culture negative” and “culture positive” sepsis are often treated as equivalent diagnoses. Future work should focus on a consensus diagnosis for neonatal sepsis and reducing unnecessary antibiotic prescription in this cohort.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 15:05-15:15
General Paediatrics

ALL IRELAND RESPIRATORY SYNCYTIAL VIRUS SURVEILLANCE (AIRS) STUDY; RESULTS OF THE 2024-2025 SEASON IN CHILDREN'S HEALTH IRELAND.

B Treston[1], A Walsh[3], E Kitt[1, 2], H Ali[2], H Groves[4], J Al Abdulsalam[2], J Donnelly[2], J Gilchrist[2], L Lawlor[2], S O'Loughlin[2], M Healy[3], N Gupta Bhan[1], S Hoolahan[2], S O'Hagan[6], S Geoghegan[1,5]
[1]Department of Paediatric Infectious Disease and Immunology, , Childrens Health Ireland, Dublin, Ireland
[2]Department of General Paediatrics, Children's Health Ireland, Dublin, Ireland
[3]Department of Paediatric Critical Care Medicine, Children's Health Ireland, Dublin , Ireland
[4]Department of Paediatric Infectious Disease, Royal Belfast Hospital for Sick Children, Belfast, Northern Ireland
[5]School of Medicine, University College Dublin, Dublin, Ireland
[6] Wellcome-Wolfson Institute for Experimental Medicine, Queen's University Belfast

Background:
The AIRS study aims to establish a prospective anonymised registry of RSV related admissions in children across Ireland and Northern Ireland. This abstract presents interim results from the 2024/2025 winter season in Children's Health Ireland (CHI).

Methods:
This multicentre observational study included those under two years admitted to CHI at Crumlin, Temple Street, and Tallaght between 1 October 2024 and 31 January 2025 with bronchiolitis, lower respiratory tract infection (LRTI), or first episode of viral wheeze. Patients were categorised into: (1) Birth cohort (born after 1 September 2024), (2) Catch-up cohort (aged < 6 months at season start), and (3) Second season cohort (aged >12 months at season start). In the birth cohort a test-negative case-control study estimated nirsevimab immunisation effectiveness.

Results:
A total of 664 patients were included. Among the birth cohort 46% (85/185) were RSV-positive. Among those with known immunisation status, 34% (29/85) of RSV-positive and 83% (66/80) of RSV-negative infants were immunised. Estimated nirsevimab effectiveness against RSV hospitalisation was 89%. Among RSV-positive immunised cases; 20% (n=6) had viral co-infections, 20% (n=6) had co-morbidities.
In those with RSV in the catch-up cohort (n=162), 23% had co-morbidities (most commonly prematurity, n=28), only 6 were immunised. Bronchiolitis was diagnosed in 99%. Antibiotics were prescribed in 36% (median duration: 5 days [IQR 3-7]days).

In those with RSV in the second season cohort (n=105), 33 children had co-morbidities (prematurity n=20); 2 were immunised. Discharge diagnosis was bronchiolitis in 55% (n=58), LRTI in 43% (n=45), and wheeze in 23% (n=24). Antibiotic use occurred in 59% (n=62), (median duration: 5.5 [IQR 3-7] days).

Conclusion:
Nirsevimab was effective in preventing RSV hospitalisation in the birth cohort. In catch-up and second season cohorts, many hospitalised children with co-morbidities were not immunised. High

antibiotic use highlights the broader burden of RSV and supports targeting these groups for immunisation.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 15:15-15:25
General Paediatrics

TAU PROTEIN IN CHILDREN WITH DOWN SYNDROME

R McCarthy[1,2,3], L Kelly[1,2,3], D Huggard[1,2,3], N Lagan[1,2,4], J Balfe[1,3,4], F McGrane[1,3,4], B Corcoran[1,3,4], E Molloy[1,2,5]

[1]Paediatrics, Trinity College , Dublin, Ireland
[2]Trinity Translational Medicine Unit, St James's Hospital, Dublin, Ireland
[3]Trinity Research in Childhood Centre (TRiCC), Trinity College, Dublin, Ireland
[4]Neurodisability & Neonatology, Children's Health Ireland, Dublin, Ireland
[5]Paediatrics , Coombe Hospital, Dublin, Ireland

Background:
Early onset dementia is a well-recognised complication in adults with Down's Syndrome (DS). While post-mortem analysis of brain tissue has revealed pathological levels of amyloid plaques and neurofibrillary tangles in patients as young as 40, specific biomarkers to predict the onset of dementia in DS remains largely unknown. One such marker which has been hypothesized as a possible means of early detection is the Tau protein, which plays a significant role in stabilizing neuronal structure and facilitating transport withing these cells. Multiple studies have demonstrated elevated levels of this protein among the adult DS population, but not in young children.

Methods:
Blood samples were taken from children with Down's Syndrome and age-matched controls. Phosphorylated Tau was evaluated using the MSD®MULTI-SPOT assay system, with U-PLEX platforms calibration curves showing the expected signals and precision for this protein

Results:
119 children were included with ages ranged from 3 months to 16 years in children with DS (mean = 5.335), with other demographics including documented prematurity, significant comorbidities, and previous neuroimaging. There were significantly lower levels of phosphorylated Tau protein in the serum of children with DS compared to controls, with a mean of 2.24pg/ml (95% CI 1.56 – 2.92pg/ml, SD 2.68pg/ml p <0.0001) in the DS compared to 13,521pg/ml (95% CI 1,168 – 25874pg/ml, SD 48,405pg/ml, p <0.0001) in controls. Sex, gestational age, or associated co-morbidities did not significantly alter the levels of Tau.

Conclusions:
Elevations in Tau protein may only begin to occur as DS patients move into adult years, coinciding with the early stages of dementia, thus it could be a useful marker to include in routine monitoring. While p-Tau levels in control children were generally higher than those with DS, other studies have hypothesized that this protein may play a physiological role in early life, separate from the pathological processes seen in neurodegenerative conditions.

1 - Mehta PD, Patrick BA, Dalton AJ, Aisen PS, Emmerling ME, Sersen EA, Wisniewski HM. Increased levels of tau-like protein in patients with Down syndrome. Neurosci Lett. 1999 Nov 19;275(3):159-62. 2 - Fuster-Matanzo A, de Barreda EG, Dawson HN, Vitek MP, Avila J, Hernández F. Function of tau protein in adult newborn neurons. FEBS Lett. 2009 Sep 17;583(18):3063-8. 3 - Janelidze S, Collij LE, Mattsson-Carlgren N, Antill A, Laymon CM, Lott I, Rosas HD, Minhas DS, Luo W, Zaman S; Alzheimer's Biomarker Consortium–Down Syndrome investigators; Mapstone M, Head E, Lai F, Hartley SL, Ances BM, Krinsky-McHale SJ, Lee JH, Ossenkoppele R, Christian BT, Handen BL, Hansson O. Prediction of amyloid and tau brain deposition and cognitive decline in people with Down

syndrome using plasma biomarkers: a longitudinal cohort study. Lancet Neurol. 2025 Jul;24(7):591-600. 4 - Gonzalez-Ortiz F, Vávra J, Payne E, Kirsebom BE, Sjöbom U, Santos C, Júlvez J, Kramer K, Zalcberg D, Montoliu-Gaya L, Turton M, Harrison P, Hellström A, Zetterberg H, Fladby T, Suárez-Calvet M, Sanders RD, Blennow K. The potential dual role of tau phosphorylation: plasma phosphorylated-tau217 in newborns and Alzheimer's disease. Brain Commun. 2025 Jun 7;7(3):fcaf221. 5 - Motta C, Bonomi CG, Martorana A. Elevated plasma p-tau217 in newborns: developmental signal or synaptic stress marker? Brain Commun. 2025 Sep 4;7(5):fcaf335.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 15.25-15.35
Sub-Specialty

RECTAL OUTCOMES IN PAEDIATRIC ULCERATIVE COLITIS FOLLOWING COLECTOMY (RECOUP-UC)- A NATIONAL COHORT STUDY

B Gordon[1,2], N Ryan[1], S Cooper[1], Aq Dominik[1], B Bourke[1,2], S Hussey[1,2]

[1]National Centre for Paediatric Gastroenterology Hepatology and Nutrition, Children's Health Ireland, Dublin, Ireland
[2]School of Medicine, University College Dublin , Dublin, Ireland

Background:
Ulcerative Colitis (UC) in childhood is associated with a higher risk of developing acute severe colitis (ASC) and colectomy. Following colectomy the rectal stump remains in situ until further ileal continuity surgery is undertaken. There is limited data regarding the management of this rectal stump in paediatric patients. This study looked rectal stump disease activity, medical management and clinical outcomes.
Children's Health Ireland is the single national referral centre for all paediatric IBD patients. A retrospective cohort study of patients undergoing colectomy from January 2012 - December 2024 was undertaken. Eligibility criteria included a diagnosis of UC, age <18 years and at least 6 months rectal stump follow up. Data collected included baseline demographic and laboratory data, disease activity at diagnosis and pre-colectomy, treatments used and endoscopic data; rectal stump symptoms and treatments used.

Method:
40 patients underwent colectomy for UC over the 11 year period. (50% male, n= 20). Median age at diagnosis was 11 years (Range 2 – 16 years old). Median PUCAI was 62.5 (range 20-80). The median age at time of surgery was 13 years (Range 4 – 17 years old). Indications for colectomy included chronic medically refractory disease 60% (n=24), ASC 35% (n=14), emergency - toxic megacolon and massive GI bleed, 6% (n=2).

Results:
Rectal stump disease was defined as symptoms from the rectum and/or requiring treatment at 6months post colectomy. At 6 months follow-up time point 52% (n=21) were having rectal bleeding requiring medication. All symptomatic patients were treated with topical ASA and/or topical steroid however 7.5% (n=3) were recommenced on biological treatment during follow-up period.

Conclusion:
Rectal stump activity has significant disease burden for patients following Colectomy. Future research with international collaboration would identify risk factors for disease activity and investigate the correlation between clinical symptoms and objective inflammatory markers, and whether it impacts outcomes of pouch surgery.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 16.05-16.10
General Paediatrics

HEALTH AND SOCIAL DETERMINANTS AMONG ROMA CHILDREN IN DUBLIN: A RETROSPCETIVE ANALYSIS FROM A PAEDIATRIC INCLUSION HEALTH SERVICE

J McGirr[1, 2], **D Beirne[1]**, L Mannion[1], B Joyce[1], P Deacy[1], D Paun[3], B Tanase[3], J Liston[3], L Kavanagh[3], N Petty-Saphon[4], D Hamilton[4], S O'Riordan[4], A Alkhatib[2], A Walsh[1]

[1]Inclusion Health Service, Department of General Paediatrics, Children's Health Ireland at Temple Street, Dublin, Ireland
[2]School of Public Health, Imperial College London, London, UK
[3]Pavee Point, Traveller and Roma Centre, Dublin, Ireland.
[4]Public Health HSE Dublin and North East, Ireland

Background:
Roma children experience entrenched social exclusion and poor health yet systematically collected data nationally and internationally is scarce. We aimed to describe health outcomes and their social determinants in a population of Roma children attending a paediatric inclusion health service in Dublin.

Methods:
We conducted a retrospective quantitative study using routinely collected clinical and demographic data from *the Lynn Clinic.* Eligible participants were Roma children, 0-16 years, with ³1 clinic attendance between October 2020 and June 2025. Data was extracted from hospital records. Health was analysed in relation to perinatal outcomes, immunisation status, growth and nutrition and oral health. Associations between social determinants and health were explored using multiple logistic regression models.

Results:
Of 160 children referred, 133 attended and were included (59% (78/133) male, median age 46 months, IQR 22-104). An interpreter was required for 86.3% and 71.4% of children had experience of homelessness. GP registration was noted for 62.4%. Half of children were up to date with immunisations (58/115, 50.4%, 95% CI 40.6–59.9). Among children under 5 years, wasting prevalence was 5.7% (4/70, 95% CI 1.8–14.7) overweight 4.3% (3/70, 95% CI 1.1–12.8) and stunting 11.6% (8/69, 95% CI 5.5–22.1). Vitamin D deficiency/insufficiency was present in 35.1% (27/77, 95% CI 24.8–46.9) whilst iron deficiency affected 39.5% (32/81, 95% CI 28.8–51). Homelessness was associated with lower odds of immunisation (aOR 0.27, 95% CI 0.07–1.03; p=0.055) and higher odds of underweight (aOR 8.13, 95% CI 0.86–76.8; p=0.07).

Discussion:
Roma children attending the Lynn clinic experience profound social adversity and unmet health need, with low immunisation coverage and high malnutrition burden. Although regression models were underpowered, effect sizes highlight the adverse impact of homelessness. These findings underscore the need for accessible care pathways and structural reform to address adverse determinants of health.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 16.10-16:15
General Paediatrics

HIGH DEPENDENCY LEVEL PAEDIATRIC CARE REQUIREMENTS IN A REGIONAL HOSPITAL

P Donovan[1], S Jackson[1], DM Murray[1, 2]
[1]Department of Paediatrics, Cork University Hospital, Cork, Ireland
[2]2INFANT Maternal and Child Research Centre, University College Cork, Cork, Ireland

Background:
This study aimed to quantify the number of admissions meeting high dependency unit (HDU) level care, as deemed from the model of care for paediatric critical care in Ireland(1), to a paediatric regional centre that does not have a dedicated HDU. We also aimed to quantify the most common reasons for meeting HDU level care, investigate their demographics, the level of chronic illness in the cohort, their length of hospital admission and disposition.

Methods:
This was a prospective audit. Data was collected from January 2025-July 2025 over a 6-month period in the Paediatric Department at Cork University Hospital (CUH). Patients were identified from the daily departmental handover file and further information was gathered from the clinical record and Inpatient Management System. Descriptive statistics were used to analyse the data.

Results:
In total 102 patients were identified as meeting HDU level care. As no HDU currently exists in CUH, none of the 102 patients were cared for in a dedicated HDU. There was a female to male ratio of 1:1.34. 47% of patients had a chronic medical condition. The most common reasons for meeting HDU level care were high flow nasal oxygen therapy (42%), continuous nebulisation/iv bronchodilators (17%) and diabetic ketoacidosis requiring intravenous Insulin (8%). The median (interquartile range) length of stay was 3(2) days. 89% of patients were discharged home from CUH, with 8.7% being transferred to a tertiary centre, including 5% transferred to PICU.

Conclusion:
This audit demonstrates the high volume of HDU level care being delivered in a regional centre in a non HDU setting and highlights the need for development of an appropriate service to cater for the clinical demand.

1) Model of Care for Paediatric Critical Care, National Clinical Programme for Critical Care & National Clinical Programme for Paediatrics, September 2019.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 16.15-16.20
General Paediatrics

A POINT PREVALENCE STUDY OF CLINICAL CONCERN AND PAEDIATRIC EARLY WARNING SCORE (PEWS) IN INPATIENTS AT A TERTIARY PAEDIATRIC CENTRE

ME Barnes, C Hensey, S Gilboy
[1]General Paediatrics, CHI Temple Street, Dublin, Ireland
[2]Nursing PEWS Lead, CHI Temple Street, Dublin, Ireland

Background:
Paediatric Early Warning Systems (PEWS) have been introduced to improve early recognition and response to deterioration in children1. The Irish PEWS has been introduced as a National Clinical Guideline; and notes clinical concern as a core parameter which may prompt a greater level of escalation and response than indicated by the PEWS score alone. Many international paediatric hospitals have introduced additional parent/carer initiated escalation pathways. Our aim in this study was to explore the prevalence of clinical concern, association with physiological markers of deterioration, and response to this concern.

Methods:
A point prevalence survey of inpatient charts (excluding ED, PICU, and neonatal HDU) on two discrete occasions. Data recorded include age, duration of admission, primary team, clinical concern in preceding 24hr period, clinician/family concern, total PEWS, and individual parameter scores at time of concern.

Results:
127 patient charts were reviewed with 124 patients included (3-data not available). Clinical concern was recognized in 11/124 (8.9%) patients. The total PEWS score [median (IQR)] was higher in patients with recorded clinical concern [4 (2.5, 5)] in comparison to those without clinical concern [0 (0, 1)]. Of those with recorded concern, abnormal scores for individual physiologic parameters were noted, most commonly heart rate (7/11), respiratory rate (4/11), respiratory effort (4/11) and blood pressure (4/11). 64% of those with recorded concern had been admitted for <24 hours compared with 7% of those without concern. Additional documentation of family/clinician raised concern was limited. In 5 cases concern was reported by family, and in the other 6 cases it was not documented who had noted concern.

Conclusion:
Low rates of clinician/family concern were recorded in our inpatient cohort. When present it was often early in admission and correlated with abnormal observations. Clinician/family concern is an important observation and exploration of how the Irish PEWS recognizes and responds to concern in line with evolving international standards3 is warranted.

1. Roland D, Powell C, Lloyd A, Trubey R, Tume L, Sefton G, et al. Paediatric early warning systems: not a simple answer to a complex question. Archives of Disease in Childhood [Internet]. 2022 Jul 22;108(5):archdischild-2022-323951. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC10176370/ 2. HSE. PAEDIATRIC EARLY WARNING SYSTEM (PEWS) USER MANUAL [Internet]. 2023. Available from: https://www.hse.ie/eng/about/who/cspd/ncps/paediatrics-neonatology/paediatric-early-warning-score/pews-user-manual.pdf 3. Mills E, Lin P, Asghari-Jafarabadi M, West A, Craig S. Association between caregiver concern for clinical deterioration and critical illness in children presenting to hospital: a prospective cohort study. The Lancet Child & Adolescent Health [Internet]. 2025 May 29;9(7). Available from: https://www.sciencedirect.com/science/article/abs/pii/S2352464225000987

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 16.20-16.25
General Paediatrics

VARICELLA VACCINE: A SURVEY OF PARENTAL KNOWLEDGE OF VARICELLA AND THE ROLE OF VACCINATION IN IRELAND

L Stech[1], L Gibson[1]
[1]Paediatrics & Child Health, University College Cork, Cork, Ireland

Background:
Varicella (chickenpox) is an infectious disease caused by the varicella-zoster virus. Majority of cases occur within children under 5. While often mild, it can lead to severe complications, especially in vulnerable populations such as infants and immunocompromised patients. Despite the introduction of the varicella vaccine in many countries, awareness and uptake remain varied. Recently, the varicella vaccine was added to the routine childhood immunization schedule for children born after October 2024 in Ireland.

This cross-sectional study aimed to assess parental knowledge and attitudes towards varicella infection and vaccination, and to identify barriers to vaccination among parents in Ireland.

Methods:
A total of 189 parents of children presenting at Cork University Hospital were surveyed between August 2024 and January 2025. Data on demographics, varicella knowledge, vaccination behaviors, and sources of information were collected and analyzed using descriptive statistics, chi-squared tests, and logistic regression.

Results:
While 86.8% of respondents recognized varicella as an infectious disease and 95.2% agreed that it was contagious, knowledge of serious complications like pneumonia (29.6%) and encephalitis (36%) was limited. Although 86.8% of children received all routine vaccinations, only 32.4% were fully vaccinated against chickenpox. Key reasons cited for not vaccinating against varicella included prior infection (46.4%), desire for more information (33.6%), and lack of recommendation by a GP (20.9%). Trusted sources of information about the varicella vaccination included doctors/nurses (88.3%), family/friends (41.3%), and leaflets (38%).
No significant associations were found between vaccination uptake and factors such as education level or community type. However, perceiving chickenpox as a serious illness was significantly linked to vaccination uptake (p=0.002).

Conclusion:
This study highlights the need for targeted health promotion and proactive discussions by healthcare providers to address knowledge gaps and encourage varicella vaccination. Further research in more diverse populations was recommended to better understand sociodemographic influences on vaccine uptake in Ireland.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 16.25-16.30
General Paediatrics

MEDICAL ADMISSIONS FOR ANOREXIA NERVOSA: PRE AND POST COVID 19 PANDEMIC

D Hardiman[1], S Richardson[1], L Mulryan[2], E Barrett[3,4], Ó Walsh[1]

[1]General Paediatrics, Children's Health Ireland, Dublin, Ireland
[2]Nutrition and Dietetics, Children's Health Ireland, Dublin, Ireland
[3]Child & Adolescent Psychiatry, Children's Health Ireland, Dublin, Ireland
[4]School of Medicine, University College Dublin, Dublin, Ireland

Background:
To compare the quantity and clinical profiles of patients with Anorexia Nervosa (AN) admitted to a tertiary paediatric hospital (CHI Temple Street) pre- and post-COVID-19 pandemic

Methods:
Two periods were analysed: January 2017 to December 2018 (pre-pandemic) and January 2023 to December 2024 (post pandemic), as well as pre- and post-introduction of a Clinical Practice Guideline for the Management of Young people with AN admitted to hospital. Data was collected by retrospectively analysing the medical records of all patients who were referred to the dietetic service with suspected AN.

Results:
The number of patients admitted with AN over the pre-pandemic years was 8 in 2017 and 9 in 2018. This rose to 38 in 2023 and 36 in 2024.
The mean length of stay (LoS) was 39 days in 2017 and 43 in 2018. In 2023 the mean LoS was 33 days and 25 days in 2024.
The proportion of patients who were hypophosphatemic were 25% in 2016, 11% in 2017, 63% in 2023 and 69% in 2024.
The number of patients requiring discharge to an inpatient psychiatric unit (IPU) rose from 1 in the pre-COVID years to 11 in the post-COVID years, though the overall proportion of such discharges was unchanged.

Conclusion:
The increased rate of admissions of patients with AN observed during the COVID-19 pandemic has been sustained throughout the following years. The data collected suggest that the LOS is shortening in recent years, which may be due to a faster restoration of stability following the institution of a clinical practice guideline. There was a more than 10-fold increase in the number of patients requiring transfer to the IPU post-pandemic. The results demonstrate a sustained rise in the demand on paediatric hospital services for young people with AN, with significant implications for future service planning.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 16.30-16:35
Medical/Education Management

ESCAPE TO LEARN: THE EFFECTIVENESS OF ESCAPE ROOMS FOR ENGAGEMENT AND LEARNING OUTCOMES OF UNDERGRADUATE MEDICAL STUDENTS.

A Biagini[1, 2], J Moffett[2], N McCallion[1, 3]

[1]Neonatology, The Rotunda Hospital, Dublin, Ireland
[2]Health Professions Education Centre, Royal College of Surgeons, Dublin, Ireland
[3]Paediatrics, Royal College of Surgeons, Dublin, Ireland

Background:
Educational Escape Rooms (EERs) are dynamic and developing educational tools that foster active learning, problem-solving, teamwork, and leadership (1).

Aims:
The primary objective of this study is to explore the role of EERs in enhancing students' performance and facilitating effective knowledge acquisition. Additionally, we intended to assess how EERs support leadership and teamwork skills in medical students, as well as promote engagement and enhance critical and creative thinking under pressure.

Methods:
We developed an EER based on neonatal content and incorporated it into the mandatory neonatal rotation of the RCSI paediatric course.
A randomised controlled trial was used to compare students' performance on Objective Structured Clinical Examinations (OSCE) and Multiple-Choice Questions (MCQ) between participants in the EER and a control group. Additionally, a post-activity validated survey gathered feedback on students' learning experience (2).

Results:
A total of 140 students participated in this study.
OSCE performances showed no significant difference between the cases and controls (U=2149; p-value=0.908, and minimal effect size; r=-0.121). No significant difference in MCQs results was detected as well (t=0.544, df=36, p-value=0.59).
The survey highlighted that the majority of the students agreed that the EER was an effective tool for enhancing their learning, reviewing the topic of neonatology, and gathering new information. Seventy-eight per cent of students felt they learned better in a game format and praised teamwork and lateral thinking. Ninety-seven per cent would recommend the activity to their peers.

Discussion:
Although EER did not directly lead to a measurable difference in students' performance on standardised assessment, it showed promise with respect to fostering active, team-based learningand enhancing engagement, teamwork, critical thinking, and practical application of neonatal knowledge among medical students.
The results also highlight EER's role in promoting soft skills training within healthcare education, warranting further exploration into their long-term educational benefits.

1. Veldkamp A, Van De Grint L, Knippels MCPJ, Van Joolingen WR. 'Escape education: A systematic review on escape rooms in education'. Educational Research Review [Internet]. 2020 Oct 23;31:100364. https://doi.org/10.1016/j.edurev.2020.100364 2. Eukel, H.N., Frenzel, J.E. and Cernusca, D. (2017) 'Educational Gaming for pharmacy Students – Design and evaluation of a diabetes-themed escape room,' American Journal of Pharmaceutical Education, 81(7), p. 6265. https://doi.org/10.5688/ajpe8176265.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 16.35-16.40
Medical/Education Management

ILLNESS DURING TRAINING: A SURVEY OF CURRENT KNOWLEDGE AND ATTITUDES

SM Duignan[1], A Broderick[1], M Golden[1], P Carr[1]

[1]Health and Wellbeing Committee, Royal College of Physicians of Ireland, Dublin, Ireland

Aims:
Previous studies have demonstrated that junior doctors feel unable to take time off work when ill[1] and that an ethos of invulnerability is prevalent within medical culture[2]. Irish doctors report ineffective line management with lack of referrals to occupational health and a lack of awareness regarding procedures when unwell[3]. We aimed to investigate trainees' knowledge of sick leave entitlements and their attitudes towards illness.

Methods:
A national cross-sectional study was performed by distributing a link to an anonymous online survey to all RCPI trainees across seven faculties.

Results:
Responses were received from 436 trainees (paediatric, n= 53). The majority of respondents (84%) were registered with a GP. Although 28% had experienced a significant illness during training, less than half were referred to occupational health. Two-thirds of respondents were not aware of their sick leave entitlements and over a third (38%) worried that taking more than 2 weeks of sick leave would affect their career progression. A significant number of trainees agreed that they would be worried regarding the opinions of their NCHD colleagues (49%) or consultants (72%) if it was known that they had received support from the health and wellbeing department.

Conclusion:
Trainees in Ireland lack awareness regarding their sick leave entitlements and the processes to avail of them. In addition, many trainees are not referred to occupational health when indicated. Significant stigma regarding illness persists amongst junior doctors. This study led to the creation of a national guidance document for trainees and trainers regarding the management of illness during training.

1. Uallachain GN. Attitudes towards self-health care: a survey of GP trainees. Irish Medical Journal. 2007 Jun;100(6):489-491. PMID: 17668680. 2. Fox FE, Doran NJ, Rodham KJ et al. Junior doctors' experience of personal illness: a qualitative study. Medical Education. 2011 Oct;45(12):1251-1261. PMID: 22026816 3. Walsh G, Hayes B, Freeney Y, et al. Doctor, how can we help you? Qualitative interview study to identify key interventions to target burnout in hospital doctors. BMJ Open 2019;9:e030209. doi: 10.1136/bmjopen-2019-030209

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Thursday 16.40-16.45
Medical/Education Management

ACCESS TO PERIOD PRODUCTS FOR PATIENTS AND PARENTS IN A TERTIARY PAEDIATIC HOSPITAL

A Cassidy[1,2], S O'Donnell[1,2], M McAleer[1]

[1]Department of Dermatology, Children's Health Ireland, Dublin, Ireland
[2]Department of Paediatrics, Children's Health Ireland, Dublin, Ireland

Aims:
We conducted an audit of accessibility to appropriate period products for patients and parents across the largest Paediatric Hospital in Ireland. It had been brought to our attention that some patients have had their period during their hospital stay, but wards did not have period products to supply to them. Patients and parents should not have to worry about how they will manage their period at any point, but particularly when they or their child are sick and vulnerable.

Methods:
We audited seventeen clinical areas in the hospital over two days. Staff on the ward were asked if period products were available for patients and/or parents on the ward. If the answer was no, they were asked did they know where they could access period products for patients and/or parents?

Results:
No wards had hospital-provided period products available. Four clinical areas reported they could provide period products that had been bought by staff members' own money. Two wards had limited period products provided by a charity, however one provided tampons only. The supply of tampons alone is not always suitable for patients who may not have experience using these and/or be undergoing gynecological symptoms or procedures which preclude tampon use.
Three wards reported having to provide patients with surgical pads, wound dressings or maternity pads as period products were not available.
Four wards stated that they would try obtain period products from another named ward. However, our results show that none of these named wards had period products available either.

Conclusion:
All clinical areas in a children's hospital should provide appropriate period products that are easily accessible to persons who require them at all times, with consideration of language and cultural barriers. This is in line with international and national standards including the World Health Organisation (1, 2), Irish Government recommendations (3) and the British Medical Association (4).
(1) World Health Organisation. Menstrual health is a fundamental human right. 2024. (2) World Health Organisation. 50th session of the Human Rights Council Panel discussion on menstrual hygiene management, human rights and gender equality. 2022. (3) Government of ireland. Period Poverty in Ireland. In: Department of Children E, Disability, Integration and Youth; Department of Health, editor. 2021. (4) Rimmer A. BMA calls for end to period poverty. BMJ. 2018;361:k2811.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 11.20-11:30
Neonatal

A PROSPECTIVE STUDY OF KETAMINE USE IN NEONATAL ENDOTRACHEAL INTUBATION

M Salama[1], SI Hussain[2], M McGovern[3], J Kelleher[3]
[1]Paediatrics - Endocrinology, Tallaght University Hospital, Dublin, Ireland
[2]Paediatrics - Haematology, Children Health Ireland at Crumlin, Dublin, Ireland
[3]Neonatology, The Coombe Hospital, Dublin, Ireland

Aims:
Neonatal endotracheal intubation is a technically challenging procedure and may be associated with pain, hemodynamic instability, and transient respiratory compromise. Optimal premedication for intubation should be fast-acting, safe, and short-lived. Ketamine is an NMDA receptor antagonist with analgesic and amnesic properties and is used frequently as a premedication within our NICU. Ketamine has a favourable pharmacokinetic profile, yet evidence regarding its cardiorespiratory effects in neonates remains limited. Our aim was to describe premedication practices within our NICU and assess the impact of ketamine on cardiovascular and respiratory parameters during neonatal intubation.

Methods:
A prospective cohort study was conducted at the Coombe Women and Infants University Hospital NICU from February to July 2025. Neonates undergoing endotracheal intubation or Less Invasive Surfactant Administration (LISA) within the NICU were included. Primary outcomes were differences in heart rate and oxygen saturation during intubation between neonates who received ketamine as premedication and those who did not. Secondary outcomes included procedure duration, intubation quality, adverse events, and pain scores, as measured using the Revised Premature Infant Pain Profile (PIPP-R).

Results:
Of the 26 intubation events analysed, 54% received ketamine with concurrent atropine. Groups were comparable in baseline demographics. Intubation duration was longer in the ketamine group (mean 77 vs. 48 sec, $p = 0.042$). Ketamine administration was associated with higher mean and higher nadir heart rates ($p = 0.002$ and $p = 0.007$), and higher nadir oxygen saturation ($p = 0.010$). No significant differences were observed in pain scores, mean respiratory rate, or mean oxygen saturation.

Conclusion:
Ketamine is an effective premedication for neonatal intubation, and our data support the theory that it allows maintenance of cardiovascular stability and oxygenation during neonatal intubation. These findings provide evidence for its use in NICU premedication protocols and highlight the need for larger studies to inform practice.

(1) Naujorks S, Knob GH, Dotto PP, Henn R, Zamberlan C. Analgesia and sedation for intratracheal intubation in the neonatal period: an integrative literature review. J Pediatr (Rio J). 2023;99(2):112-9. (2) Chathasaigh, C. M. N., O'Currain, E., & Curley, A. E. (2023). Variations in newborn airway management. PubMed, 116(5), 776. https://pubmed.ncbi.nlm.nih.gov/37555533 (3)Lemyre B, Gupta S, Sharma R. Premedication for tracheal intubation in neonates: A systematic review and meta-analysis. Arch Dis Child Fetal Neonatal Ed. 2021;106(4):F405–F411. (4) Barois J, Tourneux P. Ketamine and atropine decrease pain for preterm newborn tracheal intubation in the delivery room: an observational pilot study. Acta Paediatr. 2013;102(12):e534-8. (5)Stevens BJ, Gibbins S, Yamada J, Dionne K, Lee G, Johnston C, et al. The Premature Infant Pain Profile-Revised (PIPP-R). The Clinical Journal of Pain. 2014 Mar;30(3):238–43. (6) Afifi J, Walid El-Naggar, Hatfield T, Navjot Sandila, Baier J, Narvey M. Atropine Versus Placebo for Neonatal Non-Emergent Intubation: A Randomized Clinical Trial. The Journal of Pediatrics [Internet]. 2025 Jul 1 [cited 2025 Sep 15];114719–9. Available from: https://doi.org/10.1016/j.jpeds.2025.114719. (7) Barrington K. Premedication for endotracheal intubation in the

newborn infant. Paediatrics & Child Health [Internet]. 2011 Mar 1 [cited 2020 Jul 14];16(3):159–64. Available from: https://doi.org/10.1093/pch/16.3.159. (8) Durrmeyer X, E. Walter-Nicolet, Clément Chollat, J.-L. Chabernaud, Barois J, Anne-Cécile Chary Tardy, et al. Premedication before laryngoscopy in neonates: Evidence-based statement from the French society of neonatology (SFN). Frontiers in Pediatrics [Internet]. 2023 Jan 4 [cited 2023 Oct 19];10(1075184). Available from: https://doi.org/10.3389/fped.2022.1075184. (9) Kumar P, Denson SE, Mancuso TJ. Premedication for Nonemergency Endotracheal Intubation in the Neonate. PEDIATRICS [Internet]. 2010 Feb 22;125(3):608–15. Available from: https://pediatrics.aappublications.org/content/125/3/608.long (10) McPherson C, Ortinau CM, Vesoulis Z. Practical approaches to sedation and analgesia in the newborn. Journal of Perinatology. 2020 Nov 29;41(3):383–95. (11) Wilmott AR, Thompson GC, Lang E, Powelson S, Wakai A, Vandermeer B, et al. Atropine therapy versus no atropine therapy for the prevention of adverse events in paediatric patients undergoing intubation. Cochrane Database of Systematic Reviews [Internet]. 2014 Jan 5 [cited 2021 Nov 24]; Available from: https://doi.org/10.1002/14651858.CD010898.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 11:30-11:40
Neonatal

CARDIAC FUNCTION AND PULMONARY HAEMODYNAMICS IN TERM, GROWTH RESTRICTED INFANTS

J Morgan[1], A Smith[1], A EL-Khuffash[1,2]

[1]Neonatology, The Rotunda Hospital, Dublin, Ireland
[2]Department of Paediatrics, School of Medicine, Royal College of Surgeons in Ireland, Dublin, Ireland

Aim:
The aim of the study was to compare cardiac function and pulmonary haemodynamics in term, growth restricted (GR) infants born <10th centile for birth weight to healthy, term controls over the first 6 months of age.

Methods:
Term born, GR infants and healthy, term controls were prospectively enrolled in this observational study. Echocardiography scans were performed at birth and six months of age. Ethical approval was sought and granted from the Rotunda Hospital Ethics Committee. Informed, written, parental consent was acquired for each enrolled patient.

Results:
Fifteen term, GR infants were compared to 30 healthy, term controls. The GR cohort had a lower gestation (37.7 [37.3 – 38.6] vs 38.9 [38.1 – 39.3] weeks, $p < 0.01$) and birth weight (2.35 [2.18 – 2.55] vs 3.44 [3.19 – 3.86] Kg, $p < 0.01$). The GR cohort had significantly lower weights at 6 month of age comparted to controls (7.8 [7.8 – 8] vs 8.3 {7.8 – 8.8]Kg, $p < 0.01$). GR infants had significantly shorter left ventricular (LV) lengths (mm) at birth (26 ± 2 vs 31 ± 2, $p< 0.01$) and 6 months of age (40 ± 4 vs 42 ± 3, $p = 0.01$), significantly lower values of LV global longitudinal strain (%) at birth (17.2 ± 3.5 vs 21.8 ± 1.7, $p<0.01$) and 6 months of age (21.8 ± 3.0 vs 25.4 ± 1.7, $p < 0.01$) and significantly lower values of right ventricular free wall strain (%) at birth (15.8 ± 3.9 vs 21.6 ± 3.9, $p< 0.01$) and 6 months of age (28.9 ± 5.2 vs 34.0 ± 2.7, $p< 0.01$).

Conclusions:
Our data indicates significant anthropometric and functional alterations regarding cardiac function in a growth restricted term cohort. Such findings highlight this cohort of infants may warrant closer cardiovascular surveillance with increasing age.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 11:40-11:50
Neonatal

OUTCOMES OF FOETAL RV/LV DISPROPORTION IN A NATIONAL TERTIARY MATERNITY HOSPITAL

E Burke[1], M Glynn[1,2], R Joyce[1], A Curley[1], C McMahon[2]
[1]Department of Neonatology, National Maternity Hospital, Dublin
[2]Department of Cardiology, CHI Crumlin, Crumlin, Dublin

Aims/Background:
Approximately 500 children are born annually in Ireland with congenital heart disease, with coarctation of the aorta (CoA) comprising 5–8% of cases. Ventricular disproportion on foetal echocardiography may indicate left-sided obstructive lesions such as CoA but is often a false-positive finding. This study aims to assess the prevalence of true CoA in foetuses with ventricular disproportion in our tertiary maternity centre. Secondary aim is to describe their neonatal and genetic outcomes, to improve antenatal counselling and prognostication.

Methods:
This was a retrospective cohort study using electronic healthcare records of foetuses identified with ventricular disproportion on antenatal ultrasound between January 2018 and March 2025 in a single tertiary maternity hospital in Ireland. Foetal and neonatal echocardiograms were reviewed along with neonatal characteristics, genetic testing where present and neonatal outcomes.

Results:
55 foetuses with ventricular disproportion were identified in the above period. Isolated RV-LV disproportion was noted in 30/55 (55%), while 25/55 (45%) had additional cardiac anomalies. 34/47 (73%) live-born neonates with antenatal disproportion had some cardiac anomaly on neonatal echocardiogram. Eight of 47 had true coarctation of the aorta (17%), with an additional 9/47 (19%) with hypoplastic aortic arch. Of the confirmed CoA seven of eight had additional cardiac anomalies on antenatal echocardiogram. Non-cardiac anomalies were detected in 22/55 (40%). Genetic testing was performed in 29/55 (53%), with confirmed antenatal genetic diagnosis in 13 of these (45%).

Conclusion:
Our study shows high pick up rate of congenital cardiac disease in foetuses with antenatal ventricular disproportion, justifying close antenatal and neonatal specialist monitoring. CoA may be more likely when additional features are seen on antenatal echocardiogram than ventricular disproportion alone. Relatively high positive diagnostic rate from antenatal genetic screening in this cohort with ventricular disproportion highlights importance of genetic testing to aid prognostication and antenatal diagnostics, in tandem with specialist foetal ultrasonography.

[1] Gabbay-Benziv, R., Cetinkaya Demir, B., Crimmins, S., Esin, S., Turan, O.M. and Turan, S. (2016), Retrospective case series examining the clinical significance of subjective fetal cardiac ventricular disproportion. International Journal of Gynecology & Obstetrics, 135: 28-32. https://doi-org.ucc.idm.oclc.org/10.1016/j.ijgo.2016.03.016 [2] Gómez-Montes, E., Herraiz, I., Mendoza, A., Escribano, D. and Galindo, A., Prediction of coarctation of the aorta in the second half of pregnancy. Ultrasound Obstetric Gynecolology, 2013; 41: 298-305. [3] Van Nisselrooij AEL, Rozendaal L, Linskens IH, et al. Postnatal outcome of fetal isolated ventricular size disproportion in the absence of aortic coarctation. Ultrasound Obstetric Gynecolology. 2018;52(5):593-598. doi:10.1002/uog.17543 [4] Buyens A, Gyselaers W, Coumans A, Al Nasiry S, Willekes C, Boshoff D, Frijns JP, Witters I. Difficult prenatal diagnosis: fetal coarctation. Facts Views Vis Obgyn. 2012;4(4):230-6. PMID: 24753914. [5] Karim, J.N., Bradburn, E., Roberts, N., Papageorghiou, A.T. ACCEPTS study. First-trimester ultrasound detection of fetal heart anomalies: systematic review and meta-analysis. Ultrasound Obstetric Gynecolology, 2022; 59: 11-25. https://doi.org/10.1002/uog.23740 [6] Chen, G., Li, N., Wei, Z.A. et al. Ultrasound-based incidence of coarctation of the aorta in true and false positive fetuses. Scientific Report. 2025; 15, 10986. doi.org/10.1038/s41598-025-86281-8 [7] Van Nisselrooij AEL, Teunissen AKK, Clur SA, et al. Why are congenital heart defects being missed?. Ultrasound Obstet Gynecol. 2020;55(6):747-757. doi:10.1002/uog.20358 [8] Williams K, Carson J, Lo C. Genetics of Congenital Heart Disease. Biomolecules. 2019; 9(12):879. [9] Bhatt AB, Lantin-Hermoso MR, Daniels CJ, et al. Isolated Coarctation of the Aorta: Current Concepts and Perspectives. Front

Cardiovascular Medicine. 2022;9:817866. 2022; May 25. doi:10.3389/fcvm.2022.817866. [10] Brown DL, Durfee SM, Hornberger LK. Ventricular discrepancy as a sonographic sign of coarctation of the fetal aorta: how reliable is it?. Journal Ultrasound Medicine. 1997;16(2):95-99. doi:10.7863/jum.1997.16.2.95 [11] Matsui H, Mellander M, Roughton M, Jicinska H, Gardiner HM. Morphological and physiological predictors of fetal aortic coarctation. Circulation. 2008;118(18):1793-1801. doi:10.1161/circulationaha.108.787598. [12] Quartermain MD, Cohen MS, Dominguez TE, Tian Z, Donaghue DD, Rychik J. Left ventricle to right ventricle size discrepancy in the fetus: the presence of critical congenital heart disease can be reliably predicted. J American Society of Echocardiography. 2009;22(11):1296-1301. doi:10.1016/j.echo.2009.08.008

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 11:50-12:00
Neonatal

BIOMARKERS PREDICT CEREBRAL PALSY AND COGNITIVE/LANGUAGE DELAY IN MODERATE-SEVERE HYPOXIC-ISCHAEMIC ENCEPHALOPATHY; SECONDARY ANALYSIS OF THE HEAL RANDOMISED CONTROLLED TRIAL

D Clifford[1], CL Vaughan[1], SJ Costelloe[2], BH Walsh[1, 3], A Numis[4, 5], SE Juul[6], DM Murray[1 7 8]

[1]INFANT Research Centre, University College Cork, Cork Ireland
[2]Department of Clinical Biochemistry, Cork University Hospital, Cork, Ireland
[3]Department of Neonatology, Cork University Maternity Hospital, Cork, Ireland
[4]University of California, San Francisco, California USA
[5]Epilepsy Center, UCSF Benioff Children's Hospital, San Francisco, California USA
[6]Department of Pediatrics, University of Washington, Seattle, Washington, USA
[7]Department of Paediatrics and Child Health, University College Cork, Cork, Ireland
[8]Department of Paediatrics, Cork University Hospital, Cork, Ireland

Background:
Early, accurate prediction of specific outcomes for neonates with hypoxic-ischemic encephalopathy (HIE) would allow for early targeted intervention and novel, emerging therapies. We aimed to determine whether blood-based biomarkers in the first days of life could specifically predict cerebral palsy (CP) and separately predict cognitive/language delay in infants with moderate-severe HIE.

Methods:
This is a secondary analysis of the High Dose Erythropoietin for Asphyxia and Encephalopathy (HEAL) Trial of erythropoietin as an adjunct therapy to therapeutic hypothermia for infants with moderate-severe HIE. This multicentre study took place in the United States between January 2017 and October 2019. Biomarkers were performed at enrollment, day 2 and day 4 of life. Outcomes assessed at two years were a diagnosis of CP and secondly, BSID-III cognitive and language scores. MRI brain was performed on day 4-6 of life.

Results:
180 infants with moderate-severe HIE had biomarker analysis; mean gestational age =39.1 (SD 1.5) weeks; 96 (54%) were male. After Bonferroni correction, 5 biomarkers: Tau, GFAP, VEGF, MIP-1b, and IL-13 demonstrated significance for prediction of CP at 2 years. Tau on day 2 of life displayed an AUC of 0.902 [0.812-0.992]; with specificity=90.9% and sensitivity=88.2%, performing similar to detailed MRI scoring. Alternative biomarkers were useful in the prediction of cognitive and/or language delay; Tau, UCHL1, s100b and Neuron-Specific Enolase; with the best prediction seen again with Tau on day 2 (AUC=0.669 [0.564-0.774]; sensitivity=40%, specificity=92%).

Conclusion:
Plasma measurement of total Tau protein on day 2 of life demonstrated excellent prognostic value for CP in this large cohort of infants with moderate-severe HIE and gave similar prediction to detailed MRI score on day 4-6. Combining the two further improved prediction capabilities. Patterns of neurospecific biomarker perturbations were different for the prediction of cognitive and/or language delay, but Tau day 2 remained the best performing biomarker.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12.00-12.05
Neonatal

TRAINING OPPORTUNITIES FOR INTUBATION OF VERY LOW BIRTHWEIGHT INFANTS

M McGuckin, D O'Reilly, M Boyle, N McCallion

[1]Department of Neonatology, Rotunda Hospital, Dublin, Ireland

Aims:

Endotracheal intubation is a mandatory skill for paediatric and neonatal training in Ireland. There is international concern that trainees do not have sufficient opportunities to develop proficiency in intubation[1]. Advances in care, including increased use of non-invasive ventilation, have reduced rates of endotracheal intubation in preterm infants[2,3]. The growing use of LMAs in term and larger preterm infants as an alternative to intubation may provide a solution, but paradoxically may reduce direct intubation experience even further.
The number of training opportunities for endotracheal intubation of premature infants has not been described in an Irish tertiary neonatal centre. The aim of this project was to quantify the training opportunities for intubation of very low birthweight (VLBW) infants in a tertiary Neonatal Intensive Care Unit (NICU).

Methods:
This was a retrospective chart review of babies ≤1500g born in the Rotunda hospital between January – December 2023.

Results:
A total of 101 babies were included, with a median gestational age of 25+6 weeks (23+1 – 32+5 weeks). There were 141 intubation episodes comprising 226 intubation attempts. The rate of successful intubation on first attempt was 55%. Most (72.3%) intubations occurred in the NICU, and 46.1% happened during normal working hours. Surfactant was given in 67 (47.5%) and the baby remained intubated after surfactant in most cases (76.2%). Adverse events were documented in 15 episodes (10.6%).

Conclusion:
Despite falling preterm intubation rates worldwide, there remains ample opportunities for obtaining this skill in our unit. While increasing use of laryngeal mask airways for surfactant administration would impact these training opportunities, 76% of babies receiving surfactant remained intubated and ventilated. Future research is required on training opportunities as intubation practices evolve.

1. British Association of Perinatal Medicine. (2024). Neonatal Airway Safety Standard - A Framework For Practice. BAPM, April 2024. Available from: https://hubble-live-assets.s3.eu-west1.amazonaws.com/bapm/file_asset/file/2785/BAPM_Airway_Standards_Full_July24.pdf 2. Committee on Fetus and Newborn, Papile LA, Baley JE, Benitz W, Cummings J, Eichenwald E, Kumar P, Tan RC, Wang KS. Respiratory support in preterm infants at birth. Pediatrics. 2014 Jan 1;133(1):171-4. 3. Poets CF, Sens B. Changes in intubation rates and outcome of very low birth weight infants: a population-based study. Pediatrics. 1996 Jul;98(1):24-7. PMID: 8668407.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12.05-12.10
Neonatal

POSTNATAL STEROIDS, NEURODEVELOPMENT AND NEUROIMAGING OUTCOMES: SYSTEMATIC REVIEW

T Karbanova[1], ZAM Al Farsi[1], M Ashour[1], M Breslin[1], HY Chen[1], M Gilmartin[1], K Harrison[1], ASHJ Ali[1], E Liddy[1], AJT Moganetsi[1], N Sahari[1], R Smyth[1], J Trayer[1,2], P Stewart[1,2], R McCarthy[1,2], E Roche[1,3,4], J Meehan[1,2,3], EJ Molloy[1,2,3]

[1]Discipline of Paediatrics, Trinity College Dublin, Dublin, Ireland
[2]Trinity Translational Medicine Institute (TMMI), St James Hospital, Dublin, Ireland
[3]Trinity Research in Childhood Centre (TRiCC), St James Hospital, Dublin, Ireland
[4]Endocrinology, Children's Health Ireland (CHI) at Tallaght, Dublin, Ireland
[5]Neurodisability, CHI at Tallaght, Dublin, Ireland
[6]Neonatology, CHI at Crumlin, Dublin, Ireland
[7]Paediatrics, Coombe Women's and Infant's University Hospital, Dublin, Ireland

Aims:
Postnatal corticosteroid therapy is commonly used in preterm infants to prevent and treat respiratory complications, such as chronic lung disease, which remain a significant cause of mortality in this cohort. However, the impact of such therapies on long-term neurodevelopmental outcomes remains an area of active investigation. This paper aims to review the current evidence regarding the effects of preterm postnatal steroid administration on neurodevelopmental and neuroimaging outcomes.

Method:
A systematic review of current literature was conducted regarding the effects of postnatal steroids, such as Dexamethasone, Betamethasone and Hydrocortisone, on brain development, cognitive function, and neuroimaging findings in preterm infants. EMBASE, SCOPUS and CENTRAL databases were searched according to specified keywords, following PRISMA guidelines. Papers were then assessed through Covidence based on predefined eligibility, inclusion and exclusion criteria.

Results:
From 112 papers screened, 20 randomised controlled or retrospective observational trials were included in this review. Studies differed in the type of steroid used, as well as the timing of administration. Of the twenty included studies, six reported a negative impact of corticosteroids on neurodevelopmental outcomes, whilst eleven found no significant effects. Results differed depending on the type of steroid used, with significant evidence demonstrating an association between Dexamethasone and negative neurodevelopmental outcomes, but such adverse outcomes were not seen with Hydrocortisone. Moderate-early steroid administration was identified as the lowest-risk therapeutic window, whereas delayed postnatal steroid therapy was associated with significant negative outcomes.

Conclusion:
Hydrocortisone is demonstrated to prevail as the corticosteroid of choice regarding postnatal steroid therapy in premature infants. Specifically, early low-dose therapy appears the preferred option, to minimise any long-term negative neurodevelopmental outcomes. Further research is warranted to fully assess the value of postnatal steroid therapy, particularly longitudinal follow-up into adolescence and increased use of adjunctive neuroimaging.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12.10-12.15
Neonatal

IT TAKES TWO: GETTING TO GRIPS WITH NEONATAL MASK VENTILATION IN A SIMULATION TRAINING PROGRAMME

L Ryan[1], E Murphy[1], C Moore[1], L Smiles[1], A Curley[1], E O'Currain[1]

[1]Neonatology, The National Maternity Hospital, Dublin, Ireland

Aims:
To compare mask leak before and after training for one and two-handed mask holds.

Methods:
NICU clinicians were recruited and performed positive pressure ventilation (PPV) via a facemask on a term manikin attached to a respiratory function monitor. Initially, participants performed PPV for 30 seconds (blinded to the monitor) using one and two-handed mask holds. Following training they re-performed PPV using both mask holds. Mask leak, tidal volume, style of mask hold, hand preference, technique assessment and participant feedback were recorded.

Results:
40 clinicians were enrolled (33% less than 1 year experience, 22% with 1-5 years, 45% with more than 5 years). Pre-training assessment demonstrated 82% of participants had minimal mask leak (<30%) with two-handed hold, compared to 47% with one-handed. Post-training, this increased to 93% vs 73% respectively (two vs one-handed mask hold). 27% preferred two-handed pre-training, which increased to 50% post-training. Post-training, preference for one-handed reduced to 37% and 13% had no preference. Participant feedback reported reduced cognitive load with a two-handed hold.

Conclusion:
Mask leak remains a significant issue, with an average of 60% in preterm neonates, (O'Currain et al., 2019). A two-handed hold may reduce mask leak, though is not taught or assessed in the current Neonatal Resuscitation Programme ("Neonatal Resuscitation - Pediatrics," n.d.).
This study demonstrates that, even without training, effective facemask ventilation in a manikin was more reliably achieved with a two-handed mask hold. With a one-handed hold, less than half the participants (47%) demonstrated low leak prior to training, increasing to just 72% post-training, compared to 82% and 93%, respectively, with two-handed hold. Feedback indicated increased participant preference for two-handed post-training, and reported an associated lower cognitive load.
We await results of our RCT to inform how the holds compare in-vivo, and further simulation-based research to assess impact on cognitive load.

1. Neonatal Resuscitation - Pediatrics [WWW Document], n.d. . MSD Man. Prof. Ed. URL https://www.msdmanuals.com/professional/pediatrics/perinatal-problems/neonatal-resuscitation (accessed 11.17.24). 2. O'Currain, E., O'Shea, J.E., McGrory, L., Owen, L.S., Kamlin, O., Dawson, J.A.,

Davis, P.G., Thio, M., 2019. Smaller facemasks for positive pressure ventilation in preterm infants: A randomised trial. Resuscitation 134, 91–98. https://doi.org/10.1016/j.resuscitation.2018.12.005

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12.15-12.20
Neonatal

MRI SCORING SYSTEMS IN NEONATAL ENCEPHALOPATHY AND NEURODEVELOPMENTAL OUTCOMES: A SYSTEMATIC REVIEW

E Finnegan [1], A Assi [1], E Carroll [1], A Higgins Jennings [1], D Roe [1], O Olaseinde [1], A McCarthy [1], YJ Wong [1], N O'Connor [1], C Dalton [1], A Khajah [1], A Adnan [1], B Counihan [1], J Trayer [1,2,3], P Stewart [1,2,3], R McCarthy [1,3,4], AT Byrne [1,2,3], EF Roche , D McDonald [1,2,3], J Meehan

[1]Discipline of Paediatrics, School of Medicine, Trinity College Dublin, the University of Dublin, Dublin, Ireland
[2]Trinity Translational Medicine Institute (TTMI), St James Hospital, St James Hospital, Ireland
[4]Paediatrics, Coombe Hospital , Dublin , Ireland
[5]Radiology , Children's Health Ireland (CHI), Dublin , Ireland
[6]Endocrinology , Children's Health Ireland (CHI), Dublin , Ireland
[7]Neurodisability , Children's Health Ireland (CHI), Dublin , Ireland
[8]Neonatology , Children's Health Ireland (CHI), Dublin , Ireland

Aims:
Neonatal MRI is increasingly utilised due to its sensitivity and specificity in detecting brain abnormalities. However, the lack of a clear consensus of a gold-standard scoring system to predict future neurodevelopmental outcomes based on neonatal MRI remains a clinical challenge. This systematic review aims to evaluate and compare the predictive performance of existing MRI scoring systems applied to infants, to determine the most accurate and clinically feasible tool to determine neurodevelopmental prognosis.

Methods:
A systematic review was conducted following Cochrane and PRISMA guidelines and registered with PROSPERO. Inclusion criteria comprised studies assessing near term-born neonates (e.g. ≥ 36 weeks) who underwent brain MRI using a defined scoring system in the neonatal period, with subsequent neurodevelopmental follow-up after this time frame. Two independent reviewers screened studies and extracted data; discrepancies were resolved by a third reviewer. Key outcomes included MRI scoring correlation with neurodevelopmental outcomes.

Results:
Of 1,525 studies retrieved, 16 met inclusion criteria, totalling 1,925 participants with follow-up data. Scoring systems evaluated included NICHD, Rutherford, Weeke, Trivedi, Barkovich, and one newly developed score. Fifteen studies found an association with outcomes; one found no correlation with IQ or typical development.

Conclusion:
All MRI scoring systems exhibit similar predictive accuracy. Simpler systems, such as NICHD, performed on par with more complex counterparts, suggesting they may offer a more efficient option in clinical settings.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12.20-12.25
Neonatal

SEEING THE LIGHT: A REVIEW OF RETINOPATHY OF PREMATURITY TREATMENT IN CORK UNIVERSITY MATERNITY HOSPITAL

S Kerins[1], L O'Connell[1]
[1]Neonatology, Cork University Maternity Hospital, Cork, Ireland

Aims:
Retinopathy of prematurity (ROP) is a serious cause of potentially preventable childhood blindness[1]. Treatment involves laser photocoagulation or intravitreal anti-VEGF injections. Timely treatment is essential. Anaesthetic and respiratory complications remain a concern. Prior to March 2023 any infant in Cork University Maternity Hospital (CUMH) who required treatment was transferred to Dublin. We review the early experience of this service since its establishment in CUMH.

Methods:
We conducted a retrospective chart review of all infants treated for ROP between March 2023 and June 2025 with infants treated identified from a dedicated logbook. Data collected included birth weight, gestational age at delivery, age at decision to treat for ROP, age at ROP treatment, as well as treatment modality and need for post procedural mechanical ventilation.

Results:
Over the 28 months reviewed, 10 infants required treatment for ROP, including one infant who was treated twice. They had an average gestational age of 25+6 weeks and birthweight of 785g. Sixty-four percent (7/11) were treated with laser photocoagulation and thirty-six percent (4/11) were treated with intravitreal anti-VEGF. In 9/11 cases, treatment was performed on the same day it was deemed necessary. Three infants (27%) were intubated following treatment, with one infant electively intubated prior to treatment. Of the infants intubated post procedure 2/3 received Laser photocoagulation. The infant who was electively intubated pre procedure was treated with anti-VEGF.

Conclusion:
Intubation rates for ROP treatment vary but rates up to 80% have been described[2]. This study has shown that treatment of ROP can be safely and effectively provided in CUMH. This avoids the interhospital transfer of vulnerable premature infants, helps to maintain continuity of care in one centre and keeps these infants closer to home. Diagnosis and treatment in one location allows for earlier intervention, and faster, more accessible care.

References: 1. Sabri K, Ells AL, Lee EY, Dutta S, Vinekar A. Retinopathy of prematurity: A global perspective and recent developments. Pediatrics. 2022 Sep 1;150(3):e2021053924. doi: 10.1542/peds.2021-053924. PMID: 35948728 2. Arthur N, Byrne E, Kehinde F, Bhandari V, Quinones Cardona V. Respiratory complications in infants with retinopathy of prematurity (ROP) requiring laser photocoagulation. Am J Perinatol. 2021 Dec;41(4):439–444. doi: 10.1055/s-0041-1740347. PMID: 34891193

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12.25-12:30
Neonatal

OCCURRENCE OF EPISODES OF HYPEROXIA IN LOW BIRTH WEIGHT BABIES RECEIVING OXYGEN THERAPY AND ADHERENCE TO LOCAL GUIDELINES

A McCollum[1], N McCallion[1, 2]

[1]Department of Neonatology, The Rotunda Hospital, Dublin, Ireland
[2]Department of Paediatrics, Royal College of Surgeons in Ireland, Dublin, Ireland

Aims:
The aim of this audit was to record the occurrence of episodes of potential hyperoxia in low birth weight babies receiving oxygen therapy (FiO2 >0.21) via ventilator or non-invasive ventilation in the Neonatal Intensive Care Unit (NICU) in the Rotunda Hospital. Rotunda Hospital guidelines set an upper limit of <95% oxygen saturations, to avoid hyperoxia associated with increased risks of retinopathy of prematurity and bronchopulmonary dysplasia, and a lower limit >90% to avoid adverse outcomes such as cerebral palsy (1).

Methods:
We carried out an observational random safety audit, recording episodes of oxygen saturations (SpO2), fraction of inspired oxygen (FiO2) and whether FiO2 settings were adjusted if the SpO2 was >90% or <95%. We included all babies in the neonatal unit with <1500g birth weight, on ventilators, oscillators, continuous positive airway pressure therapy and BiLevel positive airway pressure therapy where the FiO2 was above 21%.

Results:
There were a total of 372 episodes recorded across a four week period, 185 of which had SpO2 >94%. In these episodes, FiO2 was adjusted to correct hyperoxia in 39% of cases (n=72) but 61% of the time (n=113) the settings were not adjusted.

Conclusion:
The results of this audit highlight the difficulty of adherence to guidelines with fluctuations in oxygen saturations beyond recommended levels. Factors such as staffing levels, case mix and workload may all contribute to these results. The use of a 'servo-U' ventilator system, which can detect when the SpO2 is outside of the target range and automatically triggers changes in the ventilator's FiO2 settings, may assist the neonatal units in improving oxygen therapy during neonatal care.

1. Chang M. Optimal oxygen saturation in premature infants. Korean J Pediatr. 2011 Sep;54(9):359-62. doi: 10.3345/kjp.2011.54.9.359. Epub 2011 Sep 30. PMID: 22232627; PMCID: PMC3250600.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12:30-12:35
Neonatal

AUDIT OF DIRECT COOMBS TEST POSITIVE INFANTS AND MANAGEMENT PRACTICES IN A TERTIARY MATERNITY HOSPITAL

M Halim[1], I Elamin[1], B O'Connell[2], F Guilfoyle[3], J Miletin[1]

[1]Department of Neonatology, The Coombe Hospital, Dublin, Ireland
[2]Centre for Midwifery Education, The Coombe Hospital, Dublin, Ireland
[3]Blood Transfusion Department and Haemovigilance Service, The Coombe Hospital, Dublin, Ireland

Aims:
To evaluate outcomes of infants with positive Direct Coombs Test (DCT) results, identify which groups developed clinically significant jaundice, and assess current monitoring practices to inform a local clinical guideline.

Methods:
A retrospective audit was conducted of neonates ≥35 weeks' gestation born at The Coombe Hospital with positive DCT between October 2024 and April 2025. Data were obtained from laboratory records, patient charts, and electronic systems. Outcomes included cause and strength of DCT positivity, incidence of clinically significant jaundice, treatment requirements, monitoring methods, and follow-up full blood count (FBC) results.

Results:
There were 167 DCT-positive infants, 22 (13%) developed jaundice requiring phototherapy. DCT positivity was mostly due to maternal anti-D prophylaxis (n=90), of whom only three developed jaundice, none due to haemolysis. ABO incompatibility accounted for 35 cases of positive DCT, with 13 requiring phototherapy, representing the highest risk. Thirty-two infants had DCT positivity with both factors, ABO incompatibility and prophylactic anti-D; four developed early jaundice, all with O Rhesus negative mothers, suggesting ABO incompatibility as the likely cause. Infants with known maternal alloantibodies (n=8) had a 25% incidence of jaundice, including one case requiring IV immunoglobulin. Monitoring practices varied widely, with over 13 methods identified. Seventy infants had a baseline FBC; only one showed Hb <13 g/dL. Repeat FBC at two weeks (n=43) revealed four cases of significant anaemia, all previously treated with phototherapy.

Conclusion:
Anti-D prophylaxis alone is low risk, but if ABO incompatibility is present, the infant should be managed as high risk. Infants with maternal alloantibodies also require close monitoring. Routine FBC follow-up appears unnecessary in those not requiring phototherapy. A draft clinical guideline has been developed to standardise management and optimise care.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12:35-12:40
Neonatal

IDENTIFYING THE RISK FACTORS ASSOCIATED WITH NECROTISING ENTEROCOLITIS IN THE PROBIOTIC ERA.

C Keating[1], E Dempsey[2], V Livingstone[3], D Healy[3], R Mital[1]

[1]Medicine, University College Cork, Cork, Ireland
[2]NeoNatal Unit, Cork University Maternity Hospital, Cork, Ireland
[3]Infant Research Centre, University College Cork, Cork, Ireland

Aims:
Necrotising enterocolitis (NEC) is a serious neonatal condition with high morbidity and mortality, particularly among very low birth weight infants. While low gestational age is a well-established risk factor, the influence of feeding practices and other clinical variables on NEC development in the probiotic era remains uncertain. This study aimed to explore the risk factors—particularly those related to feeding characteristics—associated with the development of NEC in the probiotic era.

Methods:
A retrospective cohort study was conducted at Cork University Maternity Hospital (CUMH). Eligible patients were identified using the Vermont Oxford Network (VON) database. This study includes 500 preterm infants (<30 weeks' gestation, birth weight <1,500g) admitted to the NICU at CUMH between January 2018 and December 2023 (inclusive). Statistical analysis included chi-square, Mann-Whitney U, and logistic regression.
Results:

Of 500 infants, 4.4% developed NEC. Affected neonates had lower gestational age, birth weight, and Apgar scores (all $p < 0.001$). These infants commenced and achieved full enteral feeds later than unaffected infants ($p<0.001$ and $p=0.013$). Logistic regression identified increased gestational age ($p <0.001$), vaginal delivery ($p = 0.013$), and, unexpectedly, respiratory distress syndrome ($p = 0.036$) as protective against NEC. Conversely, inhaled nitric oxide use showed a non-significant trend toward increased risk ($p = 0.056$). No significant association was found between the type of first feed and NEC development.

Conclusion:
Delayed initiation and achievement of full enteral feeding are significantly associated with NEC. While gestational age remains a strong predictor, mode of delivery and respiratory distress syndrome may also influence risk. These findings underscore the importance of optimising feeding strategies and neonatal management to mitigate NEC risk in preterm infants.

1. Challis P, Källén K, Björklund L, Elfvin A, Farooqi A, Håkansson S, et al. Factors associated with the increased incidence of necrotising enterocolitis in extremely preterm infants in Sweden between two population-based national cohorts (2004–2007 vs 2014–2016). Arch Dis Child Fetal Neonatal Ed. 2023. doi:10.1136/archdischild-2023-325784 2. Samuels N, van de Graaf RA, de Jonge RC, Reiss IK, Vermeulen MJ. Risk factors for necrotizing enterocolitis in neonates: a systematic review of prognostic studies. BMC Pediatr. 2017;17(1):105. doi:10.1186/s12887-017-0847-3 3. Healy DB, Campbell-Green B, Livingstone V, Ryan CA, Ross RP, Stanton C, et al. Neonatal outcomes following

introduction of routine probiotic supplementation to very preterm infants. Acta Paediatr. 2023;112(10):2093–101. doi:10.1111/apa.16923

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12:40-12:45
Neonatal

RETROSPECTIVE ANALYSIS OF THIN CATHETER SURFACTANT ADMINISTRATION ("LESS INVASIVE SURFACTANT ADMINISTRATION" TECHNIQUE) IN A LEVEL 1 NEONATAL UNIT

O Cioloca[1], A Hassan Abdulle[1], M Byrne [2], W Asif[1]

[1]Paediatrics, St. Lukes General Hospital , Kilkenny, Ireland
[2]Neonatal unit, St. Lukes General Hospital, Kilkenny, Ireland

Aim:
Respiratory failure due to surfactant deficiency remains a contributor to morbidity and mortality in preterm infants. Surfactant replacement therapy significantly improves survival and respiratory outcomes in this vulnerable group. Traditionally, administration required endotracheal intubation and mechanical ventilation, both associated with complications. Less Invasive Surfactant Administration (LISA) is now established as an alternative method, enabling surfactant delivery while maintaining non-invasive respiratory support. This study describes the introduction and early experience with LISA at St. Luke's General Hospital Carlow/Kilkenny, a level 1 neonatal unit, since its implementation in January 2024.

Methods:
We performed a retrospective descriptive review of all infants who received surfactant via LISA between January 2024 and September 2025. Data was collected from internal post procedure survey and analysed using Microsoft Excel. Clinical characteristics, procedure details, and outcomes were evaluated.

Results:
Seventeen LISA procedures were attempted; one failed attempt was excluded from analysis. Of these, 12.5%(2) were very preterm (28–32 weeks), 62.5% (10) were moderate to late preterm, and 25%(5) were term. All infants were on CPAP prior to LISA. The mean age at procedure was 18.45 hours (range: 0.75–52 hours; median: 15 hours). Most infants received non-pharmacological comfort measures (swaddling/sucrose, n=14), while 11 received sedation/analgesia; atropine was used in six cases. Transient desaturation occurred in six infants and one episode of bradycardia was recorded. At 1 hour post-procedure, 75% showed improved FiO2 requirements, while 81.25% had improvement at 4 hours. Three (18.75%) required intubation and ventilation within 48 hours of LISA.

Conclusions:
Our initial experience demonstrates that LISA is an effective and efficient method of surfactant administration in a level 1 neonatal unit. It was associated with improved oxygen requirements and a low rate of subsequent intubation. This highlights the importance of continuous staff education and supports wider implementation to further integrate LISA into neonatal respiratory management.

1. Duff C, Kennedy L, Ryan E, James J, Binchy A, O'Donovan D. Introducing LISA: Less Invasive Surfactant Administration. Ir Med J. 2023 Oct;116(9):P854. 2. Polin RA, Carlo WA; Committee on Fetus and Newborn; American Academy of Pediatrics. Surfactant replacement therapy for preterm and term neonates with respiratory distress. Pediatrics. 2014

Jan;133(1):156-63. doi: 10.1542/peds.2013-3443. Epub 2013 Dec 30. PMID: 24379227. 3. St. Luke's General Hospital guideline: Less invasive surfactant administration in the special care baby unit (SLGH/CSF/PAEDS/SCBU24.11.1)

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12:45-12:50
Neonatal

THE IMPACT OF E-CIGARETTES DURING PREGNANCY ON CHILDHOOD HEALTH OUTCOMES (ECHO): NEONATAL BODY COMPOSITION

M Shaikh Yousef[1,2,3], E Healy[2,6], A Doolan[1,4], M Downes[4], C Regan[1,2], D Cox[4,5]

[1]Neonatal Department, The Coombe, Dublin, Ireland
[2]Academic Department , The Royal College of Surgeons , Dublin, Ireland
[3]Paediatrics Department, VHI, Dublin, Ireland
[4]School of Medicine, University College Dublin, Dublin, Ireland
[5]Respiratory Department , Children's Health Ireland, Dublin, Ireland
[6]Obstetrics Department , The Coombe, Dublin, Ireland

Aims:
E-cigarette use has increased substantially over the years. Vaping is viewed as a less harmful alternative to cigarette smoking by some women, and vaping during pregnancy has increased in recent years. There is currently a paucity of data on the impact of vaping during pregnancy on neonatal biometric measurements. The aim of this study is to examine the impact of antenatal exposure to vaping during pregnancy on neonatal body composition.

Methods:
The ECHO study is a multicentre, prospective, observational, cohort study across three, urban tertiary, maternity hospitals. Pregnant women who identified as tobacco smokers or vapers in addition to a control group were invited to participate at the time of their booking visit. At birth, a subgroup of neonates on one site (n=77) had body composition measurements using air displacement plethysmography performed. Neonatal anthropometric measurements and body composition across the exposure and control groups were compared.

Results:
77 neonates were assessed; 51% (n=38/77) of babies were female; the mean gestational age was 38 weeks (± 1.25). Of the mothers recruited, 32% were vapers (n=25/77), 22% smokers (n=17/77) and 45%(n=35/77) were controls. Head circumference was significantly lower in neonates of smokers (34.3 cm ± 1.16 p=0.02) compared to controls (35.1 cm ±1.12). Fat-free mass was lower in smokers (2.6 kg ± 0.34) relative to vapers (2.93 kg ± 0.43, p=0.02) and controls, but there was no statistically significant difference in fat mass (p=0.19) or percentage fat mass (p=0.44). The mean percentage fat mass was higher in females across the three groups.

Conclusion:
This is the first study to report on the relationship between vaping during pregnancy and neonatal body composition. We identified that smoking during pregnancy results in lower fat-free mass in neonates in comparison to vapers.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday Friday 12:50-12:55
Neonatal

THE ACCURACY AND RELIABILITY OF RADIOMETER GAS ANALYZER FOR NEONATAL HYPERBILIRUBINAEMIA MANAGEMENT

V Bell[1], L Pentony[2], GM Mineva[1], SL Naidu[1], S Cavallari[1], M Elsammak[2], JD Corcoran[1]

[1]Department of Neonatology, Rotunda Hospital, Dublin 1, Ireland
[2]Department of Laboratory Medicine, Rotunda Hospital, Dublin 1, Ireland

Aims:
Accurate and prompt bilirubin measurement is imperative for the assessment of neonatal hyperbilirubinaemia to provide timely treatment where necessary thus preventing irreversible complications such as kernicterus.[1] The gold standard for measuring bilirubin is total serum or plasma bilirubin from a venous blood sample.[2] However, venous blood sampling from neonates is invasive and can be challenging. Obtaining a gas bilirubin from a capillary sample requires a smaller blood volume, is less invasive, and delivers rapid results.
Our study aimed to compare capillary gas bilirubin (Radiometer TBiL) measurement on the Radiometer ABL 90 Flex Plus gas analyser with venous total plasma bilirubin (Roche TPB) measurements obtained from the Roche Cobas Pure c303 laboratory analyser to: 1) evaluate the accuracy of the Radiometer TBiL measurement, and 2) the reliability of the Radiometer TBiL measurement in neonatal hyperbilirubinaemia treatment decision.

Methods:
A prospective study was conducted at a tertiary neonatal centre in Dublin, Ireland between December 2023 and May 2025. Paired Radiometer TBiL and Roche TPB measurements were obtained from 97 neonates requiring bilirubin assessment.

Results:
Radiometer TBiL demonstrated high correlation with Roche TPB ($r = 0.97$, $p < 0.0001$), although Radiometer TBiL showed overestimation, especially at bilirubin levels between 150 to 230 µmol/L. Bland-Altman analysis revealed a mean difference of -16.6 µmol/L with wide limits of agreement (-63.6 to 30.4 µmol/L). Kappa analysis ($\kappa = 0.35$, 95% CI: 0.14 – 0.55) showed fair agreement in treatment decisions, with a tendency for Radiometer TBiL to overestimate the need for treatment, but there was no significant underestimation.

Conclusions:
Radiometer TBiL offers a rapid and less invasive alternative for bilirubin screening and risk stratification in neonates, with high correlation to standard laboratory measurements. While a tendency to overestimate bilirubin levels may lead to overtreatment, the absence of significant underestimation suggests Radiometer TBiL is a safe tool for clinical decision-making.

References: 1. Lauer BJ, Spector ND. Hyperbilirubinemia in the newborn. Pediatr Rev. 2011;32:341–9. 2. Hulzebos CV, Vitek L, Coda Zabetta CD, Dvorak A, Schenk P, Van Der Hagen EAE,

et al. Diagnostic methods for neonatal hyperbilirubinemia: benefits, limitations, requirements, and novel developments. Pediatr Res. 2021;90:277–83.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Oral Presentation – Friday 12:55-13:00
Neonatal

WRAPPED TUCK TECHNIQUE FOR NEONATAL LUMBAR PUNCTURE: A RETROSPECTIVE COHORT STUDY

R Doyle[1,2], S Vaughan[1], J Trujillo[2], N Bussmann[1]

[1]Department of Neonatology, Cork University Maternity Hospital, Cork, Ireland
[2]Department of Paediatrics and Child Health, University College Cork, Cork, Ireland

Aims:
Lumbar puncture (LP) is essential in the evaluation of suspected neonatal meningitis, but outcomes are often compromised by traumatic LP, which can obscure diagnostic interpretation and lead to unnecessary treatment. The wrapped tuck technique, a developmental care technique combining containment and flexed positioning, may improve procedural success and reduce distress. This study evaluated whether its introduction reduced traumatic LP incidence.

Methods:
A retrospective cohort study compared traumatic LP incidence before (January–July 2021) and after (January–July 2025) introduction of the wrapped tuck technique in a level 3 neonatal unit. Eligible participants were neonates who underwent an LP. The primary outcome was traumatic LP, defined as cerebrospinal fluid red blood cell count >1000/µL or samples unsuitable for microscopy. Data were extracted from electronic health records and laboratory systems. Fisher's exact test and logistic regression (adjusted for gestational age) were used. Secondary analyses examined pain scores and procedural factors.

Results:
Fifty-two LPs met inclusion criteria (pre-wrap n=30, post-wrap n=22). Traumatic LP incidence was 48% pre-wrap versus 43% post-wrap (p=1.00), with adjusted odds ratio 0.78 (95% CI: 0.20–2.84). Gestational age was not associated with traumatic LP. NPASS pain scores were infrequently documented (n=6). The wrapped tuck technique and pain score documentation occurred more frequently during working hours.

Conclusion:
Implementation of the wrapped tuck technique was feasible and was associated with a small but statistically insignificant reduction in traumatic LP incidence in this study. Low completion of pain scoring limited evaluation of comfort-related benefits. Procedural timing analysis suggested greater wrap use and pain score documentation during working hours. A prospective, multi-centre study with standardised pain assessment and detailed procedural documentation may further clarify the clinical value of the technique. However, this study does allude to some benefit in a low-cost and infant neurodevelopmentally friendly technique.

Okike, I. O., Johnson, A. P., Henderson, K. L., Blackburn, R. M., Muller-Pebody, B., Ladhani, S. N., Anthony, M., Ninis, N. and Heath, P. T. (2014) 'Incidence, etiology, and outcome of bacterial meningitis in infants aged< 90 days in the United kingdom and Republic of Ireland: prospective, enhanced, national population-based surveillance', Clinical infectious diseases, 59(10), pp. e150-e157. Ramsay, S. and Jackson, K. (2018) 'Improving practice using the wrapped tucked position for lumbar punctures', Infant, 14(4).

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 1
General Paediatrics

OUT OF THE BLUE; AN EARLY DIAGNOSIS OF OSTEOGENESIS IMPERFECTA IN INFANCY

M Abbas[1], M Riazat[1], D Bux[1], MS Tahir[1]
[1]Department of Pediatrics , University Hospital Waterford , Waterford , Ireland

Background:
A 6-month-old infant referred to paediatric team with blue sclera and macrocephaly, without any history of fractures. Based on the presence of blue sclera, we conducted further investigations, which confirmed a diagnosis of osteogenesis imperfecta.

Aim:
To provide an insight into an uncommon condition associated with blue sclera.

Method:
We present a case report of an infant who initially exhibited only blue sclerae and was ultimately diagnosed a connective tissue disorder.

Case report:
A 6-month-old Polish male infant was brought in to paediatric outpatient with concerns of macrocephaly and blue sclera. His bluish sclera was initially considered within normal during early assessment by his GP. However, at the 6-month visit it became a clue prompting more in-depth investigations. His large head looks like familial macrocephaly. He was referred to local ophthalmology team as it was observed that his has mild squint and his father has history of keratoconus abnormality in his eyes.
On clinical examination, the infant appeared well and exhibited no dysmorphic features aside from a post-axial supernumerary digit on the right hand. Head circumference was enlarged, but developmental milestones were appropriate for age. There was no history of fractures, bone deformities, or easy bruising
Given the presence of blue sclera, a genetic workup was initiated to investigate osteogenesis imperfecta (OI). A targeted OI gene panel identified a pathogenic variant in the COL1A1 gene, confirming the diagnosis of Osteogenesis imperfecta.
At 22 months of age, the patient sustained his first fractures, involving the left femur followed shortly by a fracture of the left clavicle.

Conclusion:
Blue sclera can be a normal anatomical variant in certain populations without underlying pathology. However, they may also serve as an important clinical indicator of connective tissue disorders such as osteogenesis imperfecta. Careful evaluation is important to distinguish benign blue sclera from those associated with systemic disease.

1. Forlino A, Marini JC. Osteogenesis imperfecta. Lancet. 2016 Dec10;387(10028):1657–71. 2. Van Dijk FS, Sillence DO. Osteogenesis imperfecta: Clinical diagnosis, nomenclature and severity assessment. Am J Med Genet A. 2014 Jun;164A(6):1470–81. 3. Rauch F, Glorieux FH. Osteogenesis imperfecta. Lancet. 2004 Apr 24;363(9418):1377–85.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 2
General Paediatrics

FLOPPINESS AND FACIAL CLUES: UNLOCKING AN UNCOMMON DIAGNOSIS OF WOLF-HIRSCHHORN SYNDROME

M Abbas[1], M Riazat[1], B Murphy[1], MS Tahir[1]
[1]Department of Paediatrics, University Hospital Waterford, Waterford, Ireland

Background:
We received a term infant with a significant antenatal history of early-onset severe intrauterine growth restriction, first noted on the anomaly scan. A non-invasive prenatal testing (NIPT) had indicated low risk. Postnatally, he was ultimately diagnosed with Wolf-Hirschhorn syndrome.

Aim:
To provide insight into the diagnosis of a rare cause of neonatal hypotonia and to differentiate it from other more common aetiologies of the floppy infant.

Method:
We present an uncommon cause of neonatal hypotonia, where the underlying condition can have long term sequelae.

Case report:
We managed a male infant born at 37 weeks and 4 days of gestation following induction of labour due to severe intrauterine growth restriction (IUGR) and non-reassuring cardiotocography. His birth was challenging, involving a difficult vaginal extraction. He had low Apgar scores and required initial resuscitation with intermittent positive pressure ventilation (IPPV) and CPAP. Although he did not meet the criteria for therapeutic hypothermia, we admitted him to the NICU, where he remained for 60 days for supportive management and feeding assistance.
On clinical examination, we identified multiple dysmorphic features, including a flattened nasal bridge, micrognathia, widely spaced nipples, glandular hypospadias, low-set ears, and down slanting palpebral fissures. Neurologically, we noted marked central hypotonia, reduced peripheral tone, weak palmar reflexes, and absent plantar reflexes.
Given these findings, we initiated a genetic workup. Chromosomal microarray testing revealed a 4.6 Mb terminal deletion at 4p16.3-p16.2, confirming the diagnosis of Wolf-Hirschhorn Syndrome (WHS).

Conclusion:
In infants presenting with hypotonia and characteristic dysmorphic features such as a flattened nasal bridge, micrognathia, low-set ears, and down slanting palpebral fissures, Wolf-Hirschhorn Syndrome (WHS) should be considered in the differential diagnosis. Early recognition of these clinical signs can prompt timely genetic evaluation and diagnosis. Identifying Wolf-Hirschhorn Syndrome (WHS) early allows for appropriate multidisciplinary care and family counselling.

1. Battaglia A. The delineation of the Wolf–Hirschhorn syndrome over six decades: Illustration of the ongoing advances in phenotype analysis and cytogenomic technology. Am J Med Genet A. 2021;185(9):2748–55. 2. Reconsidering Social-Behavioral Phenotypes in Wolf–Hirschhorn Syndrome: Presentation of Two Cases Diagnosed with Autism Spectrum Disorder. Arch Clin Neuropsychol. 2025. PMID: 40437788 3. Extended Growth Curves for the Wolf–Hirschhorn Syndrome (4p-). Am J Med Genet A. 2024

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 3
General Paediatrics

BEYOND BLOOD SUGAR: MISSED OPPORTUNITIES AND FORGOTTEN SCREENS IN ANNUAL PAEDIATRIC DIABETES MONITORING

YA William Abdelnour[1], AV Venter[2], WA Asif[3]

[1]General Paediatrics , St Luke General hospital, Kilkenny, Kilkenny

Aims:
The aim of this audit was to assess compliance with national and international guidelines for annual screening in paediatric patients with Type 1 Diabetes Mellitus. The primary outcome focused on renal screening via urine microalbuminuria. Secondary outcomes included the completion of recommended annual blood tests: thyroid function, coeliac screening, and lipid profile.

Methods:
This was a retrospective audit of paediatric patients with Type 1 Diabetes Mellitus attending St. Luke's General Hospital and Carlow Outpatient Clinic between 2008 and 2023. Inclusion criteria were patients aged ≥10 years or with a diagnosis of diabetes for >5 years. A total of 76 patients met the criteria. Data was extracted from ILab software and entered Excel for analysis. No patient demographics were published, so ethical approval was not required. A total of 494 potential screening encounters were reviewed across eligible patients.

Results:
Findings revealed low adherence to screening recommendations. Only 14% (70/494) of eligible patients underwent annual renal screening. Thyroid function tests were performed in 66% (324/494), coeliac screening in 62% (305/494), and lipid profiles in only 25% (123/494) of patients. These results indicate suboptimal compliance, with renal and lipid screenings being the most neglected areas.

Conclusion:
The audit highlights significant gaps in the annual screening of paediatric diabetic patients, particularly in renal and lipid monitoring. To improve adherence, the following are recommended: implementation of a diabetic screening checklist in follow-up charts, focused training for newly appointed NCHDs, and regular departmental review of screening performance. A re-audit will be conducted following these interventions and in line with updates to the national paediatric diabetes guidelines.
1- National-Clinical-Programme-for-Diabetes-and-Paediatrics.pdf 2- Jane L. Chiang, David M. Maahs, Katharine C. Garvey, Korey K. Hood, Lori M. Laffel, Stuart A. Weinzimer, Joseph I. Wolfsdorf, Desmond Schatz; Type 1 Diabetes in Children and Adolescents: A Position Statement by 3- the American Diabetes Association. Diabetes Care 1 September 2018; 41 (9): 2026–2044.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 4
General Paediatrics

FABRIC INGESTION PRESENTING AS SMALL BOWEL OBSTRUCTION IN A TODDLER WITH PICA: A RARE CASE REPORT

MDA Ahmad[1], EN Nechita[1]

[1]Paediatrics, Sligo University Hospital, Sligo, Ireland

Aims:
To describe a rare case of small bowel obstruction secondary to fabric ingestion (pica) in a 2-year-old boy, highlighting the diagnostic challenges posed by misleading biochemical findings and non-radiopaque foreign body ingestion.

Methods: A case report of a toddler presenting with vomiting, constipation, abdominal pain, and anorexia over two weeks. Clinical data, laboratory investigations, imaging, operative findings, and clinical course were reviewed.

Results: A 2-year-11-month-old boy presented with recurrent vomiting, constipation, reduced appetite and abdominal pain. His mother reported ingestion of socks and curtains with threads observed in vomitus. Examination revealed faecal loading. Biochemistry demonstrated markedly deranged liver enzymes (AST 531 U/L, ALT 346 U/L, GGT 292 U/L) and raised amylase, initially suggesting Gastroenteritis or Transaminitis. Abdominal X-ray and ultrasound showed faecal loading and mild free fluid but no obstruction. Due to diagnostic uncertainty, he was transferred to a tertiary pediatric centre. Contrast follow-through demonstrated dilated small bowel loops with sluggish peristalsis. Laparotomy revealed multiple intraluminal fabric bezoars requiring three enterotomies. Postoperatively, he required parenteral nutrition and was treated for probable line sepsis and a transient viral rash. He recovered fully and was discharged on day 17.

Conclusion: Fabric ingestion is a rare but important cause of small bowel obstruction in children with pica. This case highlights the importance of considering non-radiopaque foreign bodies in the differential diagnosis of unexplained gastrointestinal symptoms with misleading laboratory abnormalities. Early recognition and surgical intervention, supported by multidisciplinary care are essential to achieve a good outcome.

1. Pokhrel M, Yadav KK, Khadka R, et al. Rapunzel syndrome associated with trichotillomania and pica causing bowel obstruction in a 4-year-old female. https://www.sciencedirect.com/science/article/pii/S2210261224015025 2. Zwaveling S, van der Zee DC. Acute small bowel obstruction in a girl caused by a jejunal bezoar composed of textile fibers. J Pediatr Surg Case Rep. 2013;1(7):220–222. https://www.sciencedirect.com/science/article/pii/S2213576613000651

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 5
General Paediatrics

MULTISYSTEM PRESENTATION OF CONGENITAL DEFECT OF GLYCOCYLATION TYPE 1C (CDG IC) IN A PRE-TERM INFANT: A CASE REPORT

Juh Al AbdulSalam[1], De Henderson[1], Eo Fitzgerald[1], Prof Monavari[2], Sh Quinn[5], Eo Dunlea[2], su Harvey[6], Jo Fitzsimons[1], Ai Flinn[3], Ni Lagan[4]

[1]Department of General Paediatrics , CHI Temple street, Dublin, Ireland
[2]Department of Metabolic, CHI Temple street, Dublin, Ireland
[3]Department of Immunology, CHI Crumlin, Dublin, Ireland
[4]Department of Neurodisability, CHI Temple street, Dublin, Ireland
[5]Department of Gastroentrology, CHI Crumlin, Dublin, Ireland
[6]Department of Neurology, CHI Temple street, Dublin, Ireland

Background:
Congenital Disorders of Glycosylation (CDG) are a heterogeneous group of rare inherited metabolic diseases affecting the N-glycosylation of proteins. ALG6-CDG (CDG-Ic) presents diagnostic challenges, especially in neonates and preterm infants with overlapping symptoms of sepsis or prematurity-related complications.

Case Presentation:
We report a preterm infant diagnosed with ALG6-CDG who presented with recurrent infections, hypoalbuminemia without proteinuria, coagulopathy, developmental delay, seizures, and optic nerve hypoplasia. The case was complicated by multiple intensive care admissions, protein-losing enteropathy (suspected), and immunodeficiency.

Conclusion: This case highlights the diagnostic complexity of ALG6-CDG and underscores the need for early genetic testing in neonates with unexplained multisystem disease.

1. Čechová A, Altassan R, Borgel D, et al. Consensus guideline for the diagnosis and management of mannose phosphate isomerase-congenital disorder of glycosylation. J Inherit Metab Dis. 2020;43(4):671–693. doi:10.1002/jimd.12220 2. De Graef D, et al. Mannose treatment improves immune deficiency in MPI-CDG: Case report and literature review. Mol Genet Metab Rep. 2020;25:100655. doi:10.1016/j.ymgmr.2020.100655 3. Taha SA, et al. MPI-CDG: hepatic manifestations and response to therapy. Egypt J Med Hum Genet. 2020;21(1):34. doi:10.1186/s43042-020-00066-8 4. Grüneewald S. CDG syndromes: rare disorders of protein glycosylation. Biochim Biophys Acta. 2009;1792(9):881–885. 5. Altassan R, et al. International clinical guidelines for the management of CDG. J Inherit Metab Dis. 2019;42(5):706–737. doi:10.1002/jimd.12180

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 6
General Paediatrics

SCREENING FOR DEVELOPMENTAL DYSPLASIA OF THE HIP IN TIPPERARY UNIVERSITY HOSPITAL IN 2022

A Ali[1], JG Walsh[1,2], AP Macken[1,2]
[1]Department of paediatrics, Tipperary university Hospital, Clonmel, Ireland
[2]Department of pediatrics and child health, University collage Cork, Cork, Ireland

Aims:
In Tipperary University Hospital (TippUH), targeted screening for Development Dysplasia of the Hips (DDH) is performed in infants with breech presentation after 36 weeks gestation and those with a first degree family history of DDH; this includes bilateral hip ultrasounds(US) in University Hospital Waterford (UHW) at 6 weeks as well as hip x-rays performed in TippUH at 6 months along with paediatric outpatient review. Regional Orthopaedic DDH clinic is based in UHW.
In this study we have reviewed the hip US and x-ray reports of the 125 infants selected for screening in 2022 to ascertain the outcome of the screening .

Methods:
X-ray and ultrasound reports on all 125 infants screened for DDH in TippUH in 2025 were reviewed.

Results:
125 baby's referred for hip screening in 2022

112 (90%) had hip ultrasounds performed; 13 (10%) did not have ultrasounds performed
90 (72%) had normal hip x-rays and ultrasounds.
22 (18%) had abnormal hip ultrasounds
15 (12%) had Graf IIA of one hip (12 had harnesses applied)
4 (3%) had Graf IIA of both hips (all 4 had harnesses)
3 (2%) had Graf III both hips (all 3 had harnesses)

82 (66%) had normal hip x-rays in TippUH
5 (4%) with normal hip x-rays had abnormal hip ultrasounds.
17 (14%) had Hip x-rays in UHW
6 (5%) did not have hip x-rays performed in either Tipp UH or UHW.
18 had abnormal hip x-rays in Tipp UH at 6 months of age
13 had normal hip US at 6 weeks ; 9 required follow up imaging
5 had abnormal hip US at 6 weeks

Conclusion:
Our findings demonstrate that while hip ultrasound at 6 weeks identifies the majority of infants that require harnessing for DDH there are infants with normal ultrasounds with abnormal x-ray findings that require follow up.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 7
Neonatal

COMPLIANCE WITH OUR CURRENT GUIDELINES ON COMMENCING THERAPUTIC HYPOTHERMIA IN NEONATES WITH HYPOXIC ISHEMIC ENCEPHALOPATHY

A Ali[1], A Yassin[1], E Hamza[1], M Moran[1]

[1]Department of Neonatology, the Rotunda hospital, Dublin

Background:
Hypoxic perinatal brain injury is caused by lack of oxygen to a baby's brain; it may cause brain damage or death. Therapeutic hypothermia (TH) aims to cool the brain to ameliorate the severity of brain injury. Our guidelines recommend that active cooling should be initiated within 6 hours of birth. Here we review our current practice.

Methods:
Retrospective study of all 20 neonates with hypoxic ischemic encephalopathy (HIE) who underwent therapeutic hypothermia at the Rotunda Hospital from January 1, 2022, to October 11, 2023.

Results:
TH was commenced within the recommended 6-hour time frame in 75% of cases; however, in 70% there was a delay of over 1hour in starting TH once the decision was made. In 5 cases (25% of our study group) TH was commenced outside the 6-hour window; of these 5 only 2 had a reason for delay documented in the medical records. Obtaining vascular access was the most frequent reason for delay cited (73%); awaiting arrival of transport team is another reason. However, even after line placement was established it took on average 43 mins before cooling was commenced. In the majority of cases passive cooling was initiated at the time of decision to cool. 5 infants (25%) had reached the target temperature prior to the commencement of active cooling. Of the 5 patients who commenced active cooling at 6 hours or later, only 4 patients took longer than 6 hours to reach target temperature.

Conclusion:
We have now changed our guidelines and therapeutic hypothermia is initiated while vascular access is being obtained. Education is on-going. We plan to re-audit this process in 6 months.

1.The Rotunda Hospital guidelines CD-NEO-NUR-005 Cooling and Neonatal Encephalopathy. 2.Lee AC, Kozuki N, Blencowe H, Vos T, Bahalim A, Darmstadt GL, et al. Intrapartum-related neonatal encephalopathy incidence and impairment at regional and global levels for 2010 with trends from 1990. Pediatr Res. 2013;74(Suppl 1):50–72. 3.Vannucci RC. Hypoxic-ischemic encephalopathy. Am J Perinatol. 2000;17(3):113–120. 4.Westgate JA, Gunn AJ, Gunn TR. Antecedents of neonatal encephalopathy with fetal acidaemia at term. Br J Obstet Gynaecol. 1999;106(8):774–82.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 8
General Paediatrics

IMPROVING THE QUALITY AND SAFETY OF PAEDIATRIC REFERRALS THROUGH DEVELOPMENT OF A STANDARDISED REFERRAL PROFORMA

Doaa Ali[1], Hafsa Tufail[1], Amna Elgaali[1], Nadem Gadelsayed[1]

[1]Paediatrics, Children Health Ireland, Dublin, Ireland

Background:
Safe and effective referral communication is vital in paediatrics, particularly across hospital sites. Informal or inconsistent documentation risks incomplete information transfer, delayed decision-making, and compromised patient safety (1) (2) (3).

Aim:
Our aim was to evaluate referral practices among doctors, identify gaps, and design a structured proforma to standardise referrals.

Methods:
A prospective audit of referral documentation practices was conducted (1st cycle: Nov 2024, *n*=6 responses). A structured questionnaire assessed compliance with predefined standards (referral site/time, referrer designation, consultant involvement, use of exclusion criteria, and documentation of decision/reason for refusal). A re-audit was completed after creation and implementation of phone call referral proforma (Sept 2025, *n*=9 responses).

Results:
Between the 1st cycle and re-audit, improvements were observed across most domains: documentation of referral time increased (50% → 78%), accessible exclusion criteria (83% → 89%), and documentation of absolute exclusion consultant discussion (33% → 89%). Documentation of the final decision improved (50% → 67%), and reasons for refusal (17% → 56%). However, no improvement was seen in some areas such as asking about consultant involvement prior to referral. Overall, reasonable improvement has been detected after implementation of the designated proforma.

Conclusion:
The re-audit demonstrated modest but consistent improvements following the intervention, particularly in documentation of referral time and decision details. Nonetheless, there are still areas for improvement, highlighting the need for sustained education and continuous follow-up.

(1) Agrawal, Nitika; Kumar, Rakesh; Pandey, Savita; Gupta, Alpa; Das, Kunal; Simalti, Ashish. Evaluation of referral documentation in pediatrics emergency transfers: A cross-sectional observational study. Journal of Pediatric Critical Care 11(6):p 262-267, Nov–Dec 2024. (2) Alcalá Minagorre PJ, Domingo Garau A, Salmerón Fernández MJ, Casado Reina C, Díaz Pernas P, Hernández Borges ÁA, Rodríguez Marrodán B; en representación del Comité de Calidad Asistencial y Seguridad del Paciente de la Asociación Española de Pediatría. Safe handoff practices and improvement of communication in different paediatric settings. An Pediatr (Engl Ed). 2023 Sep;99(3):185-194. (3) Bagnasco A, Costa A, Catania G, Zanini M, Ghirotto L, Timmins F, Sasso L. Improving the quality of communication during handover in a Paediatric Emergency Department: a qualitative pilot study. J Prev Med Hyg. 2019 Sep 30;60(3):E219-E225.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 9
General Paediatrics

CLINICAL ADHERENCE TO THE AAP AND NICE GUIDELINES OF THE DIAGNOSIS AND MANAGEMENT OF ACUTE BRONCHIOLITIS (2022-2024)

A Almaiman, E Moylett

[1]Paediatrics Department, Galway University Hospital, Galway Ireland
[2]Paediatrics Department, Galway University Hospital, Galway Ireland

Background:
Bronchiolitis is one of the common respiratory tract infections in children under 2 years. Athough it is a clinical diagnosis managed supportively , there are different practices being applied depending on the clinical presentation.

Methods:
A clinical audit started in 2023 and was repeated within the following two winters in the Paediatrics Ward of Galway University Hospital in order to determine what care was provided as per the American Academy of Pediatrics (AAP) and National Institute for Health and Care Excellence (NICE) guidlines to diagnose and manage acute bronchiolitis.
This project evaluated the practices amongst 170 babies admitted with acute viral bronchiolitis looking at three clinical parameters; antibiotic prescription, x-ray requests, and use of nasal cannula less-than-one Liter.

Results:
Out of 170 patients, 12% (n=22) received antibiotics that were mostly empirical or for suspicion of pneumonia. 19% (n=33) underwent chest x-rays to mostly rule out a consolidation or assess for deteriorating features of respiratory distress. The average duration under 1-liter of Oxygen via low-flow was 37 hours, the shortest duration being 30 minutes and the longest 181 hours.
Antibiotic usage was minimal amongst bronchiolitic babies through ward management, imaging requests had increased steadily, with the majority indicated for a clinically deteriorating picture. While there is still no recommended duration under 1-Liter of Oxygen, minimal handling and frequent weaning is helpful to providing safest care as per international standards.

Conclusion:
It is advisable to avoid radiological imaging and review the patient before any needed request. Thus is the case when considering provisional antibiotics. Nursing care is adequate at frequent weaning if and once the child is below 1-Liter of Oxygen.

1. Bronchiolitis in children: diagnosis and management (2021) – NICE guideline [NG9]. Retrieved 16/11/2022 from. https://www.nice.org.uk/guidance/ng9/chapter/1-Recommendations#management-of-bronchiolitis 2. Clinical Practice Guideline – Bronchiolitis (2019). Retrieved from https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/bronchiolitis.html# 3. Weinberg, S. (2021). Weaning Supplemental O2 for Bronchiolitis Patients at N.C. Children's Hospital (Inpatient). Retrieved from https://www.med.unc.edu/pediatrics/cccp/wp-content/uploads/sites/1156/2021/03/Inpatient-Supplemental-O2-Wean-for-Bronchiolitis.pdf

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 10
Neonatal

SURVEY OF MATERNITY UNIT GUIDELINES REGARDING FORMULA SUPPLEMENTATION OF BREASTFED BABIES

A Almaiman[1], N McCallion[1, 2], S Giva[1, 2], G Gordon[3]

[1]Neonatology, Rotunda Hospital, Dublin, Ireland
[2]Paediatrics, Royal College of Surgeons in Ireland, Dublin, Ireland
[3]Midwifery, Rotunda Hospital, Dublin, IrelandN

Aim:
To investigate existing guidelines on medical indications for supplementation of breastfeeding in 19 maternity centres and two neonatal units of tertiary centres.

Methods:
A cross-sectional survey on common medical indications for supplementation (such as jaundice, hypoglycaemia, and weight loss), as well as availability of lactation support was sent to 19 maternity hospitals and two neonatal units in Children's Health Ireland.

Results:
Out of 21 units, 57% (n=12) had guidelines for supplementation in breastfed infants. 41% (n=5) suggested to supplement cases of neonatal jaundice. 66% (n=8) recommend supplementation of breastfeeding hypoglycaemic babies. 75% (n=9) recommended supplementation for 10% weight loss since birth. No centre recommended medications to supplement milk supply. Lactation support was available across all the participating units.

Conclusion:
Formula supplementation affects maternal-infant bonding. More evidence-based guidelines are needed to ensure such supplementation to breastfeeding is provided for actual medical situations.

1. Rozensztrauch A, Klaniewska M, Berghausen-Mazur M. Factors affecting the mother's choice of infant feeding method in Poland: a cross-sectional preliminary study in Poland. Ir J Med Sci. 2022 Aug;191(4):1735-1743 2. WBTi Ireland 2023 Breastfeeding report. https://www.worldbreastfeedingtrends.org/uploads/country-data/country-report/WBTi-Ireland-2023.pdf 3. Impact of early formula supplementation on breastfeeding duration, National Immunization Survey, 2019 births Ruowei Li et al.). J Perinatol. 2023 September ; 43(9): 1176–1178) 4. Whipps MDM, Yoshikawa H, Demirci JR, Hill J. Estimating the Impact of In-Hospital Infant Formula Supplementation on Breastfeeding Success. Breastfeed Med. 2021 Jul;16(7):530-538. doi: 10.1089/bfm.2020.0194. Epub 2021 Jun 10. PMID: 34115545 WHO, United Nations' Children Fund. Protecting, promoting, and supporting breastfeeding in facilities providing maternity and newborn services: the revised Baby-friendly Hospital Initiative 2018: implementation guidance.) 5. Flaherman, V.J. & Maiselm M.J. (2017). ABM Clinical Protocol #22. Guidelines for Management of Jaundice in the Breastfeeding Infant 35 Weeks or More of Gestation. Volume 12, Number 5. 6. National Institute for Health and Care excellence. Jaundice in newborn babies under 28 days. Clinical guideline. Reference number:CG98. Published: 19 May 2010. Last updated: 31 October 2023. https://www.nice.org.uk/guidance/cg98

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 11
Sub-Speciality

CASE REPORT: 7 YEAR-OLD BOY WITH TRISOMY 8 AND JUVENILE IDIOPATHIC ARTHRITIS

A Almaiman[1], O Killeen[2]

[1]Paediatrics, RCPI, Dublin, Ireland
[2]Paediatric Rheumatology, CHI Crumlin, Dublin, Ireland

Background:
Trisomy 8 is a rare disorder characterised by 3 copies of chromosome number 8. Its estimated frequency is 1 : 25000 to 1 : 50000 births with a varied phenotype ranging from normal appearance to mild dysmorphic appearances. Physical features include a long slim body, narrow chest, deep plantar creases, and hypo-pigmented skin. Musculoskeletal abnormalities include scoliosis, and joint joint stiffness or contractures. Inflamed joints have never been reported to date. We present a case of systemic onset juvenile idiopathic arthritis (JIA) with a polyarthritis course in a chid with Trisomy 8.

Methods:
This young patient had a postnatal history of seizures, which a cranial ultrasound confirmed the absence of the corpus callosum which was further confirmed by MRI brain. The child later exhibited a stiff gait at 17-months when attempting to walk on stairs. This led to two years of rigidity and unusual gait with a pain-less, swollen right knee, associated with a fever and rash.

Results:
Further examination revealed frontal bossing, asymmetry of left face and chest, multiple contractures and swelling of small joints (hands, wrists, knees, ankles.) The latter findings were suggestive of systemic poly-arthritis. The patient received immunosuppresive treatment, after which he improved and began biologic therapy thereby reaching remission within the first year. Spinal x-ray confirmed 'beaking' of T12 vertebra, a metabolic association, after he was reveiwed by said specialty and underwent genetics (karyoptye) which confirmed mosaic Trisomy 8.

Conclusion:
We report the first case of Trisomy 8 with systemic onset JIA in a child who was initially assessed for devel-opment and abnormal facial features, then treated for polyarthirits, and went on to be assessed for persis-tent skeletal anomalies and mildly dysmorphic findings leading to a karyotype showing Trisomy 8 mosai-cism after metabolic and clinical genetics review.

1. (2019). Inflammatory disorders associated with trisomy 8-myelodysplastic syndromes: French retrospective case-control study. Eur J Haematol. 2019 Jan;102(1):63-69. doi: 10.1111/ejh.13174. Epub 2018 Nov 14. 2. (2021). Trisomy 8 Associated Behcets-like Disease. J Rheum Dis 2021; 28(2): 107-109 Published online April 1, 2021; Korean College of Rheumatology

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 12
General Paediatrics

HAEMATOGENOUS OSTEOMYELITIS AND SEPTIC ARTHRITIS IN A 4-MONTH-OLD INFANT: A RARE AND CHALLENGING DIAGNOSIS

KA Amin[1], ZS Sarani[1]
[1]Department of Paediatrics, Our lady of Lourdes hospital, Drogheda, Ireland

Background:
Haematogenous osteomyelitis and septic arthritis are rare in infants under 6 months of age. Clinical presentation is often non-specific, leading to diagnostic delays. Early recognition and intervention are crucial to prevent long-term morbidity.

Method:
We report a case of a 4-month-old male infant who presented to the Emergency Department with fever, vomiting, loose stools, and reduced oral intake. He had no respiratory symptoms or visible joint swelling. Initial workup suggested viral gastroenteritis with mildly raised inflammatory markers (WCC 14.4, neutrophils 6.6, CRP 22.6). He re-presented with increased irritability, low-grade fevers, and hoarse cry.Examination revealed an erythematous throat, and IV antibiotics were initiated. Parainfluenza virus type 3 was detected on extended nasopharyngeal aspirate.

Results:
Despite treatment, the infant became increasingly unsettled and developed reduced movement of his right arm with severe pain on passive movement. X-ray revealed metaphyseal changes in the proximal humerus. Inflammatory markers continued to rise (CRP 87.8, ESR 78, WCC 13.7, neutrophils 5.2) and blood cultures were positive for Staphylococcus aureus. Ultrasound confirmed right shoulder joint effusion, and MRI demonstrated glenohumeral septic arthritis with proximal humeral osteomyelitis. The infant was started on IV cefazolin, a PICC line was inserted, and he underwent surgical washout of the shoulder at CHI Temple Street. A 6-week course of antibiotics was given and appropriate follow up was arranged with Orthopaedics.

Conclusion:
This case underscores the importance of considering musculoskeletal infections in young infants with persistent irritability or limb disuse. Although rare, haematogenous osteomyelitis and septic arthritis must be included in differential diagnoses. Early imaging and multidisciplinary management are essential for timely diagnosis and optimal outcomes.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 13
General Paediatrics

WHEN THE BOWEL FOLDS: A CASE OF INTUSSUSCEPTION WITH A UNIQUE TWIST

M Anwar, OI Izuogu, FM Mohammad

[1]paediatrics, MRHP, Portlaoise, Ireland

Aim:
To report an atypical presentation of intussusception in a 7-month-old infant initially mimicking neurological pathology, highlighting the diagnostic challenge and importance of early imaging.

Method:
To describe a case of intussusception in an infant who presented with head injury. We describe the case history, physical exam findings, investigations that led to the diagnosis of intussusception.

Result:
A previously healthy 7-month-old male infant was brought to the Paediatric Emergency Department with a history of three episodes of non-bilious vomiting throughout the morning. The child had sustained a fall from the bed the previous night.
On presentation, the infant appeared sleepy but arousable. The GCS fluctuated between 12 and 14 for his stay at the hospital. No focal neurological deficits were observed. Systemic examination was unremarkable. He was also reviewed by the surgical team, with his symptoms being attributed to head injury, and a CT brain was advised, which subsequently revealed no acute intracranial pathology.
Baseline laboratory investigations were all within normal limits. Due to the unusual presentation and persisting lethargy despite normal investigations, empiric intravenous cefotaxime was commenced.
The child remained unusually still throughout admission but irritable. A subsequent bowel movement was noted to contain mucus mixed with fresh blood. There was no associated leg drawing, colicky episodes, pallor, or abdominal distension. At this point, intussusception was suspected, and abdominal ultrasound was arranged, which confirmed the diagnosis.
The patient was resuscitated with intravenous fluid boluses and commenced on metronidazole. Surgical referral was expedited, and arrangements were made for transfer to Tertiary Care Hospital for definitive management.

Conclusion:
This case demonstrates that intussusception can present atypically with lethargy and abnormal posturing, mimicking neurological pathology. The absence of classical abdominal features further masked the diagnosis. Imaging ultimately revealed intussusception, highlighting the need to consider gastrointestinal causes in the differential diagnosis of altered sensorium in infants.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 14
General Paediatrics

GRASS ALLERGY THAT WON'T BUDGE: A TEENAGER'S IMMUNOTHERAPY CHALLENGE

M Anwar, MT Tariq

[1]paediatrics, MRHP, Portlaoise, Ireland

Aim:
To describe a rare instance of sublingual immunotherapy (SLIT) for grass pollen failing to provide symptomatic benefit in a teenager with confirmed grass pollen allergy despite strong molecular sensitisation and good adherence.

Method:
A 14-year-old male with longstanding seasonal allergic rhinoconjunctivitis, with symptoms predominantly during grass pollen season (May-July), began daily SLIT in December 2022. Clinical history, treatment compliance, symptom reporting, and component-resolved IgE diagnostics were assessed to evaluate therapeutic response.

Result:
The patient developed mild stomatitis two weeks after initiation, resolving after temporary discontinuation. SLIT was reintroduced in February 2023 and was well tolerated without further adverse events. Despite consistent adherence, he reported worsening nasal obstruction and ocular symptoms during 2023 pollen season, requiring oral corticosteroids prescribed by his GP. IgE diagnostics confirmed strong sensitisation to Phl p1, Phl p2, Phl p5, and Phl p11, the key Phleum pratense allergens relevant to sublingual grass pollen immunotherapy[1]. Nevertheless, no clinical improvement was observed.

Conclusion
This case demonstrates that SLIT for grass pollen allergy may not guarantee clinical benefit, even in patients with an appropriate history, allergen sensitisation and excellent compliance. Potential explanations include polysensitisation to other allergens, individual immune variability, or a mismatch between allergen sensitisation and symptom triggers[2]. Realistic expectation-setting and exploration of alternative management approaches are essential when immunotherapy fails to deliver symptomatic relief.

1. Hatzler L, Panetta V, Lau S, Wagner P, Bergmann RL, Illi S, Bergmann KE, Keil T, Hofmaier S, Rohrbach A, Bauer CP, Hoffman U, Forster J, Zepp F, Schuster A, Wahn U, Matricardi PM. Molecular spreading and predictive value of preclinical IgE response to Phleum pratense in children with hay fever. J Allergy Clin Immunol. 2012 Oct;130(4):894-901.e5. doi: 10.1016/j.jaci.2012.05.053. Epub 2012 Jul 25. PMID: 22841010. 2.di Coste A, Occasi F, De Castro G, Zicari AM, Galandrini R, Giuffrida A, et al. Predictivity of clinical efficacy of sublingual immunotherapy (SLIT) based on sensitisation pattern to molecular allergens in children with allergic rhinoconjunctivitis. Allergol Immunopathol 2017 Sep;45(5):452-456.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 15
Neonatal

CONGENITAL CYTOMEGALOVIRUS INFECTION PRESENTING WITH SENSORINEURAL HEARING LOSS AND CORTICAL VISUAL IMPAIRMENT: A MULTISYSTEM NEONATAL CASE

M Anwar, OI Izuogu, FM Mohammad

[1]Paediatrics, MRHP, Portlaoise, Ireland

Aim:
To report a neonatal case of symptomatic congenital cytomegalovirus (cCMV) infection with multisystem involvement, including sensorineural hearing loss and cortical visual impairment, emphasizing the role of early diagnosis, antiviral therapy, and multidisciplinary care.

Method:
A male infant was born at 39+5 weeks to a 35-year-old mother after an uneventful spontaneous vaginal delivery. Clinical presentation, laboratory findings, imaging, and virological studies were used to establish the diagnosis of cCMV. Antiviral therapy and multidisciplinary follow-up were initiated.

Results:
The neonate presented shortly after birth with widespread petechiae, bruising, and mild respiratory distress. Initial investigations showed thrombocytopenia (platelet 23 x 109/L), deranged coagulation, raised bilirubin, and hepatosplenomegaly. TORCH screening confirmed positive CMV IgM with a whole-blood CMV viral load of 35,977 copies/mL. Cranial ultrasound and MRI revealed bilateral periventricular calcifications and leukoencephalopathy. Ophthalmological evaluation demonstrated chorioretinal scarring, while audiology confirmed bilateral SNHL. Oral valganciclovir therapy (16mg/kg twice daily) was commenced on day 30 of life and continued for 6 months, with weekly monitoring of blood counts and liver function. Despite treatment, the infant developed cortical visual impairment and profound bilateral SNHL.

Conclusion:
This case highlights congenital CMV as a leading non-genetic cause of SNHL and a significant cause of long term neurological morbidity[1]. Early recognition, timely initiation of antiviral therapy, and structured multidisciplinary follow-up are essential for optimizing outcomes in symptomatic cCMV, although permanent sequelae may still occur despite treatment.

1. Chiopris G, Veronese P, Cusenza F, Procaccianti M, Perrone S, Daccò V, Colombo C, Esposito S. Congenital Cytomegalovirus Infection: Update on Diagnosis and Treatment. Microorganisms. 2020 Oct 1;8(10):1516. doi: 10.3390/microorganisms8101516. PMID: 33019752; PMCID: PMC7599523.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 16
General Paediatrics

A STRAIGHTFORWARD AND COMMON DIAGNOSIS OF INFECTIOUS MONONUCLEOSIS IN AN ADOLESCENT TURNING INTO A RARE COMPLICATION AS EBV MENINGOENCEPLALITIS.

M Arslanbutt[1,2], K Moorpani[1,2], S Khan[1,2], F Khan[1,2], F Hakim[1,2], U Khan[1]
[1]paediatric Emergency Department, University Hospital Limerick, Limerick, Ireland
[2]Department of Paediatrics, The Childern's Ark UHL, Limerick, Ireland

Background:
Primary EBV infection is usually asymptomatic or manifest as infectious mononucleosis with fever, lymphadenopathy and tonsillitis [1]. It is an uncommon cause of clinically significant central nervous system infection in adolescents and can present with altered sensorium and seizures. Around 5 % of viral encephalitis are due to EBV infection[2]. Direct viral invasion and a secondary autoimmune response directed against the brain is thought to cause symptoms and imaging findings [3,4]

Case description:
“He had a positive mono test” .That was the opening line when we saw the 14-year-old boy return to our ED. Just the day before he’d been discharged with what seemed to be a straightforward case of infectious mononucleosis. Fever, sore throat, fatigue, a positive mono-spot Test—he ticked all the boxes. Blood investigations supported the viral picture. Nothing appeared out of the ordinary. But less than 24 hours later, he was back—and everything had changed. That evening, he had a brief seizure at home, fluctuating level of consciousness followed by status epilepticus. He was treated initially in resuscitation department with fluids, antimicrobial, antivirals and antiepileptic medication followed by transfer to PICU CHI and subsequent improvement and resolution of encephalopathy-clinically and radiologically and discharged home on per oral course of valacyclovir.

Investigations:
Positive mono-spot test, positive EBV serology both IgM and IgG but negative CSF PCR for EBV. MRI findings of bilateral and symmetrical T2 FLAIR hyper intensities of caudate and putamen nuclei, with no evidence of diffusion restriction or lactate peak, possibly consistent with EBV encephalitis

Conclusion:
This case reminded us that even so called “simple” viral illnesses can turn into complex without warning. That our certainty—however well-grounded—should always leave space for humility and reassessments. It is not just to treat what we see—but to anticipate what might be coming next.

1.Doja A, Bitnun A, Ford Jones E et al. Pediatric Epstein-Barr Virus-Associated Encephalitis: 10-Year Review. J Child Neurol. 2006;21(5):384-91. doi:10.1177/08830738060210051101 - Pubmed 2. Luzuriaga K, Sullivan JL. Infectious mononucleosis. (2010) The New England journal of medicine. 362 (21): 1993-2000. doi:10.1056/NEJMcp1001116 - Pubmed 3. Shian W & Chi C. Epstein-Barr Virus Encephalitis and Encephalomyelitis: MR Findings. Pediatr Radiol. 1996;26(9):690-3. doi:10.1007/BF01356839 - Pubmed 4. Soni N, Ora M, Singh R, Mehta P, Agarwal A, Bathla G. Unpacking the CNS Manifestations of Epstein-Barr Virus: An Imaging Perspective. AJNR Am J Neuroradiol. 2023;44(9):1002-8. doi:10.3174/ajnr.A7945 - Pubmed

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 17
General Paediatrics

DUCHENNE MUSCULAR DYSTROPHY , RECOGNITION IN FEMALES LEADS TO EARLY SURVELLIANCE AND INTIATES SUPPORTIVE INTERVENTI0N AND GENETIC COUNSELLING

M Arslanbutt[1,2], Z SOHAIL[1,2], S KHAN[1,2], R NAVEED[1,2], M ELSAMANI[1,2], A KAHLIL[1]
[1]DEPARTMENT OF PAEDIATRICS, CHILDERNS ARK UHL, LIMERICK IRELAND
[2]PAEDIATRIC EMERGENCY DEPARTMENT ,UNIVERSITY HOSPITAL LIMERICK, IRELAND

Background:
Duchenne Muscular Dystrophy is most common inherited neuromuscular disorder in male, with estimated incidence of 1-3,500 live male births. Female cases are unusual,often overlooked, representing either manifesting carriers, chromosomal anomalies (Turner syndrome, X-autosome translocations), or de novo pathogenic variants. Recognition in females is important, as early diagnosis allows for surveillance, initiation of supportive interventions, and genetic counselling.

Case Presentation:
A 14-year-old girl with juvenile arthritis under rheumatology follow-up referred following incidental detection of profoundly elevated serum CK during routine workup. Her initial CK was 39,000 U/L and gradually declined to 8,000 U/L within few days following strict bed rest and hydration. There was no family history of neuromuscular or autoimmune disease. Clinically well with only intermittent wrist pain with associated swelling.There were no overt gait abnormalities, falls, or significant proximal weakness on initial assessment. Metabolic and routine laboratory investigations were within normal limits. Echocardiography normal and ophthalmologic assessment showed no abnormalities. Pulmonary function testing normal. Given the degree of CK elevation out of proportion to clinical signs, A neuromuscular workup was initiated.

Investigations and Diagnosis:
Targeted investigations were arranged to evaluate myopathic causes. Muscle enzyme profile, Clinical pattern and subsequent neuromuscular assessment raised strong suspicion for dystrophinopathy. The patient was diagnosed with Duchenne Muscular Dystrophy following confirmatory diagnostic evaluation.

Management and Follow-Up:
Multidisciplinary management was commenced with Neuromuscular, Cardiology, Respiratory and Physiotherapy input. Baseline cardiac and respiratory surveillance plans were established and symptomatic management for musculoskeletal pain initiated. Genetic counselling was offered to the family given implications for inheritance and carrier testing.

Conclusion:
DMD can present atypically in females with marked CK elevation despite minimal or no clinical weakness. Early recognition via biochemical screening and prompt neuromuscular referral enables timely Cardiac and Respiratory surveillance, Genetic counselling, and initiation of supportive therapies. Female presentations should prompt comprehensive genetic evaluation to clarify mechanism and guide family counselling.

1. Duchenne muscular dystrophy: pathogenesis and promising therapies. Chang M, Cai Y, Gao Z, Chen X, Liu B, Zhang C, Yu W, Cao Q, Shen Y, Yao X, Chen X, Sun H.J Neurol. 2023 Aug;270(8):3733-3749. doi: 10.1007/s00415-023-11796-x. Epub 2023 Jun 1.PMID: 37258941Review. 2. A

review on mechanistic insights into structure and function of dystrophin protein in pathophysiology and therapeutic targeting of Duchenne muscular dystrophy. Elasbali AM, Al-Soud WA, Anwar S, Alhassan HH, Adnan M, Hassan MI.Int J Biol Macromol. 2024 Apr;264(Pt 1):130544. doi: 10.1016/j.ijbiomac.2024.130544. Epub 2024 Feb 29.PMID: 38428778Review. 3.Long-Term Protective Effect of Human Dystrophin Expressing Chimeric (DEC) Cell Therapy on Amelioration of Function of Cardiac, Respiratory and Skeletal Muscles in Duchenne Muscular Dystrophy. Siemionow M, Langa P, Brodowska S, Kozlowska K, Zalants K, Budzynska K, Heydemann A.Stem Cell Rev Rep. 2022 Dec;18(8):2872-2892. doi: 10.1007/s12015-022-10384-2. Epub 2022 May 19.PMID: 35590083Free PMC article. 4.Advances in genetic therapeutic strategies for Duchenne muscular dystrophy. Guiraud S, Chen H, Burns DT, Davies KE.Exp Physiol. 2015 Dec;100(12):1458-67. doi: 10.1113/EP085308. Epub 2015 Aug 4.PMID: 26140505Free PMC article.Review.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 18
General Paediatrics

SILENT BUT SERIOUS: LARGE RETROPHARYNGEAL ABSCESS WITHOUT CLASSIC AIRWAY SYMPTOMS IN A TODDLER: A CASE REPORT

N Ashrif[1], E Yousaf[2], HS Butt[3]
[1]Paediatrics, St Lukes general Hospital, Kilkenny, Ireland
[2]Paediatrics, St Lukes general Hospital, Kilkenny, Ireland
[3]Paediatrics, St Lukes general Hospital, Kilkenny, Ireland

Background:
Retropharyngeal abscess (RPA) is a deep neck space infection usually affecting children under 6 years. Typical red-flag features include dysphagia, drooling, stridor, trismus, and airway compromise. Delay in diagnosis may result in severe morbidity.

Case Report:
A 2-year-5-month-old child presented with 2 days of fever (37.8–38.1 °C), painful left-sided neck swelling, and torticollis with persistently upright posture. Oral intake was reduced but there was no history of drooling, dysphagia, stridor, muffled voice, trismus, or bulging posterior pharyngeal wall. Past medical history was unremarkable except for an upper respiratory tract infection and otitis media two weeks earlier, treated with oral antibiotics.
Examination:
showed an irritable but stable child. Vitals: T 38.1 °C, HR 159, RR 24, oxygen saturation were 100 percent at room air. There was a tender 5 × 4 cm swelling in the left posterior cervical chain with smaller contralateral nodes. Oropharynx revealed enlarged erythematous tonsils with exudates. Chest was clear, with no signs of respiratory distress.

Investigations:
Investigations revealed neutrophilic leucocytosis (WCC 29.8 → 19.1), CRP 166, ESR 50, microcytic anaemia, and thrombocytosis. Neck ultrasound showed only cervical lymphadenopathy. However, contrast CT revealed a large retropharyngeal collection (24.8 × 43.2 × 51.8 mm) extending from the nasopharynx to C5, displacing the airway anteromedially.
The child was started on IV flucloxacillin and clindamycin, and transferred for ENT surgical drainage. Pus culture grew Haemophilus influenzae and Prevotella. Post-operative recovery was uneventful, and the child was discharged on oral co-amoxiclav.

Outcome:
The child's fever and neck pain resolved within a few days. At 2-week follow-up with the infectious disease team, there was complete clinical recovery with normal neck movements and no residual lymphadenopathy.

Conclusion
This case underlines that a large Retropharyngeal abscess can present without the classic airway or feeding red flags. Persistent fever, torticollis, and neck swelling in young children should prompt consideration of Retropharyngeal abscess and early imaging, to prevent life-threatening complications.

1. Craig FW, Schunk JE. Retropharyngeal abscess in children: clinical presentation, utility of imaging, and current management. Pediatrics. 2003;111(6 Pt 1):1394-1398. 2. Page NC, Bauer EM, Lieu JE. Clinical features and treatment of retropharyngeal abscess in children. Otolaryngol Head Neck Surg. 2008;138(3):300-306. 3. RCH Clinical Practice Guidelines: Retropharyngeal abscess. The Royal Children's Hospital Melbourne. Available at: https://www.rch.org.au/clinicalguide/guideline_index/Retropharyngeal_abscess

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 19
General Paediatrics

IS IT PERITONITIS WITH RUPTURED APPENDIX? A RARE CASE OF FALCIPARUM MALARIA

MU Ayoub[1], H Ejaz[2], M Islam[3]

[1]Paediatrics, Portiuncula University Hospital, Ballinasloe,Co Galway, Ireland

Background:
Falciparum malaria, caused by Plasmodium falciparum, is the most severe form of malaria and a major cause of morbidity and mortality in endemic regions such as sub-Saharan Africa and South Asia. Clinical features typically include fever, chills, and malaise, but complications may involve severe anemia, cerebral malaria, multiorgan dysfunction, or splenic rupture. Abdominal pain is an uncommon presentation and can mimic acute surgical conditions, leading to diagnostic uncertainty. Prompt diagnosis and initiation of artemisinin-based combination therapy (ACT) are essential to prevent life-threatening outcomes.

Case Presentation:
A previously healthy 10-year-old child, with recent travel to Nigeria, presented with a five-day history of high-grade fever and two days of generalized abdominal pain. On examination, there was marked abdominal distension, diffuse tenderness, and rebound tenderness in the right iliac fossa, with mild hepatosplenomegaly. Laboratory findings showed an elevated CRP (145), mildly deranged liver function tests, and a peripheral smear positive for P. falciparum. Contrast-enhanced CT abdomen revealed moderate hepatosplenomegaly with sub-centimeter retroperitoneal lymphadenopathy, but no evidence of appendiceal rupture or peritonitis. The child was treated with intravenous artesunate for 24 hours, followed by a three-day oral course of artemether-lumefantrine (Riamet). Clinical improvement occurred within 24 hours, and he was discharged on oral antimalarial therapy. Repeat investigations at two weeks confirmed normalization of liver function and complete recovery.

Conclusion:
This case demonstrates the diagnostic challenge posed by falciparum malaria presenting with acute abdominal pain, initially mimicking peritonitis or ruptured appendix. Recognition of malaria as a differential diagnosis in febrile children with abdominal symptoms is crucial, particularly in the context of recent travel to endemic regions. With the resumption of global travel post-COVID, awareness of such atypical presentations can prevent unnecessary surgical interventions and ensure timely, effective treatment.

1. Bhardwaj AK, Sharma PD, Sharma A. Falciparum malaria masquerading as appendicitis. BMJ Case Rep. 2011. doi:10.1136/bcr.10.2010.3340. 2. Ünal E, Gültekin L, Albayrak Y, et al. Parasitic diseases as a cause of acute abdominal pain: imaging findings and diagnostic clues. Insights Imaging. 2020;11:106. doi:10.1186/s13244-020-00892-5. 3. Odeh A, Hasan N, Alazzeh G, et al. Spontaneous splenic rupture as a complication of malaria and incidental acute appendicitis: a case report. Cureus. 2021;13(10):e18804. doi:10.7759/cureus.18804.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 20
General Paediatrics

EARLY-ONSET SCOLIOSIS WITH CARDIOVASCULAR COMPLICATIONS: A CASE REPORT OF SMARFAN SYNDROME IN A TODDLER

ZS Azim[1], F Khan[1], SS Azim[2], AM Murphy[1], I Dafalla[1,2], M Zia[1]

[1]Paediatrics, University Hospital Limerick Group, Limerick, Ireland
[2]Neonatology, University Maternity Hospital, Limerick, Ireland

Aims:
Marfan syndrome is a connective tissue disorder with variable multisystem involvement. Early infancy presentation with progressive scoliosis, craniofacial dysmorphism, and cardiovascular disease is rare and associated with high mortality (50–70% by 2 years of age).

Methods:
A female infant was born at 39+5 weeks, birth weight 3.6 kg, after an uncomplicated pregnancy. She required NICU admission for 5 days for early-onset sepsis. Later admission with influenza A revealed severe scoliosis, long digits, and abnormal head shape. Subsequent findings included plagiocephaly, craniofacial dysmorphism, hypotonia, and scoliosis. Initial echocardiography showed situs solitus, structurally normal valves, and a small patent foramen ovale. Development was otherwise appropriate. Family history noted scoliosis and marfanoid features. By infancy, scoliosis progressed, requiring spinal casting and growing rods. Postoperatively, she developed decompensated biventricular failure with severe mitral and tricuspid regurgitation, necessitating PICU care, inotropes, and nocturnal non-invasive ventilation. Her course was further complicated by bowel perforation with stoma formation, recurrent sepsis, and fungal colonisation.

Results:
Serial echocardiograms showed progressive aortic root dilatation, mitral valve prolapse with severe regurgitation, and ventricular dysfunction. Genetic testing confirmed a pathogenic FBN1 mutation. Ophthalmology revealed photosensitivity and recurrent epiphora, while craniosynostosis was excluded. Surgical interventions included bowel resection with stoma formation and spinal fixation. She required prolonged antimicrobial and antifungal therapy, and was commenced on bisoprolol, losartan, spironolactone, and furosemide for heart failure. With community physiotherapy, dietetic support, and gradual weaning from nocturnal non-invasive ventilation, partial recovery was achieved.

Conclusion:
This case illustrates a rare and severe early presentation of Marfan syndrome, with rapid cardiovascular progression, scoliosis, and major surgical morbidity. It highlights scoliosis and dysmorphic features as potential markers of underlying connective tissue disorder, the importance of timely genetic evaluation, and the role of multidisciplinary care in optimizing outcomes.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 21
General Paediatrics

RECURRENT HYPONATREMIA IN A 7-YEAR-OLD BOY FOLLOWING TRAUMATIC BRAIN INJURY : DIAGNOSTIC CHALLENGE BETWEEN SIADH AND CEREBRAL SALT WASTING.

ZS Azim[1], F Khan[1], O Neylon[1], S Neville[1,2]

[1]Department of Paediatrics, University Hospital Limerick, Ireland
[2]School of Medicine, University of Limerick, Ireland

Aims:
Hyponatraemia is a recognised complication of paediatric traumatic brain injury (TBI). Distinguishing between syndrome of inappropriate antidiuretic hormone secretion (SIADH) and cerebral salt wasting (CSW) is essential, as their management strategies differ substantially. We report a case of recurrent post-traumatic hyponatraemia in a child, highlighting diagnostic and therapuetic challenges.

Methods:
A 7-year-old boy sustained a TBI after being involved in roadside accident. Imaging revealed bifrontal and left temporal contusions, subdural and subarachnoid haemorrhages, and an occipitalfracture with mastoid extension. He recovered well, with no neurological deficit. Fifteen months post-injury, he presented with vomiting, diarrhoea, and a generalised tonic–clonic seizure. Clinical data, biochemical results, and outpatient follow-up notes were reviewed to evaluate the cause and management of his hyponatraemia.

Results:
On admission, serum sodium was 118 mmol/L with low serum osmolality and inappropriately elevated urine sodium and osmolality. Differentiating SIADH from CSW proved difficult due to overlapping biochemical features and concomitant viral gastroenteritis complicating volume assessment. He was managed initially with intravenous sodium correction, followed by oral sodium chloride supplementation (up to 1200 mg/day) and fludrocortisone 0.1 mg/day. This combination achieved stability, with serum sodium maintained between 126–130 mmol/L, although occasional fluctuations required dose adjustment. The child remained seizure-free, active, and developmentally appropriate. His guardian received detailed counselling regarding sick-day rules and recognition of red flag symptoms.

Conclusion:
Hyponatraemia following paediatric TBI is uncommon but potentially life-threatening. New-onset recurrent hyponatraemia long after the initial injury is particularly rare and challenging. SIADH and CSW remain difficult to differentiate, yet timely intervention is critical. A pragmatic approach combining sodium supplementation with mineralocorticoid therapy can provide biochemical stability when diagnostic uncertainty persists. Long-term monitoring and structured caregiver education are essential to reduce recurrence and optimise outcomes.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 22
General Paediatrics

APPROPRIATENESS OF ROUTINE INVESTIGATIONS IN FEBRILE CHILDREN IN THE EMERGENCY DEPARTMENT

AB Badar, MA Aly, MNS Shakoor

[1]General Pediatrics, Sligo University Hospital, Sligo, Ireland
[2]Emergency Department, Sligo University Hospital, Sligo, Ireland.

Aims:
Fever is one of the most common presentations in paediatric emergency departments (EDs).While most cases are benign, the concern for serious bacterial infections (SBIs) frequently drives clinicians to perform routine investigations.This audit aimed to evaluate the appropriateness of such investigations in febrile children, benchmarking practice against HSE and NICE CG160 guidelines.

Methods:
A retrospective audit was conducted in the ED at Sligo University Hospital over a two-month period (January–February 2025).Children aged 0–16 years presenting with fever ≥38°C within the preceding 24 hours were included.Data were collected from ED records, documenting demographics, clinical findings, investigations performed, and outcomes. Practice was assessed against HSE and NICE guidelines.

Results:
Fifty-six cases were reviewed.Of these, 55.4% of investigations met guideline criteria, while 44.6% were unnecessary.Swabs were the most frequent investigation (89.3%), often performed in low-risk children without red flags. Blood tests and urinalysis were each undertaken in 19.6% of cases. SBIs were confirmed in 12.5% of patients, with 30.4% requiring admission and 33.9% prescribed antibiotics.

Conclusion:
This audit demonstrates moderate compliance with established guidelines, with a significant proportion of unnecessary investigations, particularly swabs, in well-appearing children.Improved adherence to evidence-based standards through targeted staff training and clearer protocols could reduce unnecessary testing, enhance patient comfort, and improve efficiency.A re-audit is recommended within 12 months following implementation of changes.

National Institute for Health and Care Excellence (NICE).Fever in under 5s: assessment and initial management (CG160).Updated 2019. Health Service Executive (HSE).Paediatric Emergency Care Guidelines: Management of Fever in Children. HSE, Ireland

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 23
Medical/Education Management

RE-AUDIT OF SPINAL ULTRASOUND IN NEONATES WITH CUTANEOUS STIGMATA: IMPROVING DOCUMENTATION AND REDUCING UNNECESSARY IMAGING

AB Badar[1], AS Sarwar[2], AG Ghaznain[3], KJ James[4], RT Tummaluru[5]

[1]General Pediatrics, Sligo University Hospital, Sligo, Ireland
[2]Radiology Department, Sligo University Hospital, Sligo, Ireland.
[3]Neonatal Department, Sligo University Hospital, Sligo, Ireland.

Aims:
Sacral dimples are a common finding in neonates, but only atypical features warrant further investigation for underlying spinal abnormalities. An audit in 2020 reviewed spinal ultrasound requests in neonates with cutaneous stigmata. This re-audit aimed to evaluate current practice, diagnostic yield, and documentation standards.

Methods:
We retrospectively reviewed all spinal ultrasounds performed in neonates at Sligo University Hospital between July 2020 and July 2022. Data collected included indication, age at scan, dimple characteristics (size, distance from anal verge, base visibility), ultrasound findings, and subsequent investigations. Results were compared with the 2020 audit.

Results:
Fifty-four neonates were included (27 male, 28 female). The most common indication was simple sacral dimple (72%), followed by dimple with tuft of hair (18%) and sacral cleft (9%). Scans were more often performed after two months of age (57% vs 39% previously). Documentation improved, with size and distance recorded in 15–17% of cases (vs ~10% previously), though still incomplete. Most scans were normal (96%). One neonate was diagnosed with spinal dysraphism and one had a clinically insignificant filar cyst. No fibrolipomas were identified, compared with one case in the initial audit. Two infants underwent further imaging, and one was referred to neurosurgery.

Conclusion:
This re-audit confirms that simple sacral dimples are rarely associated with spinal abnormalities and do not require ultrasound investigation. While documentation has improved, it remains inconsistent. Clearer referral criteria and consistent recording of dimple characteristics are needed to reduce unnecessary imaging, healthcare costs, and parental anxiety. Repeat audit is recommended to ensure sustained improvement.

Dias MS, Partington MD. Screening for spinal dysraphism in newborns with sacral dimples. Clinical Pediatrics. 2016;55(11):1064–1070. Hughes JA, De Bruyn R, Patel K. The simple sacral dimple: diagnostic yield of ultrasound in neonates. Pediatric Radiology. 2015;45:211–216. Kriss VM, Desai NS. Occult spinal dysraphism in neonates: assessment of high-risk cutaneous stigmata on sonography. AJR American Journal of Roentgenology. 1998;171(6):1687–1692. Ben-Sira L, Ponger P, Miller E, Beni-Adani L. Intraspinal lesions associated with sacrococcygeal dimples. Journal of Neurosurgery: Pediatrics. 2014;14(1):81–86. Hellström P, Samuelsson L, Svensson JF. Spine ultrasound should not be routinely performed for patients with simple sacral dimples. Acta Paediatrica. 2016;105(7):890–895.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 24
Medical/Education Management

IMPROVING DOCUMENTATION AND PATIENT SAFETY IN PAEDIATRICS DAY WARD BOOKINGS: A QUALITY IMPROVEMENT PROJECT

AB Badar[1], SG Glackin[2], NA Aldai[3]

[1]General Pediatrics, Sligo University Hospital, Sligo, Ireland
[2]HR, Sligo University Hospital, Sligo, Ireland

Background:
Accurate documentation in day ward bookings is critical for patient safety, care coordination and service efficiency. An initial audit in the Paediatrics Department at Sligo University Hospital identified risks associated with the previous paper-based ward book, including incomplete contact details, inconsistent fasting and sedation documentation, and unverified test requests. These gaps increased the risk of delays, inappropriate investigations and higher "did not attend" rates.

Aim:
To improve the accuracy and completeness of day ward booking documentation through system redesign and safety-net measures.

Methods:
A retrospective audit of booking forms (February–May 2025) assessed compliance with documentation standards. Findings informed the design of a new standardised booking form and the transition to an online booking system. Safety features were embedded, including mandatory fields and specialist confirmation for specific tests (for example, endocrine requests reviewed by endocrinology).

Results:
A total of 195 forms were reviewed. Core identifiers (patient identification, consultant name) were greater than 98% complete. However, key clinical and contact fields were variably completed: parent or carer phone numbers (71%), fasting details (69%), sedation section (67%), and review box use (15%). Test requests also demonstrated inconsistency, with additional tests poorly documented.

Conclusion:
The initial audit demonstrated significant risks in documentation. Implementation of an online booking system with embedded safety nets directly addresses these risks, enhancing patient safety, system efficiency and reducing "did not attend" rates. This quality improvement project highlights the value of combining audit findings with targeted interventions to strengthen clinical governance and improve paediatric care delivery.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 25
Sub-Speciality

COMPARATIVE OUTCOME OF EARLY TRANSFER HOME POLICY VS STANDARD POSTNATAL DISCHARGE IN NEONATES

S Elamin Ahmed[1], M Raja[2], K Harmon[2], D West[2], B Paturi[3]

[1]Department of Pediatrics and Neonatology , Our Lady of Lourdes Hospital, Dr, Drogheda, Ireland

Early Transfer Home (ETH) allows eligible mothers and newborns to receive postnatal care at home, with discharge as early as 12 hours after a normal birth or 48 hours after an uncomplicated caesarean. This approach was introduced in Our Lady of Lourdes Hospital (OLOLH), Drogheda, in 2020. While ETH offers potential benefits such as family bonding and reduced hospital congestion, concerns remain regarding neonatal safety, particularly around readmissions.

Aim:
To evaluate outcomes of infants discharged under the ETH scheme compared with those discharged routinely on Day 2, focusing on readmission rates and reasons for hospital return.

Methods:
This retrospective audit included 100 infants meeting the ETH eligibility criteria. Fifty were discharged under ETH and 50 on Day 2 between January and December 2022. Data were collected from admission logs and patient notes, including demographic details, mode of delivery, and admission diagnoses. Strict inclusion and exclusion criteria were applied to ensure comparability.

Results:
In the ETH group, 56% were female compared to 44% in the Day 2 group. Spontaneous vaginal delivery was the most common mode of birth in both groups (>87%). The readmission rate was slightly higher in the ETH group (10.4%, n=5) compared to the Day 2 group (8%, n=4). Reasons for readmission included suspected sepsis, significant weight loss, and viral infections.

Discussion:
The small difference in readmission rates suggests that ETH is a safe option for well term infants when supported by strict clinical discharge criteria, parental education, and structured post-discharge follow-up. These findings are consistent with existing literature, which shows no definitive increase in neonatal risk with shorter postnatal stays.

Conclusion:
Early Transfer Home can be safely implemented without compromising neonatal outcomes. Ongoing monitoring and enhanced community follow-up remain essential to maximise safety and family benefit.

1. Health Service Executive. (n.d.). *Early Transfer Home Service*. Retrieved October 3, 2024, from https://www2.hse.ie/services/hospitals/university-maternity-hospital-limerick/departments-services/early-transfer-home-service-258/ 2. Lemyre B, Jefferies AL, O'Flaherty P. Facilitating discharge from hospital of the healthy term infant. Paediatr Child Health. 2018 Dec;23(8):515-531. doi: 10.1093/pch/pxy127. Epub 2018 Nov 19. PMID: 30894791; PMCID: PMC6242107. 3. Desmond MM,

Rudolph AJ, Phitaksphraiwan P. The transitional care nursery. A mechanism for preventive medicine in the newborn. Pediatr Clin North Am 1966;13(3):651–68. [PubMed] [Google Scholar] 4. Jackson GL, Kennedy KA, Sendelbach DM et al.. Problem identification in apparently well neonates: Implications for early discharge. Clin Pediatr (Phila) 2000;39(10):581–90. [PubMed] [Google Scholar] 5. 13. Zimmerman DR, Klinger G, Merlob P. Early discharge after delivery. A study of safety and risk factors. Scientific World Journal 2003;3:1363–9. [PMC free article] [PubMed] [Google Scholar] 6. Jones E, Taylor B, MacArthur C, Bradshaw S, Hope L, Cummins C. Early Postnatal Discharge for Infants: A Meta-analysis. Pediatrics. 2020 Sep;146(3):e20193365. doi: 10.1542/peds.2019-3365. PMID: 32826340.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 26
Sub-Speciality

PSEUDOHYPOPARATHYROIDISM TYPE 1B UNMASKED BY FLUCLOXACILLIN IN A 14-YEAR-OLD

AB Badar[1], SG Glackin[2], MNS Shakoor[3]

[1]Pediatrics, Sligo University Hospital, Sligo, Ireland

Aims: To describe a teenager with acute hypocalcaemic tetany after flucloxacillin exposure, ultimately diagnosed with pseudohypoparathyroidism (PHP) type 1b, and to highlight pitfalls in genetic test interpretation and family case-finding.

Methods:
Single-patient case report. Clinical features, biochemistry and genetic testing were reviewed. Initial sequencing was reported as negative. Given persistent hypocalcaemia with hyperphosphataemia and elevated parathyroid hormone (PTH) in the absence of Albright's hereditary osteodystrophy (AHO), methylation-specific GNAS testing was undertaken. Family history and management were documented.

Results:
A 14-year-old boy presented with perioral numbness, carpopedal spasm and positive Chvostek/Trousseau signs one day after starting flucloxacillin for a skin infection. Biochemistry confirmed hypocalcaemia with hyperphosphataemia and raised PTH, consistent with PTH resistance. There were no AHO features. Initial "negative" genetic testing delayed diagnosis; targeted methylation studies confirmed PHP type 1b due to an imprinting defect at GNAS. Several first-degree relatives reported longstanding myalgias and migraines, raising concern for undiagnosed calcium-regulation abnormalities. The patient received intravenous calcium acutely, then oral calcium carbonate and calcitriol with vitamin D supplementation, achieving symptom resolution and normal calcium levels on follow-up. The temporal association suggests infection or antibiotic exposure may unmask latent calcium dysregulation. Family screening was initiated.

Conclusion:
PHP type 1b should be considered in adolescents with hypocalcaemia, hyperphosphataemia and elevated PTH without AHO. Misinterpretation of genetic tests can delay diagnosis; methylation-specific GNAS testing is essential when suspected. Intercurrent infection or medications may precipitate symptomatic hypocalcaemia. Family history and screening can identify additional affected relatives and enable timely treatment.

1. Mantovani G, Spada A, Elli FM. Pseudohypoparathyroidism and GNAS epigenetic defects: clinical evaluation and diagnosis. Best Practice & Research Clinical Endocrinology & Metabolism. 2018;32(2):159-168. 2. Turan S, Bastepe M. GNAS spectrum of disorders. Current Osteoporosis Reports. 2015;13(3):146-158. 3. Elli FM, de Sanctis L, Ceoloni B, et al. Pseudohypoparathyroidism type 1B: novel genetic and epigenetic findings in an Italian cohort. Journal of Clinical Endocrinology & Metabolism. 2016;101(9):3440-3450.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 27
General Paediatrics

SEDATION WITH ORAL DRUGS IN CHILDREN ABOVE 5 YEARS UNDERGOING MRI SCANNING AT MERCY UNIVERSITY HOSPITAL IN 2022-2023

MB Mihad Bashir[1], IE Intesar Elamin[1], FE Frances Enright
[1]General Paediatric , Mercey University Hospital , Cork, Ireland

Background:
Sedation is often required to ensure successful MRI scanning in children. In the absence of general anaesthesia facilities at our Hospital, a sedation protocol utilizing chloral hydrate and, more recently, temazepam was introduced. While chloral hydrate is widely used in younger children, its effectiveness in older children remains limited. Temazepam, a benzodiazepine, offers an alternative with favourable pharmacological properties.

Aim: To evaluate the success and safety of oral sedation protocols in children over 5 years of age undergoing MRI.

Methods:
A retrospective audit of children (>5 years, >20 kg) undergoing MRI between 2022 and 2023 was conducted. Patient records were reviewed to assess sedation success and safety.

Results:
Fifty children were included. Seventeen completed MRI without sedation. Chloral hydrate was administered to 20 patients, achieving a 75% success rate, with failures primarily in children >20 kg despite maximum dosing. Thirteen patients received temazepam (5–10 mg), with 100% success and no adverse events. Temazepam demonstrated particular effectiveness in children >20 kg, with most weighing over 40 kg.

Conclusion: Temazepam is safe and highly effective for MRI sedation in children above 5 years, especially those >20 kg, whereas chloral hydrate shows reduced efficacy in this group.

Recommendation:
Oral temazepam should be considered the preferred sedative agent for children over 5 years undergoing MRI.
https://app.clinibee.com/articles/0c665599-5227-4266-9c5d-57d6ff668c0a https://app.clinibee.com/articles/18881f40-9bbe-4780-950b-23d6f098f8af

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 28
General Paediatrics

GROUP A STREPTOCOCCUS BACTERAEMIA TRANSMISSION IN SIBLINGS, A CASE REPORT

D Beirne[1], J Fitzsimons[1], A Hehir[2], R Cunney[2]

[1]Department of General Paediatrics, Childrens Health Ireland at Temple Street, Dublin, Ireland
[2]Department of Microbiology, Childrens Health Ireland at Temple Street, Dublin, Ireland

Aims:To present a rare paediatric case of Group A Streptococcus (GAS) bacteraemia in two siblings at the same time. This report highlights the importance and challenges of recognising sepsis. It also highlights how knowledge about the pathogen guides care, not only for the child but also for the family.

Methods:
This report describes a case of two previously healthy siblings who likely developed GAS bacteraemia secondary to GAS pharyngitis. Information was gathered based on clinical features, investigations and treatment. Antimicrobial treatment was guided by the microbiology team. Group A profiling has been carried out on the blood samples from both siblings to identify the 'emm' type responsible.

Results:
Sibling 1 presented to ED on three separate occasions before returning positive blood cultures for GAS after 11.5 hours. A rapid throat swab was positive. Subsequently in the context of Sibling 1 being admitted, Sibling 2 presented to ED with spiking temperatures, persistent tachycardia and clinical features of pharyngitis. However, throat culture did not isolate Beta Haemolytic strep A, C or G. Both patients were treated with high dose IV Amoxicillin alongside supportive care and monitored on the ward.

Conclusion:
This case highlights how transmission of invasive GAS can occur between family members and the importance of asking about other children's symptoms in the context of sepsis. The importance of early therapeutic intervention is emphasised with both patients monitored and treated on the ward before discharge on oral antibiotics. The development of serious complications of GAS infection was avoided in this case. As advised by microbiology, the parents of the siblings received a post-exposure prophylactic course of amoxicillin. Public Health was notified and both patients were followed up with GP care. The "emm" typing will provide valuable public health information and may lead to further investigation if different types are found in the siblings prompting concerns about immunodeficiency.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 29
General Paediatrics

ADHERENCE TO CHI PRESCRIBING GUIDELINES FOR LOWER RESPIRATORY TRACT INFECTIONS: A SINGLE-CENTRE AUDIT

Dr Aimee Brennan[1], Dr John Fitzsimons[1]

[1]General Paediatrics, CHI Temple Street, Dublin, Ireland

Aims:
The audit aims to explore adherence to CHI prescribing guidelines for the antimicrobial treatment of lower respiratory tract infections at CHI Temple Street, and to explore opinions from prescribing doctors on antimicrobial prescribing practices. Findings aim to provide a baseline for a Quality Improvement Project aiming to improve adherence.

Methods:
Audit approval was obtained from the CHI Audit Office. A retrospective analysis was conducted amongst patients admitted with LRTI at CHI Temple Street during December 2024. Data collected included patients' demographics, co-morbidities, clinical course, nasopharyngeal aspirate findings, chest X-Ray findings and antibiotic choice. Prescriptions were assessed against CHI National Antimicrobial Guidelines. Additionally, a structured survey of NCHDs working at CHI Temple Street during December 2024 was conducted to explore reasons for guideline deviation.

Results:
Fifty-one patients were admitted under general paediatrics with a diagnosis of LRTI during December 2024, of whom 49 had accessible prescribing records. 14% had significant comorbidities. Over 60% had significant chest x-ray findings, whilst 67% had positive nasopharyngeal aspirate findings. Amoxicillin monotherapy was prescribed in 48% of cases, while 24% received amoxicillin plus additional agents. Azithromycin was prescribed in 30% of patients, only 26% of which were guideline-appropriate. Overall, 67% of prescriptions adhered to guidelines, while 33% did not.

Survey responses indicated that non-adherence was driven by concerns about atypical pathogens, complex patient backgrounds, and lack of clarity on guideline materials. Suggested improvements included clearer prescribing cards, education sessions, and structured case discussion.

Conclusions:
This audit identifies good adherence to the CHI prescribing guidelines, however some patients did receive broader antimicrobial cover than recommended. Recommendations include clarity on the antimicrobial lanyard, education sessions and specific documentation if deviating from the guideline. These findings will inform a QI initiative, with re-audit planned to complete the audit cycle.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 30
General Paediatrics

EMPERICAL ANTIBIOTIC PRESCRIBING, RESISTANCE PATTERNS, AND DIAGNOSTIC PERFORMANCE OF URINALYSIS IN PAEDIATRIC URINART TRACT INFECTIONS

H Chaudhary, J Gilchrist, A Elgaali, L Altabari, I Krebit, A Raba
[1]Emergency Medicine Paediatrics, CHI @Tallaght Hospital, Dublin, Ireland
[2]General Paediatrics, CHI @Tallaght Hospital, Dublin, Ireland
[3]General Paediatrics, CHI @Tallaght Hospital, Dublin, Ireland
[4]General Paediatrics, CHI @Tallaght Hospital, Dublin, Ireland
[5]General Paediatrics, CHI @Tallaght Hospital, Dublin, Ireland
[6]Emergency Medicine Paediatrics, CHI @Tallaght Hospital, Dublin, Ireland

Background and Aiims:
Urinary tract infection (UTI) is a common diagnosis among children presenting to emergency departments (EDs), often leading to empirical antibiotic use before culture confirmation. This study aimed to assess the proportion of children treated empirically with antibiotics for UTI and examine the concordance between empirical antibiotics and urine culture sensitivities and to evaluate the diagnostic performance of urinalysis.

Methods:
A retrospective cohort study was conducted at the Emergency Care Unit, Tallaght over a 3-year period. Children under 16 years of age discharged with a diagnosis of UTI and treated empirically with antibiotics were included. All urine samples were collected via clean-catch method. Culture-confirmed UTI was defined as growth of a uropathogen $\geq 10^5$CFU/mL. Outcomes included empirical treatment concordance, resistance prevalence, and diagnostic accuracy (sensitivity, specificity, PPV, NPV) of dipstick urinalysis (leukocyte esterase (LE) and nitrite).

Results:
Of 308 children (median age 4 years; 79% female), 259 (84%) had culture-confirmed UTI. Escherichia coli was the most commonly isolated organism (221 (85%)). Cefalexin was the most commonly used empiric antibiotic 231 (75%). 49 (16%) treated with antibiotics although had a no confirmed UTI. Empirical treatment mismatch occurred in 41 (16%) of cases with confirmed UTI, most frequently with co-amoxiclav (47%) and trimethoprim (25%). Nitrofurantoin and cefalexin demonstrated the lowest resistance rates (10%, 0%). LE had a sensitivity of 85%, specificity of 12%, PPV 84%, and NPV 13%. Nitrites showed high specificity (90%) and PPV (96%), but low sensitivity (47%) and NPV (24%).

Conclusion:
Empirical antibiotic prescribing in our cohort was largely appropriate with a low discordance between initial treatment and culture sensitivity. Urinalysis is effective in confirming UTIs, supporting its role in guiding initial treatment decisions, but less reliable in ruling out UTI (low NPV, low specificity).

1. Bachur R, Harper MB. Reliability of the urinalysis for predicting urinary tract infections in young febrile children. Arch Pediatr Adolesc Med. 2001 Jan;155(1):60-5. doi: 10.1001/archpedi.155.1.60. PMID: 11177064. 2. Tullus K, Shaikh N. Urinary tract infections in children. Lancet. 2020 May 23;395(10237):1659-1668. doi: 10.1016/S0140-6736(20)30676-0. PMID: 32446408. 3. Kaufman J, Temple-Smith M, Sanci L. Urinary tract infections in children: an overview of diagnosis and management. BMJ Paediatrics Open 2019;3:e000487. doi:10.1136/ bmjpo-2019-000487 4. National Institute for Health and Care Excellence (NICE). Urinary tract infection (lower): antimicrobial prescribing. NICE guideline [NG109]. London: NICE; 2018. Available from: https://www.nice.org.uk/guidance/ng109 5. Health Service Executive. UTI in children [Internet]. Dublin: HSE;. Available from: https://www.hse.ie/eng/services/list/2/gp/antibiotic-prescribing/conditions-and-treatments/urinary/uti-in-children/ 6. Montini G, Toffolo A, Zucchetta P, et al. (2007). Antibiotic treatment for pyelonephritis in children: multicentre randomised controlled non-inferiority trial. BMJ, 335(7616):386. 7. Doern CD, Richardson SE. Diagnosis of Urinary Tract Infections in Children. J Clin Microbiol. 2016 Sep;54(9):2233-42. doi: 10.1128/JCM.00189-16. Epub 2016 Apr 6. PMID: 27053673; PMCID: PMC5005475 8. Subcommittee on Urinary Tract Infection, Steering Committee on Quality Improvement and Management; Roberts KB. Urinary tract infection: clinical practice guideline for the diagnosis and management of the initial UTI in febrile infants and children 2 to 24 months. Pediatrics. 2011 Sep;128(3):595-610. doi: 10.1542/peds.2011-1330. Epub 2011 Aug 28. PMID: 21873693. 9. . Waterfield T, Foster S, Platt R, Barrett MJ, Durnin S, Maney JA, Roland D, McFetridge L,

Mitchell H, Umana E, Lyttle MD; Paediatric Emergency Research in the UK and Ireland (PERUKI). Diagnostic test accuracy of dipstick urinalysis for diagnosing urinary tract infection in febrile infants attending the emergency department. Arch Dis Child. 2022 Dec;107(12):1095-1099. doi: 10.1136/archdischild-2022-324300. Epub 2022 Aug 24. PMID: 36002228; PMCID: PMC9685733.. 10. Lin DS, Huang SH, Lin CC, Tung YC, Huang TT, Chiu NC, Koa HA, Hung HY, Hsu CH, Hsieh WS, Yang DI, Huang FY. Urinary tract infection in febrile infants younger than eight weeks of Age. Pediatrics. 2000 Feb;105(2):E20. doi: 10.1542/peds.105.2.e20. PMID: 10654980. 11. Mori R, Yonemoto N, Fitzgerald A, Tullus K, Verrier-Jones K, Lakhanpaul M. Diagnostic performance of urine dipstick testing in children with suspected UTI: a systematic review of relationship with age and comparison with microscopy. Acta Paediatr. 2010 Apr;99(4):581-4. doi: 10.1111/j.1651-2227.2009.01644.x. Epub 2010 Jan 5. PMID: 20055779. 12. Goldsmith BM, Campos JM. Comparison of urine dipstick, microscopy, and culture for the detection of bacteriuria in children. Clin Pediatr (Phila). 1990 Apr;29(4):214-8. doi: 10.1177/000992289002900402. PMID: 2331830.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 31
General Paediatrics

UTILITY OF BLOOD AND GENETIC TESTING IN THE INVESTIGATION OF DEVELOPMENTAL IMPAIRMENT: EXPERIENCE OF A REGIONAL PAEDIATRIC CENTRE

N Conlon[1], A Venter[1], A Das [1]
[1]Department of Paediatrics, University Hospital Waterford, Waterford, Ireland

Aims:
To determine the yield of a departmental clinical guideline for the investigation of developmental impairment (DI).

Methods:
Retrospective analysis of laboratory records and clinical correspondences of patients who underwent blood and genetic testing for DI from April 2024-April 2025.

Results:
106 records were reviewed. 78 (74%) male, median age at investigation 4.16 years (range 1-16.3 years). 11 (10%) patients were born prematurely. Most frequently cited indications for investigation were suspected autism spectrum disorder (ASD) (n=56 (53%)) and confirmed ASD (n=29 (27%)). Presence of dysmorphic features was documented in 4 (4%) cases. Family history of developmental disorder was present in 42 (40%) cases, with 57% occurring in a first-degree relative.

Biochemical/haematological investigations were performed in 102 cases (96%). 99 (97%) patients had supplementary blood tests not included in departmental guideline; most commonly Vitamin D levels and haematinics. 77 (75%) of patients had abnormalities on biochemical/haematological testing, with 13 (17%) patients requiring repeat blood investigations. Medical action based on biochemical/haematological investigation results was required in 13 (17%) of cases; majority being vitamin D supplementation (8 (61%)). Biochemical/haematological investigations revealed no diagnosis for DI.

CGH microarray was performed in 102 cases (96%); 76 (75%) were reported as “normal”. 6 (6%) microarrays reported isolated variants of unknown significance. 6 (6%) reported pathogenic/likely pathogenic variants, representing 2.35% of “suspected/diagnosed ASD” cohort. 14 (14%) microarray results were unavailable. FMR1 gene mutation testing was carried out in 44 (42%), with 34 (77%) cases reported as normal (10 results remain pending). Genetics referral was initiated in 7 (58%) patients with abnormalities on microarray, representing 6.6% of total patients.

Conclusion:
Microarray/FMR1 gene testing showed overall low diagnostic yield in a heterogeneous group of children. Biochemical/haematological screening investigations revealed no aetiology for DI, in keeping with previously published data.(1) Our data-set highlights need for standardised, evidence-based recommendations for investigation of DI in children, particularly in cases of suspected/diagnosed ASD.

1.Hart AR, Sharma R, Atherton M, Alabed S, Simpson S, Barfield S, et al. Aetiological investigations in early developmental impairment: are they worth it? Arch Dis Child. 2017;102(11):1004-13.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 32
General Paediatrics

DUAL PATHOLOGY: SYNGAP1 WITH KLINEFELTER SYNDROME IN A RUSSIAN ADOPTEE

RC Coyne[1], FK Khan[1], AMM Murphy[1]
[1]Department of Paediatrics, University Hospital Limerick, Limerick, Ireland

Aim:
The SYNGAP1 gene encodes Synaptic Ras GTPase-Activating Protein (SYNGAP), a critical regulator of neuronal excitability and synaptic function, at the postsynaptic cleft. Loss of SYNGAP function causes neuronal hyperexcitability, increasing the risk of epilepsy. Mutations in SYNGAP1 are associated with neurodevelopmental disorders, including motor dysfunction, intellectual disability, behavioural difficulties, and seizures. Our aim is to describe the clinical findings, relevant investigations and outcome to date in a teenage boy of Russian ethnicity adopted in Ireland aged 2 years.

Methods:
A 12-year-old male was referred for specialist opinion as his mother, a health care professional, was concerned that his diagnosis of autism spectrum disorder (ASD) did not completely explain his phenotype. We describe the clinical presentation, phenotype, genetic investigations and outcomes to date in a teenage boy of Russian ethnicity.
A literature review was conducted in the area of interest.

Results:
A 12-year-old male was referred to a paediatrician due to parental concerns regarding developmental delays, behavioural issues, and features suggestive of autism. Karyotype and CGH array testing revealed Klinefelter's Syndrome and a chromosome 15q11 duplication.
Given the chromosomal duplication and the child's clinical presentation, they were referred to a clinical geneticist. Singleton exome sequencing was requested.
Genetic analysis identified a pathogenic variant in the SYNGAP1 gene, confirming a diagnosis of SYNGAP1 syndrome. This diagnosis is consistent with the patient's neurodevelopmental features, including ASD, intellectual disability, hypotonia, and developmental delay.

Conclusion:
SYNGAP1 syndrome is a neurological disorder caused by de novo mutations in the SYNGAP1 gene, a common cause of intellectual disability and developmental delay.
Management of SYNGAP1 syndrome focuses on seizure control and is heavily reliant on multidisciplinary interventions, including speech and language therapy, physiotherapy, occupational therapy, and behavioural support.

This case highlights the importance of considering the possibility of dual diagnoses and to take into account the parents' perspectives on diagnostic labelling.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 33
General Paediatrics

BUILDING COMMUNITY, BUILDING IMMUNITY - VACCINATION SURVEY TO GATHER PARENTAL PREFERENCES ON FORMAT FOR INFORMATION RESOURCES TO INCREASE VACCINATION EDUCATION

RC Cullen[1], JF Finnegan[1], FM McCartan[1]

[1]Department of Paediatrics, Midland Regional Hospital, Mullingar, Ireland

Aims:
There has been an increase in the number of non-vaccinated children and vaccine preventable illnesses in children presenting to the Emergency Department in Midland Regional Hospital Mullingar. The purpose of this survey is to broadly evaluate the proportion of unvaccinated children in this setting and parental attitudes towards information sources. The data obtained from the surveys would then be used to guide further development of targeted educational materials, with the intention of making education regarding vaccines more straightforward and time efficient for healthcare professionals,.

Methods:
A short survey with 10 questions in total was distributed to parents attending the Paediatric Emergency Department over a 3 week period. The survey collected information including the child's vaccination status, previous information sources used by parents' to inform their decision about vaccinating their children and most importantly their preferences for the ideal format of educational material for receiving further evidence based research and knowledge on childhood vaccines going forward.

Results:
Responses were analysed descriptively showing 13% of respondents' children were unvaccinated - of note there were parents in addition to this number who declined filling out the survey, although this data was not captured formally. The findings suggest a need for accessible, web-based educational resources, as a large proportion (52%) voted for websites as a source for further information (34% for leaflet, 17% for in person and combinations of the three)

Conclusion:
Based on these results, targeted educational materials are being developed, including a parent-focused leaflet containing links to trusted vaccine resources to support ongoing discussions at the child's next healthcare review. Additionally, a discharge letter template has been created for GPs and Public Health Nurses, which will incorporate the same resources to ensure consistent messaging and encourage follow-up on vaccination status. The overall aim is to enhance vaccine awareness and improve uptake.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 34
General Paediatrics

TRICHOBEZOAR LEADING TO RAPUNZEL SYNDROME: CASE REPORT AND LITERATURE REVIEW

R Cullinan[1], S Parker[1], R Ahmed[2], M Azam[1]

[1]General Paediatrics, Wexford General Hospital, Wexford, Ireland
[2]General Paediatrics, CHI Crumlin, Dublin, Ireland

Background:
A teenage girl presented to a peripheral paediatric emergency department with abdominal pain and vomiting, she was subsequently admitted and went on to develop intestinal obstruction and bilious vomiting. CT abdomen revealed gastric & duodenal bezoar which required transfer to tertiary paediatric centre for definitive management. We reviewed the literature to determine common presenting features, investigation of choice and preferred management of trichobezoar.

Methods:
We searched Pubmed using the terms 'bezoar' or 'trichobezoar' and 'child' or 'paediatric'. The search was limited to publications in English within the last ten years. 32 publications were identified, 8 were excluded from the review due to not relating to the case presentation.

Results:
In 10 years, 73 children were included in case reports and case series of gastrointestinal trichobezoar. 65 were female. Ages ranged from 2 - 17 years. Abdominal pain was the main presenting complaint. A distended abdomen was the main finding on examination. Trichotillomania and trichophagia were co-morbidities in all cases. The mainstay of the investigations in the cases included x-ray of the abdomen, in some cases CT abdomen and upper GI endoscopy were undertaken. The location of bezoar was mainly in the stomach, and in some cases stomach and small intestine, as in our patient's case as part of so-called 'Rapunzel Syndrome'. Management in almost all cases involved surgical intervention, with a preference for laparotomy (76%) over laparoscopic assisted surgery (9.5%). Complications included intestinal obstruction, intussusception, pancreatitis, intestinal perforation, recurrence and surgical site infections.

Conclusions:
While a rare presentation, trichobezoar must be considered in children with abdominal pain inconsistent with common pathologies or unresponsive to initial, it is of value to consider further imaging early to delineate the cause. Management involves surgical intervention as well as psychological support.

1. Haggui B, Hidouri S, Ksia A, Oumaya M, Mosbahi S, Messaoud M, Ben Youssef S, Sahnoun L, Mekki M, Belghith M, Nouri A. Management of trichobezoar: about 6 cases. Afr J Paediatr Surg. 2022 Apr-Jun;19(2):102-4. doi:10.4103/ajps.AJPS_110_20 2. Elghazeery MA, Hassan AM. Gastrointestinal Bezoars in Paediatrics: Case Series and Literature Review. Afr J Paediatr Surg. 2024 Apr-Jun;21(2):101-6. doi:10.4103/ajps.ajps_104_22 3. Wang L, Chen Y, Chen S, Gao Z, Qian Y, Chen Q. Gastrointestinal trichobezoars in the pediatric population: a retrospective study. BMC Pediatr. 2024;24(1):124. doi:10.1186/s12887-023-04489-x 4. Kaba M, Karadağ ÇA, Sever N, Ser İ, Demir M, Yıldız A, Usta AM. A rare cause of intestinal obstruction in children trichobezoar: how to diagnose? Ulus Travma Acil Cerrahi Derg. 2023;29(11):1288-95. doi:10.14744/tjtes.2023.08434 5. Dorterler ME, Günendi T, Çakmak M, Shermatova S. Bezoar types in children and aetiological factors affecting bezoar formation: A single-centre retrospective study. Afr J Paediatr Surg. 2023 Jan-Mar;20(1):8-11. doi: 10.4103/ajps.ajps_70_21. PMID: 36722563; PMCID: PMC10117012 6. Won MM, Sacks MA, Leigh R, Mendez YS, Goodman LF, Tagge E, Radulescu A. An Unusual Case of Primary Ileal Trichobezoar Causing Intussusception. Am J Case Rep. 2022;23:e935460. doi:10.12659/AJCR.935460 7. Abourazzak S, Oulidi Jerral I, Lakhdar Idrissi M, Hida M. Rapunzel syndrome complicated with pancreatitis, intussusception and intestinal perforation. BMJ Case Rep. 2022 Jul 4;15(7):e247005. doi:10.1136/bcr-2021-247005 8. Piras GN, Tomassini L, Bottoni E, di Gioia C, Ciallella C. An atypical death from Rapunzel syndrome: a case report. Forensic Sci Med Pathol. 2023 Jun;19(2):207-214. doi: 10.1007/s12024-023-00588-4. Epub 2023 Feb 9. PMID: 36757661; PMCID: PMC10328900 9. Khanna K, Tandon S, Yadav DK, Khanna V. Rapunzel syndrome: a tail too long to tell! BMJ Case Rep. 2018 Apr 5;2018:bcr2018224756. doi: 10.1136/bcr-2018-224756. PMID: 29622718; PMCID: PMC5893972 10. Nasri S, Ammor A, Bendaoud M, Diouri L, Tayeb B, Driss EA, Kamaoui I, Aichouni N, Skiker I. Rapunzel syndrome: An infrequent cause of paediatric mechanical occlusion. Afr J Paediatr Surg. 2023 Jan-Mar;20(1):71-73. doi: 10.4103/ajps.ajps_81_21. PMID: 36722573; PMCID: PMC10117021 11. Gupta A, Kaur J, Wadhwa N. Rapunzel syndrome in a seven year old female. Turk J Pediatr. 2017;59(5):598-600. doi: 10.24953/turkjped.2017.05.016. PMID: 29745125 12. Yik YI, How AK. Stomach trichobezoar (rapunzel syndrome) with iatrogenic intussusception. Med J Malaysia. 2016 Apr;71(2):74-6. PMID: 27326947 13. Kim SC, Kim SH, Kim SJ. A Case Report: Large Trichobezoar Causing Rapunzel Syndrome. Medicine (Baltimore). 2016 May;95(22):e3745. doi: 10.1097/MD.0000000000003745. PMID: 27258502; PMCID: PMC4900710. 14. Cannalire G, Conti L, Celoni M, Grassi C, Cella A, Bensi G, Capelli P, Biasucci G. Rapunzel syndrome: an infrequent cause of severe iron deficiency anemia and abdominal pain presenting to the pediatric emergency department. BMC Pediatr. 2018 Apr 4;18(1):125. doi: 10.1186/s12887-018-1097-8. PMID: 29614986; PMCID: PMC5883293 15. Bargas Ochoa M, Xacur Hernández M, Espadas Torres M, Quintana Gamboa A, Tappan Lavadores I, Méndez Domínguez N. Rapunzel syndrome with double simultaneous trichobezoar in a teenager: Clinical Case Report. Rev Chil Pediatr. 2018 Feb;89(1):98-102. English, Spanish. doi: 10.4067/S0370-41062018000100098. PMID: 29664510. 16. Gonbo S, Namgyal T, Dolma Y. Rapunzel Syndrome: Diagnosed After Laparotomy in a Young Girl. Indian Pediatr. 2022 Jun 15;59(6):503. doi: 10.1007/s13312-022-2545-y. PMID: 35695146; PMCID: PMC9253236. 17. Zhao JL, Zhao WC, Wang

YS. Endoscopic retrieval of gastric trichophytobezoar: Case report of a 12-year-old girl with trichophagia. Medicine (Baltimore). 2017 Jan;96(3):e5969. doi: 10.1097/MD.0000000000005969. PMID: 28099364; PMCID: PMC5279109. 18. He W, Zhang Y. Surgical removal of a gastric trichobezoar in a 6-year-old girl. Asian J Surg. 2024 Aug;47(8):3686-3687. doi: 10.1016/j.asjsur.2024.04.037. Epub 2024 Apr 24. PMID: 38664185. 19. Manchanda V, Biswas S, Ghai A, Goyal S. Duodenal Web with Trichobezoar: An Unusual Presentation. Indian Pediatr. 2020 Aug 15;57(8):757. PMID: 32844767. 20. Appak YÇ, Ertan D, Karakoyun M, Özyurt G, Özdemir T, Baran M. The cause of abdominal mass in a child with celiac disease: Rapunzel syndrome. A case report. Sao Paulo Med J. 2019 May-Jun;137(3):292-4. doi: 10.1590/1516-3180.2017.0281141017. Epub 2018 Mar 22. PMID: 29590232; PMCID: PMC9743995 21. Marilina D, Gaetana C, Eugenio R, Massimo Z. A non-occlusive bezoar of caecum in a 7-year-old child: ultrasound detection and multimodality imaging management. J Ultrasound. 2015 Mar 19;19(3):223-6. doi: 10.1007/s40477-015-0165-2. PMID: 27635158; PMCID: PMC5005205. 22. Sotoudeh E, Hussain S, Shafaat O, Sotoudeh H. Fungal Peritonitis with Fungus Balls, a Complication of Trichobezoars and Rapunzel Syndrome. Am J Case Rep. 2019 May 13;20:685-688. doi: 10.12659/AJCR.915517. PMID: 31080235; PMCID: PMC6530519. 23. Darwish AA, Abdelgawad AE, Platt E, Garrett-Cox R. Formation of a temporary gastrostomy to aid delivery of gastric trichobezoar and decrease incidence of wound infection. BMJ Case Rep. 2019 Jun 21;12(6):e228660. doi: 10.1136/bcr-2018-228660. PMID: 31229972; PMCID: PMC6605941.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 35
General Paediatrics

FACTORS INFLUENCING USE OF ANTIBIOTICS AND ROUTE OF ADMINISTRATION IN CHILDREN WHO UNDERWENT CHEST XRAY IN THE EMERGENCY DEPARTMENT

R Cullinan[1], S Parker[1], M Azam[1]

[1]Paediatric Department, Wexford General Hospital

Aims:

The role of antibiotics in paediatric lower respiratory tract infections (LRTI) remains debated. It is estimated that over 60% of paediatric LRTI are of viral aetiology[1]. In our centre between 6 and 10% of children presenting to the emergency department had chest x-ray (CXR). HSE recommends treating non severe community acquired pneumonia with oral antibiotics (POAB) without undertaking CXR[2]. We examined clinical characteristics, laboratory results and radiographic findings in children who underwent CXR between December 1st and December 31st, to delineate which characteristics determined the use and route of administration of antibiotics (AB).

Methods:
Retrospective chart analysis of all children presenting to the emergency department during one month who underwent CXR. Stratified into no AB, POAB and intravenous antibiotics (IVAB) groups. Demographic details, vital signs, CXR findings and laboratory results where available were analysed.

Results:
61% of children were treated with AB. Consolidation was uncommon in the no AB (2.9%) and POAB (3.4%) group, compared to the IVAB group (30%). Children treated with IVAB tended to be younger (mean 2.3 years), with higher inflammatory markers, and were more likely to have deranged vital signs on presentation, with 41% and 51% of children in the no AB and POAB groups having tachycardia on presentation compared to 69% in the IVAB group.

Conclusions:
A high proportion of children had CXR performed. Vital signs likely play a role in determining the need for investigation, as does clinical appearance, although we did not account for this in our study. Given the increasing awareness of sepsis it is plausible that some children were treated with IVAB as part of the sepsis protocol. Distinguishing clinically between bacterial and viral infection poses a challenge to clinicians. Our findings suggest that treatment with IVAB was associated with higher acuity of illness.

1. Jain S, Williams DJ, Arnold SR, Ampofo K, Bramley AM, Reed C, Stockmann C et al CDC EPIC Study Team. Community-acquired pneumonia requiring hospitalization among U.S. children. N Engl J Med. 2015 Feb 26;372(9):835-45. doi: 10.1056/NEJMoa1405870. PMID: 25714161; PMCID: PMC4697461. 2. HSE National Clinical Programme for Paediatrics and Neonatology: Pneumonia in children Dublin HSE; 2013

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 36
General Paediatrics

REVIEW OF DOCUMENTATION OF INJURIES IN UNDER 2 YEARS PRESENTING TO THE EMERGENCY CARE UNIT

R Cullinan[1], K AKINLUYI[1], R GALLAGHER[1], S DURNIN[1,2]

[1]Department of Paediatric Emergency Medicine, Children's Health Ireland at Tallaght, Dublin
[2]Discipline of Paediatrics, Trinity College Dublin

Aims

Non-accidental injuries (NAIs) are a significant public health concern, with an incidence of abuse in children of 6 per 100,000 children[1]. Physical abuse carries a 25% risk of serious injury and 5% risk of death. Identifying NAI is a key priority for Paediatric Emergency Medicine. Younger children are at particular risk[1,2]. This study aimed to audit documentation and onward referral in young children with injuries.

Methods

Single site retrospective case review over one month (April 2025). Cases were identified from electronic patient records using predetermined triage categories; back pain, burns/scalds, chest pain, eye injury, head injury, limb problems, major trauma, overdoses/poisoning and wounds/signs of local inflammation. Children under 2 years at time of presentation were included. Of 862 cases screened, 112 cases underwent chart review, 18 were excluded as unrelated, leaving 94 for analysis. Data was collected using a predefined questionnaire.

Results

In 3 cases (3%) there was adequate documentation (at least 9/12 criteria). Neither time nor date of injury were recorded in 33 cases (35%), only 16 (17%) had both documented. Half (n=47) had detailed descriptions of the injury. In 31 cases (33%) other injuries were not excluded. Mechanism-injury consistency was not documented in 79 cases (84%). Developmental stage was documented in 3 cases and its compatibility with the mechanism recorded in 2 cases. Public health nurse referral occurred in 5 cases at attendance and in 54 cases retrospectively, 4 were referred to social work. In 7 cases the clinician documented the injury as accidental or non-accidental.

Conclusions

There is poor documentation of injuries in young children. Clinical tools improve documentation of injuries, consideration of NAI, and increase referral for investigation of NAI[3,4]. We will introduce a clinical tool to support injury assessment, standardise documentation and enable increased recognition of NAI in this high-risk group, and reaudit practice.

1. Delaplain PT, Grigorian A, Won E, Dosch AR, et al. Nonaccidental Trauma is an Independent Risk Factor for Mortality among Injured Infants. Pediatr Emerg Care. 2021 Dec 1;37(12):e1065-e1069. doi: 10.1097/PEC.0000000000001901. PMID: 31436675; PMCID: PMC7875309. 2. Royal College of Emergency Medicine. Detection and management of NAI in Infants Oct 2024. Available at tinyurl.com/rcemInfants 3. Boyce MC, Melhorn KJ, Vargo G. Pediatric trauma documentation. Adequacy for assessment of child abuse. Arch Pediatr Adolesc Med. 1996. Jul;150(7):730-2. doi: 10.1001/archpedi.1996.02170320076013. PMID: 8673199 4. Christopher NC, Anderson D, Gaertner L, Roberts D, Wasser TE. Childhood injuries and the importance of documentation in the emergency department. Pediatr Emerg Care. 1995 Feb;11(1):52-7. doi: 10.1097/00006565-199502000-00017. PMID: 7739968.Jul;150(7):730-2. doi: 10.1001/archpedi.1996.02170320076013. PMID: 8673199.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 37
General Paediatrics

CASE REPORT: UNILATERAL FACIAL NERVE PALSY AND SEVERE HYPERTENSION REVEALS A RARE UNDERLYING APPARENT MINERALOCORTICOID EXCESS SYNDROME

S Jawed[1], **B Daffue[1]**, M Riordan[2], F Enright[3]
[1]Paediatric Registrar, Cork University Hospital, Cork, Ireland
[2]Consultant Paediatric Nephrologist, Children's Health Ireland, Dublin, Ireland
[3]Consultant Paediatrician, Cork University Hospital, Cork, Ireland

Aims:
We report a case of Apparent Mineralocorticoid Excess (AME) syndrome caused by a monogenic form of hypertension with fewer than 100 cases documented in the literature. This report aims to highlight the diagnostic process when a common presentation, such as facial palsy, uncovers a serious and rare underlying condition that demands urgent, multidisciplinary care.

Methods:
A 5-year-old boy arrived at the emergency department with a two-day history of right-sided facial palsy. He was found to have severe hypertension, with systolic blood pressure (BP) ranging between 160 and 210 mmHg and diastolic between 129 and 149 mmHg. Clinical examination showed normal neurological findings apart from a right lower motor neuron facial palsy.

Results:
Initial investigations revealed hypokalaemia and persistent metabolic alkalosis, with suppressed plasma renin and aldosterone levels. An increased urinary steroid profile of cortisol relative to cortisone metabolites supported a diagnosis of AME. Urinary studies showed proteinuria, and imaging studies demonstrated bilateral medullary nephrocalcinosis and left ventricular hypertrophy, consistent with chronic hypertension. Genetic analysis identified a likely pathogenic homozygous autosomal recessive variant in the HSD11B2 gene, confirming a diagnosis of 11 beta-Hydroxysteroid dehydrogenase type 2 deficiency. Management involved initially controlling his BP in an intensive care setting. There was a gradual shift to oral therapy with spironolactone, atenolol, and amlodipine. The patient's BP normalised, and his facial palsy improved with physiotherapy.

Conclusion:
This case underscores the importance of a systematic approach to facial nerve palsy and paediatric hypertension, and to consider rare monogenic syndromes in children with severe or atypical hypertension. Early detection, targeted treatment, and coordinated multidisciplinary care are crucial to prevent irreversible organ damage and enhance long-term outcomes.

Acknowledgements:
Diagnosis and management were supported by Dr Clodagh Sweeney (Paediatric Nephrologist, CHI), Dr Stephen O'Riordan (Paediatric Endocrinologist, CUH), and Dr Darragh Finn (Paediatrician with Expertise in Cardiology, CUH).

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 38
General Paediatrics

THE LINN TEAM GALWAY; AN INTEGRATED INTERDISCIPLINARY PAEDIATRIC TEAM WITHIN PRIMARY CARE, TWO YEAR UPDATES FROM A SLAINTECARE PILOT PROJECT.

AM Deasy[1,2], C Goonan[1,], D Cleary[1,], E Greene[1], K Cullen[1], L Hoare[1], C Flynn[1]

[1]Primary Care Network 5, Galway City West, HSE, Galway, Ireland
[2]Department of Paediatrics, University Hospital Galway, Galway, Ireland

Aims:
In 2022, Slaintecare funding was approved for a pilot project to look at new ways of working within paediatric primary care in Galway City West, Network 5. Traditionally a uni-disciplinary, siloed structure, the demands and changing profile of children in primary care has required a change in approach.

Methods:
An interdisciplinary team within primary care was established with the formation of The Linn Team. This consists of two psychologists, a SLT, an OT, a cANP, social worker, general paediatrician and administrative support. General Paediatric clinics were established within a primary care centre, with direct referral pathways. Dietician-Paediatrican, OT-paediatrician pathway and interdisciplinary advice clinics commenced. Training and upskilling was provided throughout the wider primary care team to support Autism assessment and diagnosis.

Results:
Over 1200 general paediatric reviews have been undertaken in a community environment, closer to home and in an ambulatory setting. The access to consultant led routine outpatient review improved waiting times from 18 months to 4-6 months. Families found it highly acceptable to be seen in a primary care setting and appreciated timely access. 65 Autism assessments have been completed with feedback and aftercare planning for the children and their families. Families reported a more favourable experience with a team approach compared their previous experience with outsourced assessment of needs.

Conclusion:
The Linn team in Galway have introduced new roles to primary care and new interdisciplinary ways of working. Through stakeholder engagement, horizontal and vertical integration, paediatric care for children in Network 5 Galway City West has been successfully moved from the acute hospital into a community setting. This has supported patients accessing care in a scheduled outpatient manner, rather than via the unscheduled care. The further delineation of an Autism pathway for assessment and diagnosis within primary care is an important part of our ongoing work.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 39
General Paediatrics

A POINT PREVALENCE SURVEY OF ANTIMICROBIALS PRESCRIBED IN THE PAEDIATRIC DEPARTMENT OF AN IRISH TERTIARY HOSPITAL.

ED Donworth, BC Crowley, EK Kennedy

[1]Paediatric Department , Cork University Hospital, Cork, Cork

Aims:
This point prevalence study aimed to review antimicrobial prescribing practices in a paediatric department of a tertiary hospital in Ireland. The objectives were to identify prescribing trends, assess adherence to national guidelines, and highlight areas where targeted interventions may improve safe and appropriate prescribing.

Methods: Kardex reviews were conducted over a five-week period (August–September 2025). All inpatients prescribed one or more antimicrobial agents were included. Prescriptions were assessed for appropriateness against national Children's Health Ireland (CHI) clinical guidelines. Agents were considered appropriate when the correct agent for indication, dose, frequency and route was in line with these guidelines, or guided by microbiology input.

Results:
71 inpatients prescribed antimicrobial agents were reviewed. A total of 129 prescriptions were identified, covering 25 different agents. The most frequently prescribed agent was cefotaxime (16.3%), followed by co-amoxiclav (11.6%), gentamicin (10.9%), and amoxicillin (10.1%). Of all prescriptions, 101 (78.3%) were administered intravenously, 24 (18.6%) orally, 4 (3.1%) both topically and via PEG. The indication for prescribing was documented in 28 cases (21.7%), while a stop or review date was recorded in 8 cases (6.2%). All Kardex records had the allergy section completed, with 4 patients (5.6%) reporting an allergy; however, none specified the type of reaction. When compared to the CHI guidelines it was deemed that 11 prescriptions (8.5%) prescribed were 'inappropriate'.

Conclusions:
Antimicrobial prescribing in this paediatric department was diverse but occasionally not in line with national guidelines. It was also noted that documentation of indication and review dates was poor. Although allergy status was consistently recorded, important details such as the nature of reactions were missing. These findings highlight the need for targeted antimicrobial stewardship interventions, particularly focused on improving documentation and review practices, to optimise safety and guideline adherence.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 40
General Paediatrics

ASSESSMENT OF CURRENT PRACTICE REGARDING MANAGEMENT OF URINARY TRACT INFECTION INCLUDING IMAGING FOR CHILDREN ADMITTED TO CHI (AGE GROUP 0-16 YEARS)

D Abdelal, I Elamin, R O'Neill, N O'Sullivan, B Scanlan, C Brenner
[1]General Paediatircs, Crumlin Hospital

Aim:
This study evaluates the management of paediatric UTI, including imaging practices at CHI Crumlin, and to compare these practices with the NICE guidelines (2018) and the local antimicrobial prescribing guidelines (Clinibee).

Methods:
This audit included paediatric patients (0-16 years) admitted to CHI Crumlin with confirmed or suspected UTI between April -October 2024. A total of 37 cases were reviewed. Data were obtained from microbiology records, clinical notes, and radiological reports (NIMIS). Children treated as outpatients or those with febrile illnesses unrelated to UTI were excluded. Comparison was made against NICE UTI management guidelines and Clinibee's antimicrobial protocols. Ethical approval was obtained, ensuring confidentiality of patient data.

Results:
Of the 37 patients, 43.2% were male and 56.8% female, with 97% treated for pyelonephritis. The age distribution followed NICE age categories: 0-6 months (35.1%), 6 months to 3 years (27%), and >3 years (37.8%). Urine dipstick results were missing in 40% of cases, although available results showed 100% positivity for leukocytes and 50% for nitrites.
Antibiotic management was in line with guidelines for infants under 2 months, but adherence dropped to 16.6% for those aged 2-6 months. Children aged 6 months to 3 years had 100% guideline adherence for first UTIs, while children ≥3 years showed lower compliance (60% for simple UTIs, 100% for atypical/recurrent UTIs). Review of radiological investigations revealed All patients underwent ultrasounds while inpatient. Micturating cysturethrogram (MCUG) was performed for cases of atypical and recurrent UTIs. Only one Dimercaptosuccinic acid (DMSA) scan was conducted in this study.

Conclusion: Antibiotic use in infants under six months was largely appropriate; however, there were significant inconsistencies in managment of simple UTIs in older children. Notably, early and frequent use of ultrasound—often within 24 hours of admission—suggests potential overutilization, straining resources without clear clinical benefit. The findings support the need for improved adherence to NICE guidelines.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 41
General Paediatrics

VASCULITIS AND THROMBOPHLEBITIS AS UNUSUAL EXTRAINTESTINAL MANIFESTATIONS OF PAEDIATRIC CROHN'S DISEASE

I Elamin, J Heckmann, J Donnelly
[1]Children's Health Ireland, Crumlin

Background:
Crohn's disease is a chronic inflammatory bowel disease that causes inflammation of the gastrointestinal tract, most commonly affecting the end of the small intestine and beginning of the colon. Paediatric Crohn's disease usually presents with gastrointestinal symptoms such as abdominal pain, diarrhoea, and growth delay. Extraintestinal manifestations are recognized but vascular involvement is exceptionally rare in children and may mimic other systemic disorders. The case shows the complexity of diagnosis in unusual presentation.

Case Presentation:
An 13-year-old child initially presented with fever and diarrhoea. Two weeks after discharge, the patient re-presented with persistent nocturnal fevers, night sweats, worsening cough, malaise, weight loss, and new right thigh and bilateral ankle pain. Ultrasound of the lower limbs, performed to investigate limb pain, demonstrated vasculitis of the dorsalis pedis and posterior tibial arteries bilaterally, along with thrombo-phlebitis of the great saphenous vein. Infectious and hematologic work-up was negative. Laboratory results …Cross-sectional imaging and endoscopy showed segmental intestinal inflammation, and histopathology did not confirm Crohn's disease.

Conclusion:
This case underscores an unusual presentation of paediatric Crohn's disease with systemic features and vascular involvement initially mimicking infection and musculoskeletal disease. Awareness of such atypical extraintestinal manifestations is essential for early diagnosis and timely management.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 42
Neonatal

PHARMACOLOGICAL MANAGEMENT OF NEONATAL SEIZURE IN COOMBE

I Elamin, A Ali, P O'Connor
Neonatal Department, The Coombe Hospital

Aim/Objectives:

Aim: To review neonatal seizure management in The Coombe Hospital and observe the adherence to international guidelines

Objectives:

1. Review compliance for management of neonatal seizure in The Coombe Hospital with international and national practice guidelines over a three year period.

Methodology:

- Design: Observational Retrospective chart review
- Time period: 01/01/2021-30/12/2023
- Inclusion criteria: All neonates admitted and treated for neonatal seizures in The Coombe hospital NICU from 1/1/ 2021 to30/12/ 2023 (including inborn Term and preterm infants ,inborn and out born infant transferred to The Coombe NICU.
- Sample size N=24

Conclusion:

- *Phenobarbitone and Levetiracetam* was used in 100% of cases as first line management, consistent with International League Against Epilepsy guidelines (Pressler et al., 2023) as well as the Irish national guidelines that were under review during the study period, since published.
- *Levetiracetam* and *Midazolam* were appropriately used when seizures persisted, aligning with recommended second-line options.
- EEG or CFAM monitoring was performed in 88% of cases. Among the exceptions, several involved extreme premature infants where application of CFAM leads was challenging.
- Coombe Hospital shows compliance with ILAE pharmacological guidelines. This study highlights the need to improve CFAM and EEG leads to ensure safe and effective neuro-monitoring in cases of extreme prematurity. Other areas for improvement include therapeutic monitoring, and clearer documentation of medication doses and discharge practices.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 43
General Paediatrics

SCURVY PRESENTING AS KNEE PAIN AND LIMP IN A 12-YEAR-OLD GIRL WITH AUTISM SPECTRUM DISORDER: A CASE REPORT.

Gavin Fitzmaurice, Atif Elmahi, Susan Keogh
[1]Department of General Paediatrics , CHI Tallaght, Dublin, Ireland

Aim:
To describe the clinical course and management of a 12-year-old girl with autism spectrum disorder (ASD) and severe dietary restriction who presented with progressive knee pain and limp, subsequently diagnosed with scurvy

Methods:
A 12-year-old girl presented to the paediatric emergency department with a 4 week history of progressively worsening left knee pain and impaired mobility. Symptoms had advanced to the extent that she was unable to climb stairs and could ambulate only short distances with a significant limp. There was no history of trauma, fever or recent illness. Clinical examination revealed mild patellar tendon tenderness with no swelling, erythema or deformity. During history taking, it was noted that the patient had a markedly restricted diet. She also reported bleeding gums, fragile and thin hair and significant fatigue. A comprehensive nutritional work up was performed. Based on the clinical suspicion of scurvy, high-dose vitamin C supplementation was initiated empirically.

Results:
Biochemical investigations confirmed a diagnosis of scurvy, with a vitamin C level of <1mg/L. Additional deficiencies included Vitamin A deficiency and iron-deficiency anaemia. The patient was commenced on vitamin A and iron supplementation in addition to vitamin C. Following two weeks of treatment, she demonstrated near-complete resolution of knee pain and returned to normal mobility without limp.

Conclusion:
Children with ASD are at increased risk of micronutrient deficiencies due to restrictive eating behaviours[1]. This case highlights scurvy as an uncommon but important cause of musculoskeletal symptoms in this cohort. Prompt recognition and supplementation led to rapid and near-complete resolution of symptoms.

We should maintain a high index of suspicion for nutritional deficiencies when evaluating musculoskeletal pain or limps in children with ASD, as prompt diagnosis may allow for inexpensive and highly effective treatment

.

1. Al-Beltagi M. Nutritional management and autism spectrum disorder: A systematic review. World J Clin Pediatr. 2024 Dec 9;13(4):99649. DOI: 10.5409/wjcp.i4.99649. PMID: 39654662; PMCID: PMC11572612.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 44
General Paediatrics

IMPROVING BLOOD CULTURE PRACTICES TO REDUCE CONTAMINATION IN PAEDIATRIC PATIENTS: A QUALITY IMPROVEMENT PROJECT

ZST Isaacs[1], **A Fiuza[1]**, C Holland[1], E Fauteux-Lamarre[2], R McGovern[1], B Crowley[1], C Hickey[3], M Nolan[3]

[1]Paediatrics, Cork University Hospital, Cork, Ireland
[2]Children's Emergency Department, Cork University Hospital, Cork, Ireland
[3]Microbiology, Cork University Hospital, Cork, Ireland

Aims:
Blood cultures are essential for detecting bloodstream infections and guiding antimicrobial therapy. In paediatric populations, contamination rates frequently exceed the recommended *<3%* target. This reduces diagnostic accuracy, leading to unnecessary antibiotic use, prolonged admissions and increased healthcare burden.
Evidence from the literature demonstrates that each additional *1mL* of blood increases bacterial yield by up to *4.7%*.
This quality improvement project aimed to evaluate the blood culture contamination rates before and after the introduction of a paediatric specific blood culture bottle, alongside standardisation of blood culture technique and education.

Methods:
This quality improvement project involved collaboration between the paediatric department, microbiology department, and children's emergency department (CED). All paediatric blood cultures from 2024 were reviewed retrospectively and all blood cultures in 2025 were reviewed prospectively. Interventions included staff education, documentation prompts and standardised collection procedures to address identified gaps.

Results:
Baseline contamination rates exceeded the target thresholds. In 2024 contamination rates in the CED were *4.3% (n=17/391)* in Q1 and *6.6% (n=28/425)* in Q2. In the paediatric department (comprising - *infant ward, children's ward, and outpatients*), contamination was *4.0% (n=4/101)* in Q1 and *1.2% (n=1/81)* in Q2. In 2025 following our interventions, CED contamination rates declined to *3.1% (n=16/520)* in Q1 and *2.9% (n=13/450)* in Q2. The paediatric department recorded *4.7% (n=6/129)* in Q1. In Q2, contamination further reduced to *2.1% (n=2/94)* overall.

Conclusion:
High paediatric blood culture contamination rates are multifactorial, driven by blood volume and procedural variability. Structured interventions focusing on education, standardisation and monitoring can improve diagnostic stewardship. This will reduce false positives and support better patient outcomes. Ongoing prospective review will assess sustainability and effectiveness of these measures.
Dargère, S., Cormier, H. and Verdon, R., 2018. Contaminants in blood cultures: importance, implications, interpretation and prevention. Clinical Microbiology and Infection, 24(9), pp.964–969. https://doi.org/10.1016/j.cmi.2018.03.030 Huber, S., Hetzer, B., Crazzolara, R. and Orth-Höller, D., 2020.

The correct blood volume for paediatric blood cultures: a conundrum? Clinical Microbiology and Infection, 26(2), pp.168–173. https://doi.org/10.1016/j.cmi.2019.10.006 Whelan, S.O., Mulrooney, C., Moriarty, F. and Cormican, M., 2024. Pediatric blood cultures–turning up the volume: a before and after intervention study. European Journal of Pediatrics, 183(7), pp.3063-3071. https://doi.org/10.1007/s00431-024- 05544-0

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 45
General Paediatrics

FUNCTIONAL DISORDERS IN PAEDIATRIC INPATIENTS: A 3-YEAR RETROSPECTIVE COHORT STUDY OF PRESENTATION, MANAGEMENT AND OUTCOMES IN A PAEDIATRIC HOSPITAL.

CG Geoghegan[1], II Isik[1], QA Ahmed[2], OC Cioloca[3], GM Murphy[4], NO Oketah[5]

[1]Medical Student, School of Medicine, University College Dublin, Dublin, Ireland
[2]Specialist Registrar, Department of Paediatrics, Cork University Maternity Hospital, Cork , Ireland
[3]Senior House Officer, Department of Paediatrics, St. Luke's General Hospital Carlow Kilkenny, Kilkenny, Ireland
[4]Senior Clinical Psychologist, Department of Paediatric Psychology, CHI Crumlin, Dublin, Ireland
[5]Consultant Paediatrician, Department of Paediatrics, CHI Crumlin, Dublin, Ireland

Aim:
Functional disorders (FD) are common in paediatrics and frequently present with multisystemic symptoms. Analysis of Irish healthcare data on FD remains limited. This study aimed to describe the demographics, characteristics and resource utilisation of hospitalised children and adolescents diagnosed with FD.

Methods:
Retrospective chart reviews were performed for patients aged 0–18 admitted under General Paediatrics at CHI Crumlin between January 2022 and December 2024 with a discharge diagnosis of FD. Data from electronic health records was used to calculate incidence. Neurological versus non-neurological presentations were analysed, and temporal trends were explored. Institutional ethics approval was obtained.

Results:
Forty-eight patients were included with a median age of 12; the majority were female (64.6%). 47.9% had multisystem involvement with abdominal pain and neurological symptoms predominating. Headache complaints were only documented in females; abdominal pain was evenly distributed (53% female vs 47% male). Admissions increased from 13 in 2022 to 24 in 2024, peaking during autumn and winter. Mean length of stay decreased from 13.1 days in 2022 to 8.5 days in 2024. Admissions <7 days accounted for 41.7% of cases, while 16.7% stayed >14 days.
Over 90% underwent baseline blood tests, normal in 41 cases. Common investigations included abdominal ultrasound (29%), brain MRI (25%), chest X-ray (22%), and CT brain (18%). Less than 10% had no investigations.
All patients had inpatient psychology involvement. Parental acceptance of diagnosis was 58%. At discharge, 69% of patients were referred to psychology/psychiatry/CAMHS for follow-up.

Conclusion:
Functional disorders are a significant cause of morbidity and healthcare utilisation in paediatric hospitals. While rising admissions with reduced hospital stay suggest improved recognition, high investigation rates indicate diagnostic uncertainty. School term peaks may reflect psychosocial triggers. Early recognition, structured pathways and early psychology referral can support paediatricians in improving immediate and long-term care.

REFERENCES 1. Stone J, Carson A, Duncan R, et al. Who is referred to neurology clinics? The diagnoses were made in 3781 new patients. Clin Neurol Neurosurg. 2010;112(9):747–751. 2. Kozlowska K, English M, Savage B, et al. Multisystem functional somatic symptoms in children and adolescents. J Paediatr Child Health. 2020;56(8):1204–1211. 3. Cozzi G, Minute M, Skabar A, et al. Somatic abdominal pain in children: A prospective study. Acta Paediatr. 2017;106(9):1507–1513. 4. Prendergast M, et al. Functional neurological

disorder in paediatric populations: emerging trends post-COVID-19. J Am Acad Child Adolesc Psychiatry. 2022;61(10):1286–1288.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 46
General Paediatrics

A PROSPECTIVE 1 YEAR REVIEW OF CHILDREN ADMITTED TO GENERAL PAEDIATRIC WARD IN A REGIONAL IRISH HOSPTIAL FOR MENTAL HEALTH ASSESSMENT

S GIBLIN[1], G MINEVA[1], E BARRETT[2], E Foley[4], A Murphy[1], CS O'Gorman[1,3]
[1]University hospital Limerick
[2]University College Dublin
[3]University of Limerick
[4]CAMHS Midwest

Background:
Children and Adolescent mental health services (CAMHS) in Ireland currently face significant challenges to service provision (e.g. high demand, underfunding and insufficient resources). Paediatric patients presenting to the Emergency Department (ED) in acute psychiatric crisis require assessment and may need further evaluation by mental health services within the hospital or community-based Child and Adolescent Mental Health Services (CAMHS).

Aims:
The purpose of our study is to characterize the mental health admissions to general paediatric wards in a regional, model 4 hospital.

Methods:
A prospective cohort study was conducted in a regional university-affiliated hospital, to measure numbers and characteristics of children admitted by general paediatrics teams. Detailed data were collected from July 2024 - June 2025.

Results:
125 patients (4% of total admissions) were admitted with mental health issues**.** Mental health admissions accounted for 590 bed days. The average duration of stay was 6 days (range 1 to 31 days). Seasonal variations were identified with an increase in admissions during January and February. The average age of admission was 13 years (ranges 8 – 15 years) with the youngest 8 years with a higher proportion of females (63%) compared to males (37%). 98% of admissions were from ED after presentation in acute crisis. 2% of admissions were referred from outpatient presentations. 38% of admissions were due to suicidal ideation, 18% due to deliberate self-harm, 18% due to deliberate overdose, 9% due to low mood, 9% due to aggressive behaviour and 9% due to eating disorder. 78% of patients were already known to the CAMHS and had a past psychiatric or psychological history. 9% had a co-morbid medical diagnosis. 48% of patients were reviewed by CAMHS as an inpatient, the remaining 52% received outpatient follow-up. 30% of patients required significant supervision support while on the ward (1:1 special)

Conclusions:
This study characterised the mental health admissions to general paediatric wards. The study identified resource requirements and challenges to provision of appropriate care for mental health admissions.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 47
General Paediatrics

THE UTILITY OF BIOMARKERS IN THE DIAGNOSIS AND PROGNOSIS OF HYPOXIC ISCHAEMIC ENCEPHALOPATHY IN NEWBORN INFANTS

S GIBLIN[1], A Rizwan[3], N AL-ASSAF[1], R KHAN[1,2]

[1]UNIVERSITY MATERNITY HOSPITAL LIMERICK
[2]UNIVERSITY OF LIMERICK
[3]MEDICAL UNIVERSITY OF SOFIA

Background:
Hypoxic ischaemic encephalopathy is a major cause of morbidity among neonates. Currently, a range of clinical markers are required to diagnose Hypoxic Ischaemic Encephalopathy (HIE) and identify patients who will benefit from therapeutic hypothermia. Biomarkers could provide an objective point of care approach to identify and risk stratify HIE patients.

Aim:
The aim of this study is to review the evidence for biomarkers as predictors for the severity of HIE or poor neurodevelopmental outcome and their utility in risk stratification.

Methods:
Articles were searched using the following databases: Pubmed, Embase, Medline, , ScienceDirect. Studies relating to HIE and biomarkers were selected from 2010.
Search terms used were: Hypoxic ischaemic encephalopathy, predictors of outcome, biomarkers, biomarkers and hypoxic ischaemic encephalopathy, biomarkers and predictor of neurological outcome in hypoxic ischaemic encephalopathy, cord blood biomarkers and hypoxic ischaemic encephalopathy.

Results:
25 papers were retrieved for review. 4 papers examined UCHL1, 4 papers examined GFAP, 5 papers examined Lactate and Lactate dehydrogenase (LDH), 4 papers examined both UCHL1 and GFAP, 3 papers examined Neuronal specific enolase (NSE), 3 papers examined S100β and 3 papers examined both Neuronal specific enolase (NSE) and S100 β.

Conclusion: Serum UCHL1 and GFAP increase in the presence of HIE. UCHL1 is raised at an early stage of HIE but reduces with time, GFAP is lower initially but seems to increase with time. Umbilical cord GFAP does not correlate with the presence of HIE. UCHL1 and GFAP concentrations show correlation with severity of HIE and poor neurodevelopmental outcome. S100B correlates with both HIE severity and poor neurodevelopmental outcome. Salivary S100B levels may be a good discriminator of neurodevelopmental outcome. Although, most studies reviewed are limited and further work needs to be carried out on a larger scale to identify stronger and more convincing results.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 48
Sub-Speciality

THE CO-OCCURRENCE OF AUTISM SPECTRUM DISORDER AND TYPE 1 DIABETES IN YOUNG PEOPLE: A SCOPING REVIEW

S Giblin[1], L Carty[1], A McCaffrey[1], O Neylon[1], CS O'Gorman[1,2]

[1]Paediatrics, University Hospital Limerick , Limerick, Ireland
[2]School of Medicine, University of Limerick, Limerick, Ireland

Background:
Autism Spectrum Disorder (ASD) and Type 1 Diabetes (T1D) are life-long conditions that impact young people, their families and their care givers. From our clinical experience, there are additional challenges associated with caring for young people with T1D and co-morbid chronic conditions. For example, young people with ASD often experience hypersensitivity to touch and texture. Blood glucose monitoring and insulin administration for individuals with hypersensitivities may be challenging. Unfortunately, international guidelines for the support and management of T1D for individuals with ASD remain vague, thus the purpose of this review was to explore the extant literature to inform our clinical practice in T1D management for young people with ASD.
Objective:
To examine research available on T1D management in ASD paediatric populations.
Methods: A systematic search approach (PRISMA) was used. Databases were searched using defined syntax and papers were retrieved and reviewed. Both qualitative and quantitative papers that included paediatric populations and caregivers with T1D and ASD were included for full review.
Results:
6 papers were included for full review. Quantitative papers reported incidence and prevalence of ASD within T1D paediatric populations. Diabetes management papers explored both insulin use (continuous glucose monitors, pump and multiple daily injection) and diabetes control (HbA1c). Qualitative reports explored sensory challenges, anxiety and communication difficulties for patients with ASD and T1D diagnoses from the care givers perspective.
Discussion:
Research exploring co-occurring ASD and T1D is limited. Further studies are needed to examine the effectiveness of different technologies for diabetes management and their impact on individuals with ASD. A clear limitation of this scoping review is the small number of published reports on the topic available for inclusion.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 49
General Paediatrics

RIME TIME: A RARE PRESENTATION OF GROUP A STREPTOCOCCUS INFECTION

J Gilchrist[1], SNA Long Mohd Noor Affendi[1], D Vaughan[1]

[1]General Paediatrics,, CHI Tallaght,, Dublin,, Ireland

Introduction:
RIME is a dermatological manifestation that was historically associated with mycoplasma pneumoniae. Previously known as mycoplasma-induced rash and mucositis (MIRM), it has recently been renamed to account for alternative pathogens that have been linked to these symptoms (1). These include Chlamydophila pneumoniae, enterovirus, rhinovirus, human metapneumovirus, and influenza B virus (2,3). RIME typically affects paediatric populations, is more common in males and occurs at a median age of 12 years (4).

Case Report:

We report a previously healthy 15 year old boy who developed RIME triggered by Group A streptococcus (GAS). The patient presented with a worsening pruritic rash, lip ulceration and tongue swelling which limited mouth opening. This mucocutaneous eruption developed alongside a one-day history of purulent conjunctivitis. He was initially commenced on IV augmentin to cover for secondary bacterial infections.

Following admission and dermatology input, a diagnosis of RIME was confirmed. A wound swab was taken which confirmed the presence of GAS. Other infectious workup, including swabs and blood cultures, returned negative results. During the course of admission, a mouthwash combination of BMX, predsol and mycostatin was used, and dermovate was applied to the lips. This combination of treatments resulted in significant improvement and the patient was subsequently discharged on a course of oral antibiotics.

Discussion:
Although RIME has recently been expanded as an umbrella term to encompass alternative causative pathogens, to date limited reports have been presented that associate it with GAS. This case highlights a case of GAS-induced RIME that resulted in temporary but significant limitations in function, followed by full resolution of symptoms following identification and appropriate antimicrobial treatment.

1. Mazori DR, Nagarajan S, Glick SA. Recurrent reactive infectious mucocutaneous eruption (RIME): Insights from a child with three episodes. Pediatr Dermatol. 2020 May;37(3):545-547. doi: 10.1111/pde.14142. Epub 2020 Mar 15. PMID: 32172537. 2. Ramien ML, Bruckner AL. Mucocutaneous eruptions in acutely ill pediatric patients—think of Mycoplasma pneumoniae (and other infections) first. JAMA Dermatol. 2020;156(2):124-125. 3. Mazori DR, Nagarajan S, Glick SA. Recurrent reactive infectious mucocutaneous eruption (RIME): Insights from a child with three episodes. Pediatr Dermatol. 2020 May;37(3):545-547. doi: 10.1111/pde.14142. Epub 2020 Mar 15. PMID: 32172537. 4. Canavan TN, Mathes EF, Frieden I, Shinkai K. Mycoplasma pneumoniae-induced rash and mucositis as a syndrome distinct from Stevens-Johnson syndrome and erythema multiforme: a systematic review. J Am Acad Dermatol 2015; 72: 239–45.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 50
General Paediatrics

EBV ENCEPHALITIS: FORGET ME NOT

S Griggs[1], S Best[2], C Ó'Maoldomhnaigh[2], L O'Dea[1]
[1]General Paediatrics, CHI Crumlin, Dublin , Ireland
[2]Paediatric Infectious Disease, CHI Crumlin, Dublin, Ireland

Aims:

Our aim is to present a rare case of Epstein Barr Virus (EBV) encephalitis in a 15 year old immunocompetent male. EBV typically causes mild, self-limiting infection in adolescents and rarely spreads to the central nervous system in immunocompetent patients (0.4 – 7.5% [1]). We therefore highlight this rarer cause of encephalitis as an important differential in cases of unclassified encephalopathy and outline its diagnosis and treatment.

Methods :

This case report was compiled through a retrospective chart and imaging review.

Results:

A 15 year-old previously well male presented to the Emergency Department with a sore throat, headache and vomiting and was discharged, diagnosed with glandular fever (Monospot positive). He later developed seizures and a low GCS requiring intubation, PICU admission and treatment with ceftriaxone and aciclovir. His encephalopathy symptoms of confusion and retrograde amnesia persisted post-extubation.
The diagnosis of acute EBV infection was confirmed via: serology (IgG, IgM positive), PCR <1000IU/mL(log <3) and MRI showing symmetrical T2-FLAIR hyperintensity of caudate and putamen nuclei and cytotoxic oedema. CSF was EBV PCR negative with WCC38. Given the symptoms, history, and investigations, a diagnosis of EBV encephalitis was made. This is consistent with international criteria for diagnosis as it commonly does not have a positive signal in CSF[2].
Given the good clinical response on IV acyclovir, we treated for 2 weeks, the second week administered orally.

Conclusion:

EBV encephalitis while rare, should remain a differential for encephalopathy, even in immunocompetent patients. EBV encephalitis commonly does not have a positive signal in CSF[2]. There is no clear consensus on the benefit of treatment for EBV encephalitis, with the IDSA[3] not recommending aciclovir, but many case reports still advocate treatment[2,4,5]. This calls for further research and a retrospective cohort analysis to correlate how EBV is being most commonly treated and the respective patient outcomes.

1. Baldwin KJ, Cummings CL. Herpesvirus infections of the NS. Neuroinfectious Dis. 2018; 24; 5: 1349-1369 2. Mierzewska-Schmidt, M., Piwowarczyk, A., Szymanska, K., Ciaston, M., Podsiadly, E., Przybylski, M., & Pagowska-Klimek, I. (2024). Fatal Fulminant Epstein–Barr Virus (EBV) Encephalitis in Immunocompetent 5.5-Year-Old Girl—A Case Report with the Review of Diagnostic and Management Dilemmas. Biomedicines, 12(12), 2877. https://doi.org/10.3390/biomedicines12122877 3. Allan R. Tunkel, Carol A. Glaser, Karen C. Bloch, James J. Sejvar, Christina M. Marra, Karen L. Roos, Barry J. Hartman, Sheldon L. Kaplan, W. Michael Scheld, Richard J. Whitley IDSA: Clinical Infectious Diseases, August 2008,Volume 47, Issue 3, 1, Pages 303–327, https://doi.org/10.1086/589747 , 4. Akkoc, Gulsen, Kadayifci, Eda Kepenekli, Karaaslan, Ayse, Atici, Serkan, Yakut, Nurhayat, Ocal Demir, Sevliya, Soysal, Ahmet, Bakir, Mustafa, Epstein-Barr Virus Encephalitis in an Immunocompetent Child: A Case Report

and Management of Epstein-Barr Virus Encephalitis, Case Reports in Infectious Diseases, 2016, 7549252, 4 pages. https://doi.org/10.1155/2016/7549252 5. Hashemian S, Ashrafzadeh F, Akhondian J, Beiraghi Toosi M. Epstein-barr virus encephalitis: a case report. Iran J Child Neurol. 2015 Winter;9(1):107-10. PMID: 25767548; PMCID: PMC4322508.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 51
Neonatal

AN AUDIT OF THE PATTERN OF NEONATAL REFERRALS TO CHI CRUMLIN FOR AIRWAY ASSESSMENT AND MANAGEMENT

S Jawed[1], **S Griggs[1]**, MJ White[1]

[1]Department of Neonatology, Children's Health Ireland at Crumlin, Dublin, Ireland

Introduction:
Neonatal upper airway abnormalities are known to be challenging. Timely transfer to the hospital with ENT speciality is crucial for management. We mainly reviewed the pattern of referral including time of arrival and ward they were admitted to. Neonatal intensive care is unavailable at Children's Health Ireland at Crumlin thus neonates requiring invasive ventilation are transferred to PICU. The secondary objectives were to determine the reason of referral and intervention required.

Methods:
Medical records, of neonates referred and admitted for airway assessment in Children's Health Ireland at Crumlin from Jan 2024 to June 2025, were reviewed, data was entered and analysed using Microsoft excel. All transfers were discussed with the consultants and planned. Ideal hours for arrival were set from 0800 to 1630 and time outside this limit is defined as out of hours.

Results:
35 neonates were referred for airway assessment. 24 referrals from outside Dublin, 50% from model 4, 50% model 3 and model 2 hospitals. The most common reasons for the transfer were Pierre Robin Sequence with or without cleft 37%, followed by laryngomalacia 11%, bilateral vocal cord palsy 5% and other rare causes. 26 were admitted to neonatal ward and 9 to Paediatric Intensive care unit. 55% PICU admissions were referred from Dublin. 77%(20) neonatal ward admissions were outside Dublin referrals and 11(55%) of them arrived timely. 23%(6) were from Dublin, one arrived on time. Overall arrival, for neonatal ward, within ideal hours was 46%(12).
Majority 60%(21 out of 35) had <28 days hospital stays, 47% were originally admitted to HDU.

Conclusion:
Notably 54% of neonates were admitted to the ward after hours and only reviewed by ENT the following day. These findings highlight the arrival time consideration in planned inter-hospital transfer. It is crucial for timely provision of service for safety of patients.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 52
General Paediatrics

FROM ROUTINE EARACHE TO RARE INTRACRANIAL EMERGENCY: (CASE SERIES OF OTITIS MEDIA/SINUSITIS/MASTOIDITIS WITH LIFE THREATENING COMPLICATIONS)

I Harish[1], M Atta[1], S.A Mehdi[1], A Kumar[1], M Hussain[1,2], D Onyekwere[1,2]

[1]Paediatric Department , university Hospital Kerry, Kerry, Ireland

Aim:
Background: Otitis media and sinusitis are common in children and usually benign. Intracranial complications, however, occur in <1% of otitis media cases and in 3–4% of hospitalized sinusitis cases, often with life-threatening consequences.
Aim: To report three such cases, and to raise awareness on intracranial life threatening consequences, emphasizing vigilance, early imaging, and coordinated multidisciplinary intervention.

Methods:
Case series. We retrospectively reviewed the clinical presentation, imaging, management, and outcomes of three children with severe complications of ear and sinus infections, all of whom were promptly transferred to the neurosurgical team at Children's Health Ireland (CHI) for specialized care.

Results:
Case 1: 8year old female. Presented with ear pain, fever, and vomiting. Examination showed mild tenderness over the right mastoid region. Investigation showed increased CRP-182, Leucocytosis and Neutrophilia. Imaging revealed mastoiditis with sigmoid sinus thrombosis extending to the jugular foramen. She received intravenous antibiotics and neurosurgical burr-hole drainage, with multidisciplinary follow-up.
Case 2: 5-year-old girl. Presented with fever, headache, lethargy, and torticollis. CT demonstrated sigmoid sinus and jugular vein thrombosis with cerebellar empyema. Streptococcus pyogenes was isolated from both ear and mastoid swabs. She underwent burr-hole drainage, prolonged antibiotics course, and anticoagulation.
Case 3: 14-year-old male. Presented with acute orbital cellulitis secondary to pansinusitis, complicated by bilateral subperiosteal and maxillofacial abscesses. CT confirmed multiloculated abscesses. ENT surgical drainage and intravenous antibiotics led to full recovery with preserved vision.

Conclusion:
This series highlights three severe complications: sigmoid sinus thrombosis, cerebellar empyema, and orbital cellulitis with subperiosteal abscesses, arising from routine Upper Respiratory Tract infections (URTI). Prompt transfer to CHI neurosurgical services and early multidisciplinary collaboration were critical in preventing neurological and visual morbidity. These cases reinforce the unpredictable course of common pediatric conditions and the need for prompt, coordinated MDT care.

References 1. Sexton GP, Nae A, Cleere EF, O'Riordan I, O'Neill JP, Lacy PD, et al. Concurrent management of suppurative intracranial complications of sinusitis and acute otitis media in children. Int J Pediatr Otorhinolaryngol. 2022;156:111093. 2. Massimi L, Cinalli G, Frassanito P, et al. Intracranial complications of sinogenic and otogenic infections in children: an ESPN survey. Childs Nerv Syst. 2024;40(4):1221-37. 3. Issa M, Kalliri V, Euteneuer S, et al. Increase of sinogenic and otogenic intracranial infections in

children: a 10-year study. Neurosurg Rev. 2024;47:205. 4. Sciarretta V, Piccioni M, La Mantia I, et al. Management of orbital cellulitis and subperiosteal abscesses in children. Eur Arch Otorhinolaryngol. 2017;274(4):1741-7

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 53
General Paediatrics

VITAMIN A DEFICIENCY OPTIC NEUROPATHY - WHY WE CANNOT TURN A BLIND EYE TO A LACK OF COMMUNITY SUPPORT

S HENEGHAN[1], O WALSH[1]

[1]GENERAL PAEDIATRICS, CHILDREN'S HEALTH IRELAND AT TEMPLE STREET, DUBLIN, IRELAND

Introduction:
Vitamin A deficiency is described in the literature as a leading cause of vision loss in developing countries or marginalised communities. This case discusses vitamin A deficiency induced optic neuropathy on a background of autism spectrum disorder (ASD) within a developed nation in a higher professional socioeconomic group.

Case:
A 15-year-old boy with ASD presented with vision loss on a background of longstanding restricted dietary intake. There was no dietitian available to him through community services despite coming from a higher professional socioeconomic group in a developed country. His weight was less than the 0.4th centile. A CT brain showed expansion of the diploic space and generalised abnormal appearance of the bones which can be seen in patients with calcium/vitamin D deficiency. An ophthalmology exam found nerve pallor, indistinct nerve margins and disc elevation bilaterally. An MRI demonstrated flattening of the optic nerve heads with mild prominence of the optic nerve sheaths. Bloods confirmed profound vitamin A deficiency with a level <0.1umol/L alongside deficiencies in vitamin D, vitamin K, copper, selenium and zinc. He was discharged on oral multivitamins and high dose IM vitamin A. Ophthalmology follow up 1 month later confirmed recovery of near normal vision.

Discussion:
This case highlights that children raised in developed nations or by families of higher socioeconomic groups are not precluded from profound malnutrition and micronutrient deficiencies. For children with additional needs or severely restricted diets, this is a particular risk. With proper community support, parental advice and clinician awareness, these conditions should be avoidable, however, with recurrent similar presentations in Ireland in recent years, it is concerning that this is becoming a public health emergency, and that urgent action is needed.
Sanchez-Cerezo J, Neale J, Julius N, Lynn RM, Hudson LD, Nicholls D. Incidence of avoidant/restrictive food intake disorder in children and adolescents across the UK and Ireland: a BPSU and CAPSS surveillance study. BMJ Open. 2024;14(11). Bravender T, Bryant-Waugh R, Misra M, Norris M, Peebles R, Rome ES, et al. Avoidant/restrictive food intake disorder and severe food selectivity in children and young people with autism spectrum disorder: a scoping review. Dev Med Child Neurol. 2022;64(5). Crane MM, Elvins R, Smolinsky L, Yeung EY, Russell G, Pitts N, et al. Optic neuropathy from hypovitaminosis A in a series of children with severe dietary restrictions. J Paediatr Child Health. 2023;59(9).

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 54
General Paediatrics

DOES PAEDIATRIC INTRAVENOUS FLUID PRESCRIBING IN NURTURE AFRICA COMPLY WITH THE UGANDAN CLINICAL GUIDELINES?

H Hobbs[1,2], K Rigney[1,3], T Cranmer [1]

[1]Paediatric Public Health Clinic, Nurture Africa, Nansana, Uganda
[2]University Hospital Waterford, HSE, Waterford, Ireland
[3]University Hospital Galway, HSE, Galway, Ireland

Aims:
The objective of this audit was to review the prescribing safety of intravenous fluid (IVF) for paediatric patients - dated and signed - and audit if paediatric patients were prescribed the correct IVF – type and rate – as per the The Ministry of Health Uganda Clinical Guidelines 2023.

Methods:
Inpatient charts were obtained from the data team. Analysis of charts of children aged 0-16 years admitted to the Public Health Clinic (PHC) ward was conducted. The initial audit examined July 2024 admissions. Teaching with PHC staff was held to discuss the results. Education was conducted on correct and safe prescribing and recommended IVF for paediatric and neonatal patients – both for maintenance IVF and bolus IVF. A re-audit was conducted, charts from October 2024 admissions were examined. There were 8 admissions in July 2024 and 14 admissions in October 2024.

Results:
On review of the prescriptions, in July, 18 % of prescriptions were signed by the prescriber. In October, 78 % of prescriptions were signed by the prescriber. In July, 27 % of the prescriptions were dated, in October, 78 % were dated.
In July, 0 % of the patients were prescribed the correct fluid, in October 89 % of patients were prescribed the correct fluid. In July, 0 % of the patients were prescribed the correct rate of fluid, in October 67 % of the patients were prescribed the correct fluid rate.

Conclusion:
Although the sample population was small there was a huge improvement in IVF prescribing. The audit didn't capture patients who received IVF and were discharged the same day. Multiple education sessions were held as part of the audit and continued following the re-audit. Reminder sheets for IVF prescribing were displayed in the inpatient department and the clinical officers' rooms. This was sighted as being very helpful to staff.

Uganda Clinical Guidelines 2023, National Guidelines for Management of Common Health Conditions, The Republic of Uganda Ministry of Health available at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.differentiatedservicedelivery.org/wp-content/uploads/UCG-2023-Publication-Final-PDF-Version-1.pdf. Last accessed 29/09/2025 21:12

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 55
General Paediatrics

A DIAGNOSIS OF HAEMOPHILIA A IN A FEMALE PAEDIATRIC PATIENT WITH A BACKGROUND OF ZMNYD11 SYNDROME

CH Horan[1], AH Hawke[1], RG Gilmore[2], PM McQuaid[3], BN Nolan[4]

[1]Paediatrics, University Hospital Galway, Galway, Ireland
[2]Haematology, University Hospital Galway, Galway, Ireland
[3]Orthopaedics, University Hospital Galway, Galway, Ireland
[4]Haematology, Children's Health Ireland at Crumlin, Dublin, Ireland

Aims:
Haemophilia A, factor VIII deficiency, is the most common hereditary bleeding disorder affecting 1:5000 live male births. Less commonly it can affect female patients via X chromosome lyonisation. This case aims to bring attention to the rare but possible differential of haemophilia in female patients presenting with symptoms of a coagulation disorder.

Method:
A comprehensive retrospective chart review was performed including review of clinical notes, investigations and imaging.

Result:
Following multiple hospital presentations from the age of two years with significant joint pain and swelling following minor trauma, a seven year old girl with a background of ZMNYD11 syndrome was electively admitted to the ward for MRI right upper limb and CT facial bones under anaesthesia. Bloods including a coagulation profile were opportunistically taken and the patient was found to have a prolonged APTT (48.2 seconds) and chromogenic factor VII of 2.7 u/dl. The patient was treated for symptomatic joint pain with recombinant human factor VIII (Elocta) and commenced on a prophylactic Factor VIII mimetic (Hemlibra) under the Haematology team in CHI at Crumlin. The results of family genetic screening are awaited. On review of previous imaging, in light of the diagnosis of moderate haemophilia A, findings were thought to be in keeping with haemarthrosis.

Conclusion:
Haemophilia is a rare occurrence in female patients due to an X-linked pattern of inheritance. This case demonstrates the importance of maintaining a wide list of differential diagnoses in children presenting with frequent injuries to the emergency department.

Konkle BA, Nakaya Fletcher S. Hemophilia A. 2000 Sep 21 [Updated 2025 Aug 7]. In: Adam MP, Feldman J, Mirzaa GM, et al., editors. GeneReviews® Irish Haemophilia Society. Accessed September 17 2025. Inheritance of Haemophilia

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 56
General Paediatrics

BRIDGING THE GAP BETWEEN HOSPITAL AND PRIMARY CARE: FASTER DISCHARGE SUMMARIES THROUGH QUALITY IMPROVEMENT

Dr Mohamed Hussein, Dr Osman Mohamed , Dr Marwa Abas, Dr Nagozi Oketah
[1]General paediatric department , Children health Ireland At Crumlin, Dublin , Ireland

Aims:
Timely and accurate discharge summaries are vital for safe communication between hospital and community paediatric services. Our baseline audit identified that only 48% of discharge summaries were completed, with significant delays in timeliness. We aimed to improve completion rates and reduce delays through system redesign.

Methods:
A quality improvement project was conducted in a paediatric department. Process mapping revealed multiple handovers between consultants, secretaries, and non-consultant hospital doctors, contributing to inefficiency. Following stakeholder engagement, a paper-based discharge summary form was introduced at the bedside to replace the previous computer-only system. This allowed summaries to be initiated on the day of discharge. Data were collected prospectively in January–February (baseline) and July (post-intervention). Outcomes measured were the proportion of discharge summaries completed overall, within 24 hours, within two weeks, and after two weeks.

Results:
Baseline data (n=178) showed that 48% of discharge summaries were completed. Post-intervention data from July (n=224) demonstrated improvement, with 158 summaries completed (70.5%). Of these, 125 (55.8% of all discharges) were completed within 24 hours, a further 24 (10.7%) within two weeks, and 9 (4.0%) after two weeks. The remaining 66 (29.5%) were not completed. Median completion time was 0 days, reflecting same-day completion in most cases, while mean delay reduced substantially compared with baseline.

Conclusion:
Introducing a simple, paper-based bedside discharge summary process significantly improved both the timeliness and completeness of summaries, enhancing communication between hospital and primary care. This work demonstrates how collaborative quality improvement methods, including process mapping and stakeholder engagement, can effectively address systemic inefficiencies. Continued monitoring and integration with electronic systems will be required to sustain these gains, but small pragmatic interventions can deliver meaningful improvements in patient safety and continuity of care.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 57
General Paediatrics

LONGITUDINALLY EXTENSIVE TRANSVERSE MYELITIS IN AN 8 YEARS OLD: A RARE PRESENTATION IN CHILDREN

Maria Iqbal[1], Asia Noureen[2], A. Rodriguez Herrera[3]

[1]Paediatrics, St Lukes General Hospital, Kilkenny, Ireland
[2]Paediatrics, St Lukes General Hospital, Kilkenny, Ireland
[3]Paediatrics, St Lukes General Hospital, Kilkenny, Ireland

Background:
Transverse Myelitis is a neurological disorder resulting from inflammation of the spinal cord. The neurological deficits include motor, sensory and autonomic dysfunction. It has varied etiologies including post-infections, autoimmune or vascular causes but can be idiopathic.(1)

Case:
We present a case of longitudinally extensive transverse myelitis in an 8-year-old girl who presented with difficulty of passing urine, lower back pain, and impaired weight bearing. MRI of the spine revealed extensive transverse myelitis involving the cervical, thoracic and lumbar regions. Her serum was positive for anti-MOG antibodies.
She required a prolonged hospital admission and was treated with intravenous steroids and intravenous immunoglobulin (IVIG). She responded well to the management with significant improvement in her motor symptoms and minimal residual weakness. She also required bladder catheterization due to bladder dysfunction.

Discussion:
Transverse Myelitis due to longitudinal extensive involvement of the spinal cord is rare in children and can cause prolonged neurodisability.(2) Early diagnosis and rapid intervention with immunotherapy is vital in order to improve the overall outcome.

Conclusion:
This case highlights that early recognition and timely initiation of immunotherapy in longitudinally extensive transverse myelitis can significantly improve neurological outcomes and prevent long-term disability in paediatric patients.

1. Simone, C.G. and Emmady, P.D., 2020. Transverse myelitis. 2. Celik H, Aksoy E, Oztoprak U, Ceylan N, Aksoy A, Yazici MU, Azapagasi E, Eksioglu AS, Yücel H, Senel S, Yuksel D. Longitudinally extensive transverse myelitis in childhood: Clinical features, treatment approaches, and long-term neurological outcomes. Clinical Neurology and Neurosurgery. 2021 Aug 1;207:106764.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 58
General Paediatrics

PERSISTENT APICAL LESION IN A CHILD: IMPORTANCE OF EXCLUDING NEOPLASTIC CONDITIONS

S1 Irfan[1], GB Balanica[1]

[1]Neurodisability , Children's Health Ireland at Tallaght Hospital, Dublin , Ireland

Aims:
To highlight the diagnostic challenges and management approach in a child presenting with persistent right apical lung opacity.[2]

Methods:
We present the case of a 2½-year-old girl admitted with fever, cough, erythema multiforme–type rash, and joint swelling. Initial investigations revealed a right apical density on chest X-ray, nasopharyngeal aspirate positive for Influenza A and RSV, transient proteinuria with low C3 levels and renal enlargement on abdominal ultrasound. She was treated with antibiotics and a short course oral steroids, with full resolution of systemic symptoms. Persistent apical opacity on follow-up chest X-ray prompted further evaluation with CT and MRI[1]. MRI mediastinum and neck with contrast demonstrated a 5 × 3 × 2 cm intrathoracic lobulated soft tissue lesion with minimal enhancement, no diffusion restriction, and a possible cystic component. Urinary catecholamines and a repeat abdominal ultrasound were normal.

Results:
The patient remained well, asymptomatic, and thriving following hospital discharge. After multidisciplinary tumour board discussion, given the lesion's apical location, which would make biopsy challenging, its non progressive nature, benign imaging features, and absence of systemic involvement, a conservative "watchful waiting" approach with interval low-dose CT was agreed.

Conclusion:
Persistent pulmonary opacities in children require thorough evaluation to exclude neoplastic or congenital lesions. This case demonstrates the value of systematic investigation and multidisciplinary collaboration in guiding safe, conservative management in a clinically well child[3].

1.Özcan HN, Atak F, Oğuz B et al. Imaging findings of primary lung tumors in children. Diagn Interv Radiol. 2024;30(6):419-426. doi:10.4274/dir.2024.242714 2.Giuseppucci C, Reusmann A, Giubergia V, et al. Primary lung tumors in children: 24 years of experience at a referral center. Pediatr Surg Int. 2016;32(5):451-457. doi:10.1007/s00383-016-3884-3 3.Cohen MC, Kaschula RO. Primary pulmonary tumours in childhood: a review of 31 years' experience and the literature. Pediatr Pulmonol. 1992;14(4):222-232. doi:10.1002/ppul.1950140405

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 59
General Paediatrics

LUMBER PUNCTURE PROCEDURE DOCUMENTATION QIP

D Ali[2], **N Kannan[1]**, S Koe[3]

[1]General Peadiatric, CHI/Tallaght, Dublin, Ireland
[2]General Peadiatric, CHI/Tallaght, Dublin, Ireland
[3]General Peadiatric, CHI/Tallaght, Dublin, Ireland

Aims:
Lumbar puncture (LP) is a frequently performed procedure in our pediatric department at Tallaght University Hospital (TUH). Documentation is an important medico-legal part of any performed procedure, and it is one of the important aspects in the CHI guideline on the preparation and care of the patient undergoing lumbar puncture procedures.
First cycle audit: Aim: To audit and improve the documentation of diagnostic LPs in pediatrics at Tallaght University Hospital. 2nd cycle audit: Aim: to audit the documentation of diagnostic LPs in pediatrics at Tallaght University Hospital after implementation of the LP documentation proforma.
Standard:
The audit standard is derived from the CHI-Crumlin Nursing Practice Guideline for lumbar puncture, outlining key requirements across different domains.

Methods: We performed a retrospective review of medical notes of patients who required diagnostic LP procedures over 2 months (from July 2024 to September 2024).

Result:
significant improvement was observed in the documentation of LP procedures.
Compared to the initial audit, there was a 30% increase in documenting consent,
a 50% improvement in recording sterilisation and complications,
a greater than 13-fold increase in documenting the use of local anaesthetic, and a more than 4-fold increase in noting the level of LP.

Conclusion:
Our findings revealed significant variability in the documentation of LP
procedures, consistent with previous audits conducted in the UK and
Ireland (2)(3).
This audit supports the introduction of a standardised LP proforma across CHI as a policy measure to optimise procedural documentation and compliance.
Recommendation of reauditing to maintain improvement.
Added above the first and second cycle (close loop)

(1) Guideline on the preparation and care of a patient undergoing lumbar puncture. https://www.olchc.ie/healthcare-professionals/nursing-practice-guidelines-in-chi-atcrumlin/lumbar-puncture-.pdf (2) Hewett R, Counsell C. Documentation of cerebrospinal fluid opening pressure and other important aspects of lumbar puncture in acute headache. Int J Clin Pract. 2010 Jun;64(7):930-5. (3) Bhattacharjee S, Kaur G. A study on the standard of

documentation of lumbar puncture in neurology department of a major Irish Teaching Hospital in Ireland. Ann Indian Acad Neurol. 2013 Oct;16(4):627-30.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 60
General Paediatrics

COMPLIANCE WITH THE 'STANDARD OF CARE AND CHECKLIST FOR NEWLY DIAGNOSED INFANTS WITH DOWN SYNDROME' IN PORTIUNCULA UNIVERSITY HOSPITAL

AK Keane[1], DS Sheridan[1], FN Neenan[1], PC Curran[1]
[1]Department of General Paediatrics, Portiuncula University Hospital, Ballinasloe, Co. Galway, Ireland

Down syndrome (DS) is the most common congenital cause of developmental disability in Ireland. Medical guidelines for people with DS are provided by Down Syndrome Ireland and are based on the UK guidelines.[1] In Portiuncula University Hospital (PUH) we have developed a standard of care and 'DS New Diagnosis Checklist' using these guidelines to ensure children have adequate follow up in place prior to discharge.

Our aim was to assess whether we are compliant with the DS standard of care and DS new diagnosis checklist.
We compared the medical records of 22 children with DS to the checklist. Headings included: examination by senior doctor, daily review, karyotype sent, measurements taken, referral to specialties, referral to the disability network team, and informing the GP, MSW & PHN. We also looked at antenatal vs postnatal diagnoses.
Of the 22 charts, 18 were born in PUH, 3 in the Coombe, and 1 elsewhere. 17/22 were postnatally diagnosed, 4/22 antenatally diagnosed. All children had bloods sent for Karyotype. All of those born in PUH had weight documented, 16/18 of those had length documented, and 17/18 had head circumference documented. 18/18 were examined by a senior paediatrician and were reviewed daily. All were referred to cardiology. 15/18 had documented pre-and post-ductal sats and 4-limb BP. 16/18 had a documented ECG. 21/22 were referred to the CDNT and booked for OPD. All had newborn heel-prick screening completed. Parents of all 18 children born at PUH were informed of genetic results by a senior paediatrician. All GPs were informed. Half (9/18) of medical social workers were informed.

Overall, there was good compliance with the guidance. Only 50% of children had documented referrals to the medical social worker. This needs improvement. Most recent UK guidelines advise performing an FBC and blood film at birth – our guideline should be updated to include this.[2]

1. Down's Syndrome Medical Interest Group (UK & Ireland), Roche E, McV Hoey H, Murphy J, Gaule P, McGrane F, et al. Medical Management Guidelines for Children & Adolescents with Down Syndrome in Ireland: Approved Guidelines 2005, with updates July 2009 & December 2015. Dublin: Department of Paediatrics, University of Dublin, Trinity College & The National Children's Hospital, Tallaght Hospital; 2016 [cited 2025]. Available from: https://downsyndrome.ie/wp-content/uploads/2025/06/Medical-Management-Guidelines-for-Children-and-Adolescents-with-Down-Syndrome-with-updates-2009-and-2015-1.pdf 2. Steering Group for DSMIG Best Practice Guidance – Neonates, Ferris R, Hardie C, McCall C, Harvey C, Sharpe A. Basic medical surveillance essentials for children with Down syndrome: DSMIG best practice guidance – neonatal. Nottingham (UK): Down's Syndrome Medical Interest Group (DSMIG); 2018 Jan [updated 2018 Sept; amended 2024 Aug]. Proposed revision 2023

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 61
General Paediatrics

UNDERSTANDING PAEDIATRIC PATIENT AND FAMILY PERSPECTIVES ON ALLERGIC RHINITIS: A QUALITY IMPROVEMENT PROJECT

N Keenan[1], O Mcintyre[1], E Moylett[1]

[1]Paediatric Department, University Hospital Galway, Galway, Ireland

Aims:
To explore and improve patient and caregiver perspectives on allergic rhinitis symptoms, treatment, barriers to adherence, and educational needs using a clinic-based survey.

Methods:
A short, child-friendly survey was designed using national and international resources and adapted from allergy education and survey materials, including multiple-choice and free-text questions on symptoms, treatment, adherence, side effects, and information sources. The survey was offered to all patients below 16 years attending the paediatric allergy clinic between November 2024 and June 2025 with a diagnosis or symptoms of allergic rhinitis. Patients attending for other conditions without rhinitis symptoms, who declined participation, or those unable to complete the form due to language or other barriers were excluded. It could be completed by the child, parent/carer, or jointly in the waiting room. Responses were anonymous via Google Forms. Of 62 families offered the survey, 54 completed (87%).

Results:
Respondents were aged 3–18, 61% were return patients. Common symptoms included sneezing, nasal congestion, and rhinorrhoea. Symptoms affected school concentration (43%), caused absences (28%), and disrupted sleep (37%). Barriers to effective treatment included forgetting doses (50%) limited understanding of long-term management and side effects such as disliking taste (33%) and nasal discomfort (31%). Educational needs identified were nasal spray technique (42%), long-term management strategies (39%), and making the home allergy-friendly (25%). %). Care satisfaction varied, with 33% very happy, 24% slightly happy, and 10% not happy at all. Free-text comments suggested the form itself helped some children communicate their experiences.

Conclusion:
This clinic-based survey provided useful insights into challenges faced by families managing allergic rhinitis. Findings highlight the importance of practical education, emphasis on adherence to treatment, use of visual resources, and targeted demonstrations of nasal spray techniques. The tool will guide development of child-friendly materials and be integrated into routine care, with a re-survey planned to measure impact on satisfaction and adherence.

1) Allergy Care Pathways for Children; Asthma/Rhinitis, The Royal College of Paediatrics and Child Health (RCPCH) 2011

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 62
General Paediatrics

RSV PATHFINDER PROGRAMME: EARLY OUTCOMES OF NIRSEVIMAB INTRODUCTION IN A LEVEL 1 IRISH NEONATAL UNIT

OT Khalil[1], A Abdallah[1], A Finan[1], B McDonald[1], E McAdam[1], A Freeman[1], R Daly[1], G Crowe[1]

[1]Paediatrics, Cavan Monaghan Hospital , Cavan, Ireland
[2]Paediatrics, Cavan Monaghan Hospital , Cavan, Ireland
[3]Paediatrics, Cavan Monaghan Hospital , Cavan, Ireland
[4]labratory, Cavan Monaghan Hospital , Cavan, Ireland
[5]Paediatrics, Cavan Monaghan Hospital , Cavan, Ireland
[6]Paediatrics, Cavan Monaghan Hospital , Cavan, Ireland
[7]pharmacy , Cavan Monaghan Hospital , Cavan, Ireland
[8]midwifery, Cavan Monaghan Hospital , Cavan, Ireland

Background:
Nirsevimab, an RSV immunoglobulin, was offered nationally to all newborns in Ireland for the first time in the 2024/25 season (RSV Pathfinder Programme) to reduce RSV-related morbidity, mortality, and healthcare burden.

Aims:
To evaluate Nirsevimab uptake at Cavan Monaghan Hospital (CMH) compared with national levels, and to assess its impact on acute RSV admissions during the 2024/25 season relative to previous years.

Methods:
A retrospective observational study was conducted on infants under five months admitted with RSV infection from October 2022–January 2025. Data included immunisation status, length of stay, oxygen requirement, and PICU admission. Outcomes were compared across three RSV seasons: two pre-rollout and one post-rollout.

Results:
National uptake was 82.1%, compared with 72.5% at CMH. RSV admissions at CMH declined from 29 (2022/23) and 38 (2023/24) to 10 in 2024/25. Of the 10 admitted, only one infant (10%) had received Nirsevimab; 90% were unprotected (five declined, four undocumented). Severe RSV illness occurred in 20.7% (2022/23), 15.7% (2023/24), and 20% (2024/25). Oxygen supplementation peaked in 2023/24 (65.8%). One PICU admission occurred in both 2022/23 and 2024/25. RSV cases as a proportion of all acute admissions under five months were 6.9% in 2022/23, 7.2% in 2023/24, and 2.2% in 2024/25, indicating a substantial post-rollout decline.

Conclusion:
Nirsevimab rollout was associated with a ~70% reduction in RSV admissions among infants under five months. Most hospitalised infants in 2024/25 were not immunised, demonstrating a strong inverse association between immunisation and admission risk. Illness severity among admitted infants remained stable across seasons, likely reflecting low uptake in this subgroup. These findings support universal neonatal immunisation and highlight the need for parental education and surveillance of breakthrough infections.

1-National Immunisation Advisory Committee (NIAC). Updated recommendations for the passive immunisation of infants against respiratory syncytial virus (RSV). Dublin: NIAC; 2025 Mar 25. 2-Health Protection Surveillance Centre. RSV activity in Ireland: seasonal reports 2023–2025. Dublin: HPSC; 2025. 3-National Immunisation Advisory Committee (NIAC). RSV Pathfinder Programme: early outcomes. Dublin: NIAC; 2025.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 63
General Paediatrics

AN UNUSUAL CULPRIT: SALMONELLA ENTERITIDIS PHAGE TYPE X SEPTICEMIA IN A CHILD

A Yasin[1], A Khan, LU Rehman, AY Iqbal, F Rahim
[1]Mayo University Hospital, Castlebar, Co Mayo

Background:
Non-typhoidal Salmonella enteritidis usually causes self-limiting gastroenteritis. Invasive disease is rare in immunocompetent children, and only a few cases have been reported in Ireland. Recognition of unusual phage types is important for both clinical management and public health surveillance.

Case Presentation:
We report an adult 3 yr old female child, presenting with high-grade fever, abdominal pain, and systemic toxicity. Laboratory work-up showed deranged inflammatory markers, acute hepatitis, hypoalbuminemia and bicytopenia. Blood cultures confirmed Salmonella enteritidis, subsequently identified as an unusual phage type (Type X). Imaging excluded surgical causes. There was a delay in establishing the diagnosis due to the atypical presentation. The patient required prolonged hospitalization and IV antibiotics

Management and Outcome:
Empirical intravenous ceftriaxone was initiated and later tailored according to sensitivity. Supportive measures included fluid resuscitation and correction of electrolyte imbalances. The patient improved gradually and was discharged on oral antibiotics with complete recovery.

Discussion and Conclusion:
This case emphasizes that invasive non-typhoidal Salmonella infection can occur even in immunocompetent cohort. Awareness, timely cultures, and aggressive management are vital. Strain typing aids in outbreak detection and antimicrobial stewardship. Comparison with international data highlights the rarity of phage type X in Europe.

1.Feasey NA, Dougan G, Kingsley RA, Heyderman RS, Gordon MA. Invasive non-typhoidal Salmonella disease: an emerging and neglected tropical disease in Africa. Lancet. 2012;379(9835):2489–2499. doi:10.1016/S0140-6736(11)61752-2 2.Hohmann EL. Nontyphoidal salmonellosis. Clin Infect Dis. 2001;32(2):263–269. doi:10.1086/318457 3.Crump JA, Sjölund-Karlsson M, Gordon MA, Parry CM. Epidemiology, clinical presentation, laboratory diagnosis, antimicrobial resistance, and antimicrobial management of invasive Salmonella infections. Clin Microbiol Rev. 2015;28(4):901–937. doi:10.1128/CMR.00002-15 4.McDonnell J, Dallman T, Atkinson R, et al. Epidemiology of non-typhoidal Salmonella invasive disease in England, 2010–2012: clinical and public health implications. Epidemiol Infect. 2017;145(12):2410–2420. doi:10.1017/S0950268817001184 5.Gormley FJ, Little CL, Rawal N, Gillespie IA, Lebaigue S, Adak GK. A 17-year review of foodborne outbreaks in England and Wales: where are the risks? Epidemiol Infect. 2011;139(5):688–699. doi:10.1017/S0950268810001858

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 64
General Paediatrics

RISK FACTORS CAUSING UNINTENTIONAL HOME INJURIES IN CHILDREN UNDER 5 YEARS OF AGE PRESENTING TO EMERGENCY DEPARTMENT OF ZUH

HK Khan[1], HA Aiman[2], SA Shaista Ehsan[3], AQ Afreena Qureshi[4], SB Syed Ibrahim Bukhari[5], **SF Sana faheem[6]**

[1]Neonatology , University maternity hospital Limerick , Limerick , Ireland
[2]Pediatrics , NICH, Karachi , Pakistan
[3]Pediatrics , ZMUH, Karachi , Pakistan
[4]Pediatrics , NICH, Karachi , Pakistan
[5]Pediatrics , AKUH, Karachi , Pakistan
[6]Pediatrics , NMC, Karachi , Pakistan

Objective:
To determine the predisposing factors contributing to unintentional home injuries in children under 5 years of age presenting to Emergency department of Ziauddin medical university and hospital, Karachi

Material and Method:
There were 200 patients in total with Injuries that happened at home environment. Mothers participated in an interview. After each child received the recommended care, data were gathered.Calculated descriptive statistics were used. Stratification was used to manage effect modifiers. The chi-square test was used after stratification. P-values lower than 0.05 were regarded as significant.

Results:
There were 46% male and 54% female patients. Mean age was 35.02±13.79 months. Most of the children were injured >3 times in last one month. 57% patients were found with injury due to falling down while most of the injuries (32.5%) were occurred at stairs. In our study, 39% of children caused injury due to lack of care, 11.5% due to availability of hazardous material and 49.5% due to unsafe home environment. Practical implications: From the standpoint of injury prevention, this study suggests that the risk of non-fatal injury in children under the age of five is complicated and multidimensional, and that effective prevention measures must target numerous components. To effectively increase children's comprehension of the safety issue and lower their risk of hazard, health care providers, parents, or both should design alternative strategic teaching methods.

Conclusion:
Most prevalent cause of injury was falling down. 39% children injured due to lack of care, 11.5% due to availability of hazardous material and 49.5% due to unsafe home environment.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 65
General Paediatrics

OVARIAN TORSION IN A 20-MONTH-OLD CHILD: A CASE REPORT

S. Khan[1], N. Ashraf[1], D. O'Keeffe[2], S Munawar[1], J. Aziz[1], M. Zia[1], A. O'Riordan[11]

[1]Department of Paediatrics, University Hospital Limerick, Limerick, Ireland.
[2]Department of Neonatology, University Maternity Hospital Limerick, Limerick, Ireland

Background:
Ovarian torsion is a rare surgical emergency, which consists of the twisting of the ovarian pedicle around the mesovarium, with consequent impairment of the blood flow, that causes haemorrhagic infarction and necrosis.We present a case of a 20-month-old girl diagnosed with ovarian torsion, highlighting her clinical presentation,the diagnostic challenges encountered, and the management strategies.This case underscores the critical need for heightened awareness among healthcare providers regarding the potential for ovarian torsion in paediatric patients, as timely surgical intervention is essential for preserving ovarian function and preventing long-term complications.

Case report:
A 20-month-old female presented to the emergency department with a two-day history of severe right lower abdominal pain.The patient had significant pain, which would wake her from sleep and on admission was observed bending over in discomfort, which was temporarily relieved with analgesia.There was no significant prior medical history, and no signs of trauma or infection were noted.An abdominal and pelvic ultrasound demonstrated an enlarged, echogenic right ovary with an ovarian volume of 16.8 ml and multiple prominent follicles,raising concern for ovarian torsion.

Discussion:
Ovarian torsion, although rare in young children, must be a key consideration in cases of acute abdominal pain in females.This case highlights the importance of recognizing ovarian torsion as a potential diagnosis, as its clinical presentation can mimic other conditions like appendicitis. Early diagnosis through imaging, such as ultrasound, is crucial, as it can reveal signs of torsion like an enlarged, echogenic ovary. Timely surgical intervention is essential to prevent complications and preserve ovarian function. Research shows that the viability of the ovary diminishes significantly with delays in treatment.Thus, enhancing awareness among healthcare providers about ovarian torsion can lead to quicker evaluations and better outcomes. In summary, maintaining a high index of suspicion for ovarian torsion is vital in young females presenting with abdominal pain.Early recognition and prompt management can significantly impact the preservation of ovarian tissue and the child's overall health.

References: 1. Spinelli C, Tröbs RB, Nissen M, Strambi S, Ghionzoli M, Bertocchini A, et al. Ovarian torsion in the pediatric population: predictive factors for ovarian-sparing surgery-an international retrospective multicenter study and a systematic review. Archives of Gynecology and Obstetrics [Internet]. 2022 Jun 25 [cited 2022 Nov 10]; Available from: https://pubmed.ncbi.nlm.nih.gov/35751675/ 2. Haghjoo A, Haghjoo R, Rahimipour M. Ovarian torsion in a 2-year-old girl: A case report. Int J Reprod Biomed. 2023 May 8;21(4):355-358. doi: 10.18502/ijrm.v21i4.13274. 3. Poonai N, Poonai C, Lim R, Lynch T. Pediatric ovarian torsion: case series and review of the literature. Canadian Journal of Surgery. 2013 Apr 1;56(2):103–8. 4. De Silva MHAD, Kolombage P, Kasthuri S. An ovarian torsion in a 2-year-

old girl: a case report. Journal of Medical Case Reports. 2020 Oct 18;14(1). 5. Scheier E. Diagnosis and Management of Pediatric Ovarian Torsion in the Emergency Department: Current Insights. Open access emergency medicine : OAEM [Internet]. 2022 [cited 2022 Sep 4];14:283–91. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9236466/

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 66
General Paediatrics

SEIZING THE EVIDENCE: AUDIT OF SIMPLE FEBRILE SEIZURE TREATMENT PRACTICES

K Sania[1], **M Bilal[1,2]**, K Farzeen[1], V Ulrich[1,2], B Daryl[1,3], K Uzair[1,2]
[1]Department of Paediatrics,The Children's Ark, University Hospital Limerick, Limerick, Ireland.
[2]Emergency Department,University Hospital Limerick
[3]School of Medicine and Centre for Interventions in Infection, Inflammation, and Immunity (4i), University of Limerick, Limerick, Ireland.

Background:
Febrile seizures (FS) are the most common seizure disorder in childhood, typically affecting children between 6months-6 years. They are defined as seizures associated with fever in the absence of central nervous system infection or acute metabolic disturbance. Global incidence ranges from 2–5%in Europe and the United States, with higher rates reported in Asia and the Pacific. SFS are characterised by a generalised tonic–clonic seizure lasting less than 15 minutes, occurring once in 24 hours, and without focal neurological features. Although SFS are benign and self-limiting, distressing to caregivers, leading to unnecessary hospital admissions, investigations, and resource utilisation. The Royal Children's Hospital (RCH) guideline recommends conservative management, limited investigations, and safe discharge with appropriate parental education. This audit aimed to compare management practices for SFS in University Hospital Limerick (UHL) with RCH standards.

Aim:
To assess the management of children presenting with SFS in UHL Paediatric Emergency Department and compare local compliance with RCH guidelines.

Methodology:
A retrospective audit was conducte over three months (1st Nov 2022–31st January 2023) and electronic health records was reviewed.Children aged 6months–6years with SFS were included. Exclusions were complex/afebrile seizures, sepsis, meningitis or age outside criteria.Investigations and management was assessed against RCH guidelines.

Discussion:
This audit shows over reliance on investigations and admissions in the assessment of SFS compared with RCH recommendations.Most children had blooddrawn and CXR with limited diagnostic value, and admission rates were disproportionately high.Evidence confirms SFS are benign and self-limiting, yet parental anxiety often drives unnecessary intervention.
To address this, a local clinical pathway will be introduced, emphasising supportive care, 1–2 hours observation with neurological checks, and avoidance of unnecessary tests.A parent information leaflet will support parental reassurance, support parent decision making, and prevent repeat attendances.These measures aim to standardise care, improve resource utilisation, and enhance outcomes.A re-audit will be undertaken following pathway implementation to measure improvement and close the audit loop.

1.Shinnar S, Epstein LG. Febrile Seizures: A Review. N Engl J Med. 2023;388(14):1319–1329. doi:10.1056/NEJMra2208276. 2.Kim JS, Woo H, Kim WS, Sung WY. Clinical profile and predictors of recurrent simple febrile seizure. Pediatr Neurol. 2024;156:4-9. doi:10.1016/j.pediatrneurol.2024.04.001

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 67
General Paediatrics

PEDIATRIC APPENDICITIS – DIAGNOSTIC DIFFICULTIES AND EVIDENCE-BASED BEST PRACTICE FOR QUICK RECOGNITION

A Kumar[1], E O'Halloran[2], A O'Leary[2], K Dabrowska[2]

[1]Paediatrics, University Hospital Kerry, Tralee, Ireland
[2]Medical Student, University College Cork, Cork, Ireland

Aims:
To highlight the diagnostic challenges of pediatric appendicitis and to gather current evidence regarding best practices for timely recognition, with the goal of improving early pick-up and reducing diagnostic delays in clinical practice.

Methods:
A structured review of the literature was undertaken, focusing on studies published in the last two decades that examined clinical presentation, examination, blood tests, imaging, and validated tools. Emphasis was placed on identifying sensitivity, specificity, positive and negative predictive values, as well as evidence-based approaches to support early recognition and minimise unnecessary surgical intervention.

Results:
The review confirmed that pediatric appendicitis often presents atypically, especially in younger children, with non-specific symptoms such as abdominal pain, vomiting, or irritability. This contributes to frequent misdiagnosis and delays in management. Evidence supports the utility of clinical scoring systems such as the Pediatric Appendicitis Score (PAS), though sensitivity varies by age group and incidence of appendicitis. Ultrasound is recommended as the first-line imaging modality, with MRI or CT reserved for equivocal cases. Recurrent themes in best practice include maintaining a high index of suspicion, structured reassessment in evolving cases, and interpreting multiple aspects together rather than relying on a single parameter.

Conclusion:
Pediatric appendicitis remains a diagnostic challenge due to its variable presentation. Evidence suggests that combining structured clinical assessment with appropriate imaging can significantly improve early recognition. This teaching project consolidates current evidence into practical guidance, aiming to support faster identification and reduce adverse outcomes associated with delayed diagnosis.

1. Becker T, Kharbanda A, & Bachur R, Atypical clinical features of pediatric appendicitis, (2007), Medline, accessible from: https://www.uptodate.com/contents/acute-appendicitis-in-children-clinical-manifestations-and-diagnosis/abstract/39 2. Bundy DG, Byerley JS, et al, Does this child have appendicitis?, (2007), Medline, available from; https://www.uptodate.com/contents/acute-appendicitis-in-children-clinical-manifestations and-diagnosis/abstract/3,38 3. D Fawkner-Corbett, G Hayward, et al, Diagnostic accuracy of blood tests of inflammation in paediatric appendicitis: a systematic review and meta-analysis, (November 2022), BMJ, available from; https://pmc.ncbi.nlm.nih.gov/articles/PMC9639107 4. Sevgi Buyukbese Sarsu & Fatma Sarac, Diagnostic Value of White Blood Cell and C-Reactive Protein in Pediatric Appendicitis, (May 2016), NIH, available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC4870336 5. Cui, W., Liu, H., Ni, H. et al. Diagnostic accuracy of procalcitonin for overall and complicated acute appendicitis in children: a meta-analysis. Ital J Pediatr 45, 78 (2019), available from: https://doi.org/10.1186/s13052-019-0673-3 6. Doria AS, Moineddin R, Kellenberger CJ, Epelman M, Beyene J, Schuh S, Babyn PS, Dick PT. US or CT for Diagnosis of Appendicitis in Children and Adults? A Meta-Analysis. Radiology. 2006 Oct;241(1):83-94. doi: 10.1148/radiol.2411050913. Epub 2006 Aug 23. PMID: 16928974, available from: https://pubmed.ncbi.nlm.nih.gov/16928974/ 7. Eugene Duke, Bobby Kalb, et al, (February 2016), A Systematic Review and Meta-Analysis of Diagnostic Performance of MRI for Evaluation of Acute Appendicitis,

508-517, AJR, available from; https://ajronline.org/doi/10.2214/AJR.15.14544 8. Samuel M. Pediatric appendicitis score. J Pediatr Surg. 2002 Jun;37(6):877-81. doi: 10.1053/jpsu.2002.32893. PMID: 12037754, available from: https://pubmed.ncbi.nlm.nih.gov/12037754/ 9. Zúñiga RV, Arribas JLF, Montes SP, Fernandez MNC, Abad CG, Martin LG, et al. Application of Pediatric Appendicitis Score on the Emergency Department of a Secondary Level Hospital. Pediatric Emergency Care. 2012 Jun;28(6):489–92.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 68
General Paediatrics

EXPLORING THE SPECTRUM OF EXTRAPULMONARY MANIFESTATIONS IN PAEDIATRIC PATIENTS ADMITTED WITH MYCOPLASMA INFECTION IN TALLAGHT HOSPITAL

H Ali[1], M Hussein[1], A Mohammed[1], O Mohamed[1], A Abdullah[1], S Suliman[1], SNA Affendi[1], G Leon[1]
[1]Department of General Paediatrics, Children's Health Ireland at Tallaght University Hospital, Dublin, Ireland

Background:
Mycoplasma pneumoniae is a leading cause of community-acquired pneumonia (CAP) in children, accounting for up to 40% of cases, with nearly one-fifth requiring hospitalisation. International data suggest Extrapulmonary Manifestations (EPMs) occur in about half of hospitalised children with *M. pneumoniae* infection. This study aimed to explore the spectrum of extrapulmonary involvement among paediatric inpatients in CHI at Tallaght Hospital.

Methods:
We performed a retrospective chart review of children admitted with confirmed *M. pneumoniae* infection at CHI at Tallaght between June 2022 and 2024. Demographic, clinical, radiological, and laboratory data were extracted and stratified by age: <2 years, 2–5 years, and >5 years. EPMs were classified into four systems: cutaneous, gastrointestinal, neurological, and cardiac. Associations between age, laboratory parameters, chest radiograph findings, and EPMs were analysed.

Results:
A total of 139 children were included (49.6% male; median symptom duration before admission: 7 days). The age distribution was as follows: <2 years (15%), 2–5 years (39%), and >5 years (46%). Overall, 51% developed EPMs. Gastrointestinal involvement predominated in infants (61.9%), while neurological manifestations were more frequent in older children (9.4%). Dermatological features, including non-specific rash and mycoplasma-induced rash with mucositis (MIRM), occurred in 16.5% of patients across all groups. Cardiac complications were rare (3.1%), including one severe bradycardia. No statistically significant associations were found between EPMs and age group ($p = 0.25$), CXR findings, or most laboratory markers. Infants demonstrated higher lymphocyte and platelet counts. Three cases of MIRM, one case of severe bradycardia, and two severe neurological complications (encephalitis, ataxia) were recorded.

Conclusion:
More than half of hospitalised children with *M. pneumoniae* at our centre developed extrapulmonary complications, paralleling international findings. Gastrointestinal involvement was most frequent in infants, while neurological symptoms predominated in older children. Neither age nor radiological severity predicted EPMs, underscoring the need for broad clinical vigilance when managing paediatric *M. pneumoniae* infection.

Søndergaard, M. J., Friis, M. B., Hansen, D. S., & Jørgensen, I. M. (2018). Clinical manifestations in infants and children with Mycoplasma pneumoniae infection. PLOS ONE, 13(4), e0195288. https://doi.org/10.1371/journal.pone.0195288 Biagi C, Cavallo A, Rocca A, et al. Pulmonary and extrapulmonary manifestations in hospitalised children with Mycoplasma pneumoniae infection. 2021;9(12):2553 Narita M. Classification of extrapulmonary manifestations due to Mycoplasma pneumoniae infection on the basis of possible pathogenesis. Front Microbiol. 2016;7:23

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 69
General Paediatrics

CASE REPORT: SEIZING THE DIAGNOSIS: DIFFERENTIATING BETWEEN ACUTE ENCEPHALOMYELITIS AND MULTIPLE SCLEROSIS IN THE PAEDIATRIC POPULATION.

C Mahony, SNA LMN Affendi , J Trayer
[1]CHI at Tallaght

Introduction: Multiple sclerosis (MS) is typically diagnosed in young adults; however, 3–10% of cases present before the age of 16, these are referred to as paediatric-onset MS (POMS).

Case Presentation:
An 8-year-old girl presented with a first episode of focal seizure, characterized by jerky movements of the left upper and lower limbs, with facial twitching. There were no signs of infection or encephalopathy. She recovered fully, with a normal neurological examination on admission. A non-contrast CT brain was unremarkable. Electroencephalogram revealed intermittent slow-wave activity over the right hemisphere. Initial brain MRI showed a focal hyperintensity in the right frontal lobe. Thus, the patient was started on levetiracetam for seizure prophylaxis. Between admission and follow up MRI the patient experienced blurred vision and loss of red colour vision suggesting optic neuritis. Subsequent imaging, revealed diffuse signal abnormalities in both grey and white matter, raising concern for a demyelinating process. A follow-up MRI under general anaesthesia identified multiple hyperintense lesions throughout the brain, with a pattern
suggestive of demyelination, which was consistent with MS. Following treatment with intravenous methylprednisolone, repeat MRI showed interval improvement of lesions, suggestive of a resolving neuroinflammatory process.

Discussion:
Acquired demyelinating syndromes (ADS) are a group of inflammatory disorders of the central nervous system in children. They often present with overlapping clinical and radiological features, making early diagnosis challenging.
Differentiating between the first episode of MS and acute disseminated encephalomyelitis (ADEM) is particularly difficult. Especially as an absence of encephalopathy, which is typically associated with ADEM, does not preclude a diagnosis of ADEM .
A French study reported that 20% of children ultimately diagnosed with MS initially fulfilled criteria for ADEM, highlighting diagnostic uncertainty in early presentations.

Conclusion:
Both ADEM and MS should be considered in children presenting with multifocal neurological symptoms and abnormal white matter changes. Careful clinical evaluation and serial neuroimaging are essential for accurate diagnosis and management.

1. Clinical features, diagnosis and therapeutic strategies in pediatric multiple sclerosis Hirofumi Ochi. Clinical features, diagnosis and therapeutic strategies in pediatric multiple sclerosis.Clinical and Experimental Neuroimmunology . doi: 10.1111/cen3.12347. 2. Alroughani, R. & Boyko, A. (2018) 'Pediatric multiple sclerosis: a review', BMC Neurology, 18, Article 27. doi: 10.1186/s12883-018-1026-3. DOI 3. Paediatric multiple sclerosis: a new era in diagnosis and treatment S. Dunigan, et al. Paediatric multiple sclerosis: a new era in diagnosis and treatment. Developmental medicine and child neurology. doi: 10.1111/dmcn.14212. 4. A systematic review of the incidence and prevalence of sleep disorders

and seizure disorders in multiple sclerosis R.A. Marie et al. A systematic review of the incidence and prevalence of sleep disorders and seizure disorders in multiple sclerosis.Multiple Sclerosis Journal. doi: 10.1177/1352458514564486. 5. Saadi, N.W. & Fahad, Q.A. (2021) 'Paediatric multiple sclerosis: a case report of missed and dismissed diagnosis', Journal of the Faculty of Medicine Baghdad, 63(1), pp. 36–39. doi: 10.32007/jfacmedbagdad.6311776.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 70
General Paediatrics

EVALUATING THE EFFECTIVENESS OF THE STARLING ACUTE MEDICAL UNIT CLINICAL OPERATING MODEL: FINDINGS FROM THE FIRST TWO YEARS

S Lewis[1], E Nevin[2], M Cox[2], J Byrne[2], J Donnelly[1], S Kelleher[1], B Scanlan[1]
[1]Department of General Paediatrics, CHI at Crumlin, Dublin, Ireland
[2]Starling Acute Medical Admission Unit, CHI at Crumlin, Dublin, Ireland

Aims:
Starling Acute Medical Admission Unit (AMAU) opened in August 2023 at CHI Crumlin. The goal of this 9-bed ward is to cohort non-complex general paediatric patients with anticipated length-of-stay (LOS) less than 72 hours, facilitating early senior review and expediting discharge. The aim of this analysis was to evaluate the activity of the unit in the 2 years since opening, against key performance indicators outlined in the Clinical Operating Model (COM), including LOS<72 hours for more than 90% patients, transfers out<10% and re-admissions <5%.

Methods:
Data on general paediatric admissions from 14/8/2023 to 17/8/2025 was extracted from IPMS through a BIU activity report. Day ward admissions were excluded from analysis. Data was analysed in Microsoft Excel. Ethical approval was granted by the CHI Research Ethics Committee.

Results:
There were 8811 general paediatric admissions during the study period, with 6334 children (72%) admitted to general wards, and 2477 (28%) admitted to the AMAU. The median LOS was 39 hours(range 1-353 hours) on the AMAU, compared with 66 hours(range 1-8660 hours) on the general wards. There were 200 children (8%) transferred out of the AMAU to other wards, while 85% of children (1936/2269 patients) were discharged within 72 hours. On the general wards, 3480 patients(55%) had an inpatient LOS<72 hours. There were 12 patients (0.5%) admitted to PICU from the AMAU. There were 57 patients (2.5%) re-admitted within 48 hours of discharge from the AMAU, compared with 247 patients (3.9%) who were discharged from general wards.

Conclusion:
Over one-quarter of general paediatric admissions were managed through the AMAU during the study period. Despite the emphasis on early discharge, re-admission rates were comparable to those on the general wards. The Starling AMAU model has achieved strong performance against key performance indicators and has provided valuable insights to inform planning for the New Children's Hospital.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 71
Medical/Education Management

PAEDIATRIC ASSESSMENT UNITS IN IRELAND: OUTCOMES OF THE NATIONAL CLINICAL PROGRAMME FOR PAEDIATRICS AND NEONATOLOGY (NCPPN) WORKING GROUP NATIONAL SURVEY

S Lewis[1], J De Lacy[1], E Crushell[1]

[1]On behalf of the National Clinical Programme for Paediatrics and Neonatology (NCPPN) Paediatric Assessment Unit Working Group

Aim:
The NCPPN working group (WG) was set up to look at facilities provided by Paediatric Assessment Units(PAUs), and to devise guiding principles for governance and care delivery. The aim of this survey was to describe existing PAU facilities in Ireland.

Methods:
All 17 paediatric units (including CHI as one) in Ireland were contacted. Sites with a facility that aligned with the WG-agreed definition (a 'PAU') were invited to complete an E-questionnaire using Qualtrics software. Results were extracted to Microsoft Excel for analysis.

Results:
Eight PAUs were identified and completed the survey. All PAUs were located near the paediatric ward. Five units saw more than 15 patients/day, equating to more than 2000 patients/year. Four units opened continously, with defined opening hours at other sites. All PAUs were under the governance of paediatrics, and five had a designated consultant and nursing lead. PAUs were mainly staffed by paediatric-trained nurses. Three units had a dedicated CNM1/2, with an ANP(0.5WTE) at one site. Five units reported that all children were seen by a registrar-level or above doctor. All eight units accepted scheduled medical presentations, while six units accepted unscheduled medical presentations, and two units accepted unscheduled surgical presentations. The majority of referrals to PAU were from GPs/hospital consultants, while two units accepted self-referrals. Most units reported priority access to laboratory tests and radiology, though HSCP support varied. Discharge summaries were sent to GPs at most units, though rarely to families. Five units have dedicated administrative staff. Five units captured PAU activity on HIPE, while remaining sites recorded activity as day-case/inpatient attendances.

Conclusions:
PAUs have an important role in timely delivery of paediatric care nationally, though the model of care delivery varied. Further development of PAU Guiding Principles should support standardisation of care in line with international best-practice and ensure recognition of PAUs within the HSE.

1.Royal College for Paediatrics and Child Health (RCPCH) Standards for Short-Stay Paediatric Assessment Units (SSPAU), March 2017. Availble at:
https://www.rcpch.ac.uk/sites/default/files/SSPAU_College_Standards_21.03.2017_final.pdf

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 72
General Paediatrics

FROM MILESTONE REGRESSION TO MOLECULAR DIAGNOSIS: OKUR-CHUNG NEURODEVELOPMENTAL SYNDROME, A CASE REPORT

D Macilwraith, S Cavallari, N McSweeney

[1]Department of Paediatrics, Cork University Hospital, Cork , Ireland

Background:

Okur-Chung Neurodevelopmental Syndrome (OCNDS) is a rare genetic disorder, initially characterised in 2016. To date, more than 160 individuals globally have been diagnosed with OCNDS. The condition results from heterozygous mutations in the CSNK2A1 gene located on chromosome 20. CSNK2A1 encodes for the alpha subunit of casein kinase 2 (CK2), a serine/threonine kinase critical in neural development(1). These mutations are typically de novo. The likelihood of parents having another child with OCNDS in subsequent pregnancies is approximately 1%. Individuals with OCNDS have a 50% probability of transmitting the CSNK2A1 mutation to their offspring. Clinical manifestations of OCNDS include developmental delay, hypotonia, feeding difficulties, and intellectual disability. Less frequently observed features include kyphoscoliosis, short stature, disrupted circadian rhythms, seizures, and impaired coordination(2).

Aim:

The objective of this report is to present a case of Okur-Chung Neurodevelopmental Syndrome (OCNDS) in a paediatric patient exhibiting global developmental delay, regression of motor milestones, proximal muscle weakness, poor exercise tolerance, impaired balance, short stature, lordosis, urinary incontinence, and a diagnosis of autism spectrum disorder(ASD).

Methods:

This report delineates the clinical presentation, as well as the laboratory, genetic, and radiological findings associated with Okur-Chung Neurodevelopmental Syndrome (OCNDS). Additionally, a comprehensive review of the existing literature on OCNDS was undertaken to contextualise the case and identify relevant patterns and insights from prior research.

Conclusion:

Okur-Chung Neurodevelopmental Syndrome (OCNDS) is a rare and recently characterised neurodevelopmental disorder. Early diagnosis of OCNDS provides an opportunity for timely intervention, enabling the management of the associated symptoms and optimising the quality of life for affected individuals. This case underscores the importance of considering OCNDS in the differential diagnosis of children presenting with developmental delay, particularly when accompanied by features such as hypotonia, feeding difficulties, seizures, behavioural abnormalities, short stature, and nonspecific dysmorphic traits. Early recognition is crucial for appropriate clinical management and support.

1.Rushing, G.V. and Sills, J. (2024) ‘Patient organization perspective: A research roadmap for Okur-Chung neurodevelopmental syndrome', Therapeutic Advances in Rare Disease, 5. doi: 10.1177/26330040241249763. 2.Chung, W. (2022) Okur-Chung neurodevelopmental syndrome. GeneReviews® [Internet]. Available at: https://www.ncbi.nlm.nih.gov/books/NBK581083/ (Accessed: 7 February 2025). 3.Okur, V., Cho, M.T., Henderson,

L., Bostwick, B., Gripp, K.W., et al. (2016) ‘De novo mutations in CSNK2A1 are associated with neurodevelopmental abnormalities and dysmorphic features', Human Genetics, 135(7), pp. 699–705. doi: 10.1007/s00439-016-1661-y.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 73
General Paediatrics

MIND THE GAP; EXPLORING GAPS IN HEALTH SCREENING FOR CHILDREN WITH TRISOMY 21

D Macilwraith, C McCormack, R Doyle , C Power

[1]Department of Paediatrics, Cork University Hospital, Cork

BACKGROUND: Children with Trisomy 21 are predisposed to multiple comorbidities, including congenital heart disease, haematological conditions, hypothyroidism, sleep disordered breathing and coeliac disease. Adherence to established screening guidelines is essential for early detection and management, minimising morbidity and optimising clinical outcomes.

METHODS: 108 children, born between January 2018 and December 2023 (5-year period) in the Cork University Hospital (CUH) catchment area were identified from heath records as having a diagnosis of Trisomy 21. Data was collected from NIMIS-Cerner, iPIMS, T-pro, ICM and iLab. Data was collected on the timing of diagnosis (antenatal vs postnatal), and completion of key health screenings. This included newborn full blood count (FBC) and echocardiogram, thyroid function testing (TFTs) and growth monitoring within the last year, coeliac screen (tTG) within the last two years, and sleep disorder breathing screening at any point. Data was collected/stored on a password protected USB. These screening parameters were identified from the Down Syndrome Medical Interest Group (DMSIG).

RESULTS: Aretrospective review was conducted on the 108 children included in the study. There was 57 females (52%) and 50 males (46%) in the cohort. 38 children (35%) were diagnosed antenatally, with 69(64%) diagnosed postnatally, 1 child did not have of timing of diagnosis documented. 105(97%) of the cohort had a newborn FBC and ECHO documented, the other 3 were not born in Cork and their neonatal investigations were not accessible. TFTs were completed within the last year for 88(81%), tTG was completed in the last two years for 60(56%), growth was documented in the last year for 52(48%) and OSA screen was completed in 43(40%).

CONCLUSIONS: While adherence for neonatal FBC and echocardiography is high, compliance with other recommended screenings; TFTs, growth, coeliac serology, and OSA; remains suboptimal. Improved adherence to guidelines is needed to enhance care quality and clinical outcomes for children with Trisomy 21.

1. Basic Medical Surveillance Essentials for children with Down syndrome DSMIG BEST PRACTICE GUIDANCE NEONATAL. Available at: https://www.dsmig.org.uk/information-resources/guidance-for-essential-medical-surveillance/.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 74
Neonatal

THE NEONATAL ESPRESSO: THE JOURNEY OF CAFFEINE IN PREMATURE NEONATES

D Macilwraith, A Pavel, A Nolan

[1]Neonatal Department, Cork University Maternity Hospital, Cork

Background:
Caffeine is the most widely used medication to prevent apnoea of prematurity. Its efficacy in reducing apnoea, intermittent hypoxaemia, and extubation failure in preterm neonates is well established.

Aim:
To evaluate caffeine use in extreme premature neonates in a single neonatal tertiary centre.

Methods:
Neonates 23+0 to 30+6 weeks gestation admitted to Cork University Maternity Hospital over a one-year period (2024) commenced on caffeine were included. Data was extracted from NIMIS–Cerner database: demographics (sex, gestational age(GA), birth weight), antenatal exposures (corticosteroids, magnesium sulphate), caffeine regimen (loading dose, maintenance dose, up-titration, cessation, recommencement), neonatal course (apnoeas, tachycardia, respiratory support) and clinical outcomes (morbidity). Local practice for caffeine use: loading (20mg/kg) and maintenance (5 or 10mg/kg). Up-titration was defined as an increase from 5-10mg/kg. Tachycardia was defined as a heart rate >170 bpm in the first 24 hours of caffeine. Apnoea was defined as breathing cessation with desaturation warranting review.

Results:
We identified 41 neonates which met the inclusion criteria, with a median GA 28+4 (IQR27+4-29+3) and median birth weight of 1.06kg. Overall, 20(49%) neonates were males. Respiratory support on commencing caffeine: 17(41%) were mechanically ventilated, 24(49%) were on non-invasive ventilation. Median length of ventilation was 3.5 days. Forty neonates (98%) received a 20mg/kg loading dose on day 1 of life. A maintenance dose of 5mg/kg was administered to 39(95%) and 10mg/kg to 2(5%), with 25(61%) newborns requiring up-titration to 10mg/kg. The median treatment duration was 38 days. Tachycardia within 24 hours occurred in 18(44%). Median corrected GA of caffeine cessation was 34 weeks. No neonate recommenced caffeine following discontinuation. Apnoea was documented in 3(7%) post caffeine cessation. Comorbidities were: PDA in 30(73%) newborns, chronic lung disease 12(29%), intraventricular haemorrhage 7(17%), pneumothorax 2(5%), pulmonary hypertension 2(5%).

Conclusions: Caffeine use in this cohort demonstrated consistent initiation practices but variation in up-titration and cessation.

1. Abdel-Hady, H. et al. (2015) Caffeine therapy in preterm infants, National library of Medicine. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC4637812/.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 75
General Paediatrics

QUALITY IMPROVEMENT PROJECT: CAN THE INTRODUCTION OF AN ADMISSION/DISCHARGE BUNDLE REDUCE NUMBERS OF OUTSTANDING DISCHARGE SUMMARIES IN CHI TALLAGHT?

C Mahony[1], O Moran[1], A Raba
[1]General Paediatrics, CHI Tallaght, Dublin, Ireland

Aims:
Discharge summaries are a critical component of patient care, ensuring a smooth and safe transition from hospital to community settings. Timely and accurate summaries support appropriate follow-up and help avoid unnecessary investigations or treatments. This project aimed to streamline the discharge summary process at CHI Tallaght by introducing a more efficient system to enhance clinical communication and continuity of care.

Methods:
An "Admission/Discharge Bundle" was implemented, consisting of an admission note, drug kardex, and a discharge summary proforma. This proforma was included in the medical chart at the time of admission, and placed in easily accessible locations alongside drug kardexes, enabling quicker and easier completion at discharge.

Educational sessions were held in July 2025 for NCHDs, nursing staff, and administrative personnel to raise awareness of the bundle and emphasise its importance.
Data on outstanding discharge summaries was collected via the HIPE/Clinical Coding database, with anonymised data accessed securely through the hospital's systems. Baseline data was gathered prior to implementation, with follow-up conducted over a 4-week period. A full 3-month audit is planned.

Results:
During the 4-week post-implementation period, there were 439 admissions to CHI Tallaght. The proportion of discharge summaries completed before HIPE processing increased from 69% pre-intervention to 86% post-intervention.

Conclusion:
The introduction of the Admission/Discharge Bundle significantly improved the timely completion of discharge summaries. This facilitated more efficient communication with community healthcare providers and supported safer, better coordinated transitions of care.

1. Health Service Executive. (2017). Integrated Care Guidance: a practical guide to transfer and discharge from Hospital. https://www.hse.ie/eng/about/who/national-services/patient-flow-academy/patient-flow-resources/hse-national-integrated-care-guidance.pdf 2. Health Information and Quality Authority (2013). National Standard for Patient Discharge Summary. https://www.hiqa.ie/sites/default/files/2017-01/National-Standard-Patient-Discharge-Summary.pdf

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 76
General Paediatrics

ESOPHAGITIS IN AN IMMUNOCOMPETENT HOST

Sheza Majeed[1], Hafiz Shafiq Butt[1], A Rodriguez Herrera[1], N Ashrif[1]

[1]Department of Paediatrics, St. Luke's General Hospital , Kilkenny, Ireland

Introduction:
Herpes simplex esophagitis is recognized in immunosuppressed hosts, but rare in immunocompetent individuals. Clinically, it manifests as odynophagia or dysphagia, with possible fever and retrosternal pain. These may coexist with herpes lip lesions or oropharyngeal ulcers. Complications (such as bleeding and oesophageal perforation) and recurrences in immunocompetent patients are much less frequent than in immunosuppressed patients [1]. We report the case of a previously healthy 15-year-old boy who presented with brief history of high-grade fever, retrosternal pain and severe dysphagia with vomiting. There was no prior history indicating any immunodeficiency.

Case:
15-year-old boy presented with severe dysphagia, odynophagia, retrosternal pain associated with vomiting and high-grade temperature for 1 day. He also had mucosal blisters. His medical history was insignificant. He was not sexually active and had no allergies. Viral swab for oral lesions tested positive for HSV 1 DNA. Upper GI endoscopy shows esophagitis; microscopy shows normal duodenal and gastric mucosa, inflamed oesophageal mucosa with ulceration. No viral inclusions seen. Inflammatory infiltrate mainly comprises lymphocytes and neutrophils, with occasional eosinophils. No malignancy seen. Patient started on intravenous acyclovir, symptoms improved in one week, however, treatment continued for 10 days. On follow up he recovered completely with no complications.

Conclusion and Discussion:
Although current treatment for immunocompromised individuals with HSE is acyclovir, famciclovir, or valacyclovir, it is usually a self-resolving infection in immunocompetent patients. Some studies show that treatment with acyclovir in immunocompetent patients can cause rapid systemic response [2,3,4]. Accurate diagnosis depends on crucial investigations including endoscopy with biopsy, histopathology, and PCR for HSV DNA. Clinicians should remain vigilant for factors that may cause temporary immunosuppression in otherwise immunocompetent patients, increasing their susceptibility to HSV esophagitis. In a recent study, it was found that digestive symptoms may include odynophagia (60.7%), dysphagia (37.5%), chest pain (46.4%), sore throat, and respiratory symptoms [5].

1. Canalejo E, Durán FG, Cabello N, Martínez JG. Herpes esophagitis in healthy adults and adolescents: report of 3 cases and review of the literature. Medicine. 2010 Jul 1;89(4):204-10. 2. Wilcox CM. Infectious esophagitis. Gastroenterol Hepatol. 2006;2(8):567-568. 3. Ramanathan J, Rammouni M, Baran J, Khatib R. Herpes simplex virus esophagitis in the immunocompetent host: an overview. Am J Gastroenterol. 2000;95(9):2171-2176. 4. Hoversten P, Kamboj AK, Katzka DA. Infections of the esophagus: an update on risk factors, diagnosis, and management. Dis Esophagus. 2018;31(12):doy094 5. Canalejo E, García Durán F, Cabello N, García Martínez J. Herpes esophagitis in healthy adults and adolescents: report of 3 cases and review of the literature. Medicine (Baltimore).2010;89(4):204-210

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 77
General Paediatrics

WHO ATTENDS OUR ALLERGY CLINICS? A BASELINE AUDIT OF DEMOGRAPHICS, ALLERGY PROFILES, AND ATTENDANCE IN PAEDIATRIC PATIENTS

MPT Khin[1], ETW Juan[2]

[1]School of Medicine, University College Cork, Cork, Ireland
[2]Department of Paediatrics, Cork University Hospital , Cork, Ireland

Aim:
To conduct a retrospective baseline audit of paediatric allergy clinic activity, focusing on patient demographics, diagnoses, follow-up, and adrenaline auto-injector (AAI) prescribing.

Methods:
Data were collected retrospectively from four paediatric allergy clinics (Tuesday AM, Tuesday PM, Tuesday telemedicine, and Thursday general) between January and April 2024. Variables included demographics (age, gender), method of consultation (in person vs telemedicine), diagnoses, attendance status, follow-up interval, and AAI prescribing in food allergy patients. Diagnoses were grouped into standard categories. Outcomes were categorised as follow-up, discharge, or discharge following non-attendance.

Results:
A total of 188 children were seen. Clinic activity was highest in February (69 patients) and lowest in April (30). Most consultations were in person (142, 76%), with 46 (24%) by telemedicine. Median age was 6 years (range 0–17), with 59% male and 41% female.

The most common diagnoses were food allergy (66, 35%), including peanut (28, 15%) and tree nuts (20, 11%). Non-IgE mediated food allergy (including FPIES and CMPA) accounted for 13 (7%). Respiratory conditions (allergic rhinitis and asthma) represented 19 (10%), atopic dermatitis 23 (12%), and environmental allergies (house dust mite, grass pollen, cat/dog dander) 40 (21%). Sensitisation was recorded in 23 (12%), and resolved allergies/sensitisations in 19 (10%).

Follow-up was arranged for the majority: 23% at 2 years, 5% at 1.5 years, 21% at 1 year, 9% at 6–10 months, and 2% undocumented. Forty percent were discharged, including six aged >16 years. Another six were discharged following DNA (not included in percentages). Among food allergy patients, 70% were prescribed an AAI.

Conclusion:
This baseline audit highlights the high prevalence of nut and environmental allergies, frequent need for long-term follow-up, and substantial AAI prescribing. These findings provide a foundation for a planned multi-year evaluation to track changes in clinic activity and outcomes.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 78
General Paediatrics

PRSS56 MUTATION ASSOCIATED WITH ISOLATED OPTIC NERVE HYPOPLASIA

A McCollum[1], MJ O'Grady[1], D O'Shea-Farren[2]
[1]Department of Paediatrics, Regional Hospital Mullingar, Co. Westmeath
[2]Department of Ophthalmology, CHI at Crumlin, Co. Dublin

Aims:
Putative serine protease 56 (*PRSS56*) is a protein implicated in human eye development and homozygous or compound heterozygous mutations are associated with posterior microphthalmos. We aim to report the first documented association of *PRSS56* gene mutation with isolated optic nerve hypoplasia (ONH), expanding the phenotype of this mutation.

Methods:
Retrospective review of clinical notes, incorporating investigations and management was conducted. A literature review was conducted.

Results:
The proband underwent review in early childhood for concerns regarding reduced visual acuity. She had marked hypermetropia (+15 dioptres bilaterally aged 2). Her eyes were structurally normal with normal intraocular pressures, however she was subsequently diagnosed with bilateral optic nerve hypoplasia (ONH). Annual screening for hypopituitarism was normal. Aged 13, she developed severe rhabdomyolysis (CK >120,000) and peripheral motor neuropathy. Extensive work up, including a metabolic myopathy gene panel was unrevealing. Whole Exome Sequence was subsequently requested, resulting in the incidental detection of a homozygous pathogenic variant in *PRSS56* (c.1066dupC; p.Gln356Profs*152). This mutation which is well documented in the literature to be associated with microphthalmia including small, congested optic nerves in some patients, but has not been reported previously in relation to isolated ONH. Literature review demonstrated that *PRSS56* mRNA is expressed in the pars tuberalis of the pituitary, indicating the necessity for hormonal screening.

Conclusion:
This case describes the first documented association between PRSS56 mutation and isolated optic nerve hypoplasia. There is a definite need for ongoing monitoring of pituitary disorders in such patients until there is further research in this area.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 79
General Paediatrics

A DESCRIPTIVE ANALYSIS OF THE MEDICAL MANAGEMENT AND CARE NEEDS OF CHILDREN WITH TRISOMY 21 IN AN IRISH PAEDIATRIC DEPARTMENT

C McCormack[1], R Doyle[1], D MacIlwraith[1], C Power[1]

[1]Department of General Paediatrics, Cork University Hospital, Cork, Ireland

Aims:
Children with Trisomy 21 are at an increased risk of a variety of medical conditions.
We aim to audit a population of children with Trisomy 21 in Cork to examine the incidence of associated co-morbidities in order to demonstrate the need for a dedicated co-ordinator of care, as is present in other centres.

Methods:
A population of 108 children born in Cork between 2018-2023 with a diagnosis of Trisomy 21 as per Hospital Inpatient Enquiry (HIPE) were retrospectively audited.
The focus of this descriptive analysis was: Echocardiogram findings, Sleep disordered breathing results, co-morbidities known to be associated with Trisomy 21, regular medications and imaging findings.

Results:
Of the 108 children audited, 8 children were deceased and 7 had left the jurisdiction which limited data available.
106 children had a documented echocardiogram, 8 children had a normal echocardiogram, 49 children had more than one documented abnormality and 35 children required cardiac surgical intervention.
53.7% of children had no documented sleep disordered breathing screen. Of the 43 children screened, 28 (65%) had a diagnosis of obstructive sleep apnoea, in keeping with international estimates.
32 children had no medications documented in the past 12 months.
37 children had radiological findings relevant to known co-morbidities.
Diagnoses included, but were not limited to: (number of children affected)
Prematurity (16), Hypothyroidism (20), Hearing impairment (17), astigmatism (18), Prolonged enteral feeding (8), seizures (9), arthropathy (7).

Conclusion:
This audit highlights the diverse medical needs of the Trisomy 21 population in Cork. Given the medically complex nature of Trisomy 21 and the need for specific disease surveillance, it would be beneficial for children to have a dedicated co-ordinator of care to oversee their multidisciplinary management.
Additionally, this audit demonstrates the importance of detailed documentation in cases with multiple team involvement, to allow for efficient care according to established guidelines.[1]

1. Down Syndrome Medical Interest Group (2017) Guidance for Essential Medical Surveillance , DSMIG. Available at: https://www.dsmig.org.uk/informationresources/guidance-for-essential-medical-surveillance/ (Accessed: 01 July 2025).

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 80
General Paediatrics

SOCIAL, EMOTIONAL AND BEHAVIOURAL DIFFICULTIES IN A PAEDIATRIC OUTPATIENT SETTING: CURRENT PREVALENCE AND ACCEPTABILITY OF A NOVEL, LOW INTENSITY MENTAL HEALTH INTERVENTION

K Eustace, **S McCrory**, F Sharif

[1]Paediatric Department, Mullingar Regional Hospital, Mullingar, Co. Westmeath, Ireland

Mental health difficulties in children and adolescents are increasingly recognised as a major public health concern. Mullingar Regional Hospital initatied a dual-purpose project to **identify the prevalence** of SEMBH symptoms in the general paediatric outpatient population through validated screening tools and explore **parental perspectives** on a novel, low-intensity mental health intervention- the Happiness Toolkit(HTK).
A **prospective study** was carried out during an **eight-week period** in the Paediatric Outpatient Clinic. All children aged **0–16** were eligible. Ethical approval was granted prior to study commencement.
While awaiting their consultation, parents and their children were invited to discuss the project, participate in a **short-anonymised survey** and complete **screening questionnaires**. Written parental consent was sought. Screening tools were given in accordance with the child's age, with the ASQ-SE2 forms for those under six years and SCARED screening tool for children aged six and above.
During the study period, 131 participants were enrolled, 113 provided consent (86.3%), and of those, 42 (37.2%) screened positive for SEBMHI. Among participants, 70% reported feeling very positive regarding participation, 82% strongly supported the use of HTK in the outpatient setting, and 92% were very satisfied with the explanation provided.
In conclusion, our study found a significant prevalence of Social Emotional Behavioural and/or Mental Health Issues (SEBMHI) in a general paediatric clinic, the majority attending the clinic due to unrelated physical concerns. These findings underscore the potential value of **routine screening and intervention via validated tools at a secondary care level.**
A significant percentage of the parent/patient population felt positively not only about participating in our research study but also with supporting a low intensity, non-invasive but high impact intervention like the Happiness Toolkit. This is reflective of global trends of rising prevalence of SEBMHI in paediatrics, in particular generalised anxiety disorder, and a practical step towards addressing unmet needs in our patient population at a secondary care level.

Reference List (Vancouver Style) 1. World Health Organization. Adolescent mental health [Internet]. Geneva: WHO; 2021 [cited 2025 Aug 28]. Available from: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health 2. Department of Health (Ireland). Sharing the Vision: A Mental Health Policy for Everyone. Dublin: Government of Ireland; 2020. 3. Health Service Executive. CAMHS Waiting List Data: January 2025. Dublin: HSE; 2025. 4. Green JG, McLaughlin KA, Berglund PA, Gruber MJ, Sampson NA, Zaslavsky AM, et al. Childhood adversities and adult psychiatric disorders in the national comorbidity survey replication I: Associations with first onset of DSM-IV disorders. Arch Gen Psychiatry. 2010;67(2):113–23. 5. Loades ME, Chatburn E, Higson-Sweeney N, Reynolds S, Shafran R, Brigden A, et al. Rapid systematic review: The impact of social isolation and loneliness on the mental health of children and adolescents in the context of COVID-19. J Am Acad Child Adolesc Psychiatry. 2020;59(11):1218–39. 6. Murphy M, Baste VS, Aldridge J, Kilkelly U, Whitehead S. Waiting for child and adolescent mental health services: impact on children and families. Child Care Pract. 2022;28(3):351–67. Sayal K, Taylor E. Detection of child mental health disorders by general practitioners. Br J Gen Pract. 2004;54(502):348–52. 7. Mental Health Commission. Child and Adolescent Mental Health Services in Ireland: Annual Report 2023. Dublin: MHC; 2024. 8. Squires J, Bricker D, Twombly E. Ages & Stages Questionnaires: Social-Emotional (ASQ:SE-2). 2nd ed. Baltimore: Paul H. Brookes Publishing; 2015. 9. Birmaher B, Khetarpal S, Cully M, Brent D, McKenzie S. Screen for Child Anxiety Related Emotional Disorders (SCARED): Scale construction and psychometric characteristics. J Am Acad Child Adolesc Psychiatry. 1997;36(4):545–53. 10. Birmaher B, Brent DA, Chiappetta L, Bridge J, Monga S, Baugher M. Psychometric properties of the Screen for Child Anxiety Related Emotional Disorders (SCARED): A replication study. J Am Acad Child Adolesc Psychiatry. 1999;38(10):1230–6 11. American Academy of Pediatrics. Media and Young Minds. Pediatrics. 2016;138(5):e20162591. 12. Health Service Executive. Screen time guidelines for

parents. Dublin: HSE; 2021. 13. Zoogman S, Goldberg SB, Hoyt WT, Miller L. Mindfulness interventions with youth: A meta-analysis. Mindfulness (N Y). 2015;6(2):290–302. 14. Fox GR, Kaplan J, Damasio H, Damasio A. Neural correlates of gratitude. Front Psychol. 2015;6:1491. 15. Uvnäs-Moberg K, Handlin L, Petersson M. Self-soothing behaviors with particular reference to oxytocin release induced by non-noxious sensory stimulation. Front Psychol. 2015;5:1529. 16. Siegel DJ, Bryson TP. The Whole-Brain Child. New York: Bantam; 2012.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 81
General Paediatrics

AUDIT OF CHILDREN REFERRED BY GENERAL PRACTITIONERS WITH SUSPECTED APPENDICITIS

CMCG McGarry[1], GP Phillips[1,2], MA Atta[1,2], SAM Mehdi[1,2], LA Aroh[1,2]
[1]ED, University Hospital Kerry, Tralee, Ireland
[2]Paediatrics, University Hospital Kerry, Tralee, Ireland
[3]Paediatrics, University Hospital Kerry, Tralee, Ireland
[4]Paediatrics, University Hospital Kerry, Tralee, Ireland
[5]Surgical, University Hospital Kerry, Tralee, Ireland

Aims :
The primary aim of this audit was to assess the diagnostic accuracy and clinical utility of inflammatory markers—specifically full blood count (FBC), urea and electrolytes (U&E), and C-reactive protein (CRP)—alongside imaging modalities in children referred by general practitioners (GPs) with suspected appendicitis. The study sought to determine how effectively these tools contributed to confirming or excluding appendicitis in a paediatric population presenting with abdominal pain.

Methods:
A retrospective audit was conducted on children referred to secondary care between 1st May 2025 and 31st July 2025 with abdominal pain and a clinical suspicion of appendicitis. Data were extracted from medical records, including final diagnoses, results of laboratory investigations (FBC, U&E, CRP), and imaging findings. The audit focused on evaluating the correlation between these diagnostic tools and confirmed cases of appendicitis.

Results:
During the three-month audit period, 99 children were referred with suspected appendicitis. Sixteen were ultimately diagnosed with appendicitis and underwent surgical intervention via appendectomy. All 16 had FBC, U&E, and CRP tests performed. Notably, only 6 of these patients had elevated CRP levels, and just 3 exhibited markedly high values. The remaining 10 had CRP levels below 10 mg/L, indicating that CRP alone may lack sensitivity in this context. Ultrasound imaging was conducted in most cases and successfully confirmed appendicitis in 13 of the 16 children, demonstrating its diagnostic value.

Conclusion:
CRP was not consistently elevated in children with histologically confirmed appendicitis, suggesting that reliance on this marker alone may be insufficient. In contrast, ultrasound imaging showed high diagnostic yield and should be considered a key component in the assessment of paediatric abdominal pain. These findings advocate for a multimodal diagnostic strategy that integrates clinical evaluation with selective use of laboratory and imaging investigations.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 82
General Paediatrics

DIAGNOSTIC YIELD FROM PERFORMING BLOOD CULTURES IN PAEDIATRIC PATIENTS ADMITTED TO CHILDREN'S HEALTH IRELAND AT TALLAGHT HOSPITAL

M McGuckin[1], G Balanica[1], C Brennan[2]
[1]Department of Paediatrics, Children's Health Ireland at Tallaght Hospital, Dublin, Ireland
[2]Microbiology Department, Tallaght University Hospital, Dublin, Ireland

Aims:
Detection of microorganisms in blood samples using automated blood culture systems is the gold standard in diagnosing bloodstream infections. If the proper technique is not followed, the blood culture can be "contaminated" (false positive result). If the blood sample is too small, the result can be falsely negative [(1,2)]. Both of these situations can have an adverse effects on the patient. This study evaluates the diagnostic yield from performing blood cultures in paediatric patients with suspected sepsis admitted to Children's Health Ireland at Tallaght Hospital from July 2024 to February 2025.

Methods:
Retrospective data collection from paper and electronic healthcare records.

Results:
Out of 1334 blood culture samples, 36 (2.69%) were positive. 8 (0.59%) were positive for pathogens (true positive) and 28 (2.09%) for contaminants (false positive).
All of the true positive and 21 of the false positive samples flagged positive in the first 24 hours of incubation.
The pathogens isolated were Streptococcus pneumoniae (3), Neiserria meningitidis (2), Escherichia coli (2) and Staphylococcus aureus (1).
Streptococcus pneumoniae was isolated in fully vaccinated patients but the serotypes in question were not covered by routine vaccination. Neiserria meningitidis was isolated in unvaccinated patients.
The main contaminants were Staphylococcus epidermidis (11) and Staphylococcus hominis (8).

Conclusions:
There was a low diagnostic yield from performing blood cultures in our cohort. This might be explained by false negative results caused by an inadequate sample volume. Most of the positive blood cultures were caused by contaminants (77.77%), but the overall contamination rate (2.09%) is within the recommend target rate (< 3%). Developing a guideline of recommendations for performing blood cultures in paediatric patients attending emergency services in CHI, further training of medical staff regarding collection of appropriate volume samples and a strict aseptic technique in sample collection should be arranged in order to address these issues.

1. Clinical Excellence Commission NSW Government: Paediatric Blood Culture Guidance 2. NHS University Hospital Southampton: Blood Culture Sampling Policy for Adult and Paediatric Patients 3. Children's health Ireland: CHI Nursing Practice Guidelines Taking Blood Cultures from Peripheral or Central Venous Access Device (CVAD)

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 83
General Paediatrics

NEW ONSET OF ECZEMA IN REFRACTORY THROMBOCYTOPENIA: A DIAGNOSTIC CLUE TO WISKOT-ALDRICH SYNDROME

M Md Isa, B Sanneerappa

[1]General Paediatrics, Regional Hospital Mullingar, Westmeath, Ireland

Background:
Wiskot-Aldrich Syndrome (WAS) is a rare X-linked primary immunodeficiency characterized by a triad of thrombocytopenia, eczema and recurrent infections.

Method:
We present a case of atypical clinical course of WAS. A 14-month-old male presented to local hospital with prolonged epistaxis on the background of 3 months history of intermittent petechial rash, as well as easily bruises and hematoma following trivial injury. Initial laboratory investigations revealed bicytopenia; severe thrombocytopenia (platelet of 24 x 10^9/L) and moderate microcytic and hypochromic anaemia (haemoglobin of 82g/L, MCV 53 fL MCH 20.4 pg). Blood film showed thrombocytopenia, hypochromic microcytic red cells, no blasts seen. He was initially treated as dual pathology; thrombocytopenia secondary to immune thrombocytopenia purpura and anaemia contributed by nutritional deficiency.

Results:
He was noted to have new onset of significant infected eczema during his weekly follow-up for platelet level. Clinical suspicion of Wiskot-Aldrich syndrome arises at this stage due to new onset of significant eczema in a previously non-allergic toddler and worsening thrombocytopenia in what previously thought to be immune thrombocytopenia. Genetic analysis in tertiary center revealed the patient to be hemizygous for pathogenic WAS gene variant c.360+1g>T with absent WASP protein expression confirming the diagnosis. He subsequently develops refractory severe thrombocytopenia with bleeding manifestation requiring multiple platelet transfusion and intravenous immunomodulators. Given the severity of the thrombocytopenia and associated risk of early mortality, the definitive treatment of Hematopoietic Stem Cell Transplantation (HSCT) was pursued. He underwent HSCT using matched sibling donors.

Conclusion:
This case emphasizes the importance of close follow up in unclear diagnosis and the importance of high index of suspicion of WAS in male infants presenting with the triad of thrombocytopenia, eczema and recurrent infections. Prompt genetic confirmation and subsequent curative therapy via HSCT can significantly alter the prognosis, offering a chance for normal lifespan and improved quality of life.

1.Buchbinder D, Nugent DJ, Fillipovich AH. Wiskott-Aldrich syndrome: diagnosis, current management, and emerging treatments. Appl Clin Genet. 2014. https://doi.org/10.2147/TACG.S58444. 2.Loyola Presa JG, de Carvalho VO, Morrisey LR, et al. Cutaneous manifestations in patients with Wiskott-Aldrich syndrome submitted to haematopoietic stem cell transplantation. Arch Dis Child 2013;98:304-7.doi:10.1136/archdischild-2011-300812 3.Hosahalli Vasanna S, Pereda MA, Dalal J. Clinical features, cancer biology, transplant approach and other integrated management strategies for Wiskott-Aldrich syndrome. J Multidiscip Healthc. 2021;14:3497–3512. doi: 10.2147/JMDH.S295386

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 84
General Paediatrics

THE RIPPLE EFFECT: CASE PRESENTATION OF INFECTIVE ENDOCARDITIS IN A 10-YEAR-OLD BOY

H Mohamed, MB O'Neill, JG Joyce

[1]Paediatrics Medicine , Mayo University Hosiptal , Castlebar, Ireland
[2]Orthopedic surgery , Mayo University Hosiptal, Castlebar, Ireland
[3]Paediatric Cardiology , CHI at Crumlin, Dublin, Ireland

Background:
Infective endocarditis (IE) is a major public health challenge. In 2019, the estimated incidence was 13.8 cases per 100 000 subjects per year1.IE in approximately 8% -10% of paediatric cases develops without structural heart disease or any other readily identifiable risk factors. In these situations, the infection usually involves the aortic or mitral valve secondary to Staphylococcus aureus bacteraemia3. Case Presentation:
Method:
We present a ten-year-old White Irish male, who attended the Emergency Department with six days history of right lower limb pain and high-grade fever with rigors. He had no other complaint. There was no history of trauma or sick contacts. The patient had no background medical condition of note. On examination, the patient had an antalgic gait on the right side. There was marked tenderness on the medial aspect of the right calcaneus, although no swelling or erythema were appreciated. The patient had plantar warts on both soles of his feet. His examination was otherwise unremarkable. Periosteal reaction was noted on MRI of the right tibia suggestive of osteomyelitis. The patient blood culture was positive for Methicillin-sensitive Staph aureus. He remained febrile despite five days of IV Flucloxacillin. Echocardiogram revealed a vegetation on the aortic valve cusps. He was transferred to CHI at Crumlin under Cardiology team. He was treated with six weeks course of intravenous Flucloxacillin.

Conclusion:
IE is a common complication Staph aureus bacteraemia which in this case was also associated with haematogenous Osteomyelitis.Two positive blood culture are worthy of an Echo.In children with persistent fever or persistently positive blood cultures – think of echocardiogram.

References: 1. 2023 ESC Guidelines for the management of endocarditis. 2.3. Infective Endocarditis in Childhood: 2015 Update. A Scientific Statement from the American Heart Association

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 85
General Paediatrics

AN UNUSUAL CAUSE FOR HEADACHES – A CASE REPORT OF A TEMPORAL CAVERNOMA IN AN EIGHT YEAR OLD BOY

M.R Mohamed [1], LA Dockery[1], KS Shadani[1]

[1]Paediatric Department , Letterkenny University Hospital , Letterkenny, Ireland

Aims:
Cavernous malformations are congenital or acquired vascular abnormalities. They are uncommon with an incidence of 0.5% of the general population and usually are unnoticed until a hemorrhagic event occurs(1). While rare in children and typically associated with seizures (2), they can precent with headaches. Here, we examine the case of an eight year old child presenting with a short history of headache, diplopia and intermittent strabismus, found to have a temporal lobe cavernoma.

Methods:
An 8-year-old boy presented to the Emergency Department at LUH with a severe headache on a background of a four day history of diplopia and vomiting, and a one month history of intermittent headaches associated with one episode of strabismus, since resolved. He was initially reviewed at an optometry clinic where a binocular anomaly was identified and he was subsequently referred to ophthalmology for a query Brown Syndrome. One day prior to admission, he developed a severe frontal headache, described as dull in character and associated with sudden onset episodes of vomiting.

Results:
CT findings revealed a hyperattenuating non-calcified lesion in the posteromedial caudal right temporal area on the initial non-contrast CT. CT Angiogram revealed features of a temporal arteriovenous malformation. Minor (less than 2 mm depth) asymmetric hyperintensity along the cranial aspect of the posterior right tentorium compared to left side (potentially related to small volume secondary subarachnoid blood products in the setting of recent symptoms). MRI demonstrated mass-like post-contrast enhancement with a fluid–fluid level, while digital subtraction angiography suggested tumoural vascularity. This child went under a craniotomy at CHI Crumlin under the due care of the Neurosurgery teams and is since doing well.

Conclusion:
While cavernomas are rare and more often found in adults, they must be held within the scope of differentials in the presentation of headache especially when associated with resolving focal neurological defects(3)

1. Hegde AN, Mohan S, Lim CCT. CNS cavernous haemangioma: “popcorn” in the brain and spinal cord. Clin Radiol. 2012 Apr 1;67(4):380–8. 2. Andraska EA, Horne DC, Campbell DN, Eliason JL, Wakefield TW, Coleman DM. Patterns of pediatric venous disease. J Vasc Surg Venous Lymphat Disord. 2016 Oct 1;4(4):422–5. 3. Rivera PP, Willinsky RA, Porter PJ. Intracranial cavernous malformations. Neuroimaging Clin N Am. 2003 Feb 1;13(1):27–40.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 86
General Paediatrics

ISBAR AT DAWN: MAKING MORNING HANDOVER SUCCINCT, STRUCTURED, ENGAGING, AND EDUCATIONAL (S^2E^2)

MM Mulhima, ZA Zahra, FM Faisal, MM Mayada, KM Kene

[1]Paediatrics, University hospital Limerick, Limerick, Ireland

Aims:
We aimed to implement ISBAR format in 100% of handovers by August 2025 to improve safety, brevity, and education. Morning handover was often lengthy, monotonous, and of limited educational value. Unstructured communication risked patient safety and reduced staff engagement.

Materials And Methods:
Drivers of poor handover included reading from photocopied notes, lack of ISBAR familiarity, and limited senior feedback. Prospective data were collected on case duration, staff distraction, and satisfaction. Interventions were: (1) introduction of a structured ISBAR template, and (2) ISBAR training during new doctors' induction. A target of 90 seconds per case was set.

Results:
Baseline data (May 2025) showed 60–140 seconds per case with staff distraction up to 60%. After template introduction (June 2025), handover shortened to 40–130 seconds, distraction 0–20%. Following induction training, mean duration reduced to 64 seconds per case with distraction consistently <10%. A modified template, emphasising brevity and educational "nuggets," achieved 63–82 seconds per case. Repeat surveys confirmed improved satisfaction and engagement.

Conclusions:
ISBAR is a core communication skill that can be taught effectively to students and clinicians. Implementation reduced handover duration, improved engagement, and created new educational opportunities. Our slogan S^2E^2 (Structured, Succinct, Engaging, Educational) reflects these benefits. Future work will explore a digital ISBAR format to further enhance patient safety and efficiency.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 87
General Paediatrics

FRONTAL HEADACHE IN PAEDIATRIC SINUSITUS: EARLY CLUE TO SUB-PERIOSTEAL ABSCESS AND POTT'S PUFFY TUMOUR

K Moorpani[1,2], H Tufail[1,2], M Arslan[1,2], F Khan[1,2], Z Hussain[1], M Asghar[1], J Saeed[1], U Khan[1], AM Murphy[2], S Mustafa[3], U Murtagh[3]
[1]Paediatric Emergency Department, UHL, Limerick, Ireland
[2]Department of Paediatrics, The Childrens Ark, UHL, Limerick, Ireland.
[3]General Paediatric Department, Children's Health Ireland, Crumlin, Dublin

Aims:
This case series aims to highlight the importance of early recognition and management of subperiosteal abscess as a rare but serious complication of paediatric sinusitis, emphasizing clinical red flags and multi-disciplinary care to prevent morbidity.

Materials and Methods:
We retrospectively reviewed four paediatric patients, three adolescent boys and one pre-adolescent girl, who presented to a tertiary care Paediatric Emergency Department between April and July 2025 with symptoms related to sinusitis.
All four reported severe frontal headache lasting 48–72 hours prior to presentation, serving as a clinical red flag and prompting further investigation. Diagnostic workup included contrast-enhanced computed tomography (CT) of the head and orbits. Microbiological analysis was performed to identify causative pathogens. Management involved urgent surgical drainage and a course of prolonged antibiotic therapy.

Results:
Three patients were diagnosed with complicated orbital cellulitis with subperiosteal abscess, and one had Pott's puffy tumour. Streptococcus intermedius was isolated in 75% of cases. None of them demonstrated intracranial spread. All received urgent surgical drainage combined with prolonged antibiotic course. Outcomes were favourable with no reported sequelae.

Conclusion:
Severe frontal headache in adolescent children with sinusitis or periorbital cellulitis should prompt urgent imaging to exclude deeper complications such as subperiosteal abscess or Pott's puffy tumour. Early diagnosis, structured follow-up, and multidisciplinary management are critical to ensuring positive outcomes and preventing morbidity.

.

Adil EA, Muir M, Kawai K, Hoff SR, Rizzi MD, Boss EF, et al. Pediatric subperiosteal abscess secondary to acute sinusitis: a systematic review and meta-analysis. Laryngoscope. 2020;130(12):2906–12. doi:10.1002/lary.28570. Daloiso A, Mondello T, Boaria F, Lo Presti R, Garofalo E, Giugno A, et al. Pott's puffy tumor in young age: a systematic review and our experience. J Clin Med. 2024;13(21):6428. doi:10.3390/jcm13216428. Kühn JP, Linsler S, Nourkami-Tutdibi N, Tutdibi E, Mehdorn HM, Bartmann P, et al. Pott's puffy tumor: a need for interdisciplinary diagnosis and treatment. HNO. 2022;70(Suppl 1):8–13. doi:10.1007/s00106-021-01134-w. Noor M, Shahid S, Nusrath MP. Pott's puffy tumor: a case report of a complication of rhinosinusitis in the pediatric age. Cureus. 2025;17(5):e84573. doi:10.7759/cureus.84573.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 88
General Paediatrics

CRYING IN CLUSTERS: A RARE CASE OF INFANTILE TRIGEMINAL AUTONOMIC CEPHALALGIA

K Moorpani[1,2], K Maduemem[1,2]

[1]Paediatric Emergency Department, UHL, Limerick, Ireland
[2]Department of Paediatrics, The Childrens Ark, UHL, Limerick, Ireland.

Aim:
To report the earliest reported presentation of paroxysmal autonomic episodes resembling Short-lasting Unilateral Neuralgiform headache with Conjunctival injection and Tearing (SUNCT) in an infant.

Method:
We present the clinical course, consented images/videos, and follow up of the index infant.

Results:
A female infant presented at three weeks of age with recurrent clusters of paroxysmal irritability and crying accompanied by left-sided hemifacial flushing, unilateral lacrimation, and coughing. Episodes recurred approximately every three weeks until resolution at 13 weeks of age. No significant perinatal history nor developmental concerns.
Photographs and videos demonstrated consistent left-sided hemifacial flushing accompanied by paroxysmal irritability, without focal neurological deficits. The features are in keeping with probable diagnosis of short-lasting unilateral neuralgiform headache attacks with conjunctival injection and tearing (SUNCT). The infant remains under paediatric follow up.

Conclusion:
This case represents one of the earliest reported presentations of probable SUNCT attacks in infancy. It highlights the challenges of applying adult-based diagnostic criteria in infants, the importance of distinguishing SUNCT from other forms of trigeminal autonomic cephalalgia.

Lucas R, Menezes MP, Teo SS. An infant with paroxysms of screaming and unilateral lacrimation and rhinorrhea. Int J Clin Pediatr. 2021;10(2-3):49-52 Sciruicchio V, Sardaro M, Gagliardi D, Livrea P. A case of early-onset and monophasic trigeminal autonomic cephalalgia: could it be a SUNCT? *J Headache Pain*. 2010;11(5):363–5. doi:10.1007/s10194-010-0219-y. Ghosh A, Silva E, Burish MJ. Pediatric-onset trigeminal autonomic cephalalgias: a systematic review and meta-analysis. Cephalalgia. 2021;41(13):1382–95. doi:10.1177/03331024211027560.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 89
Medical/Education Management

CLOSING THE LOOP:AN AUDIT OF PAEDIATRIC EMERGENCY DEPARTMENT DISCHARGE SUMMARIES TO GPS- ASSESSING HIQA COMPLIANCE POST-EDUCATION (JAN-SEP'25), UHL

K Moorpani[1,2], A Gourrege[1], ZS Azim[1], A Raza[1,2], F Hakim[1,2], F Mousa[1,2], M Naveed[1,2], BE Grace[2], R Jackman[1], M Guilfoyle[1], S Carraig[1], Z Hussain[1], U Khan[1]

[1]Paediatric Emergency Department, UHL, Limerick, Ireland
[2]Department of Paediatrics, The Children's Ark UHL, Limerick, Ireland

Aims:
This quality improvement project aimed to evaluate feedback discharge letters to GPs from the Emergency Department at UHL by conducting a baseline audit, implementing targeted staff education, and re-auditing to assess improvements against HIQA standards, completing the audit cycle to support ongoing quality improvement.

Materials And Methods:
In this re-audit, we retrospectively reviewed 140 paediatric ED attendances at UHL from July 16 to September 16, 2025, using Maxims software. Data were collected using convenience sampling from all shifts to achieve 24-hour coverage, excluding trauma cases. This followed an initial audit (Jan 1–Mar 31, 2025), after which targeted education and software demonstrations were provided to NCHDs and nurses, reinforced by monthly reminders. Weekly data collection monitored compliance with HIQA discharge summary standards. Documentation of feedback discharge letters was assessed. Data were managed in Microsoft Excel 2024 and analyzed using SPSS v.30.

Results:
Out of 140 paediatric ED attendances, feedback discharge summaries were provided to GPs in 80% of cases (112/140), a significant increase from 43% in the initial audit (January–March 2025). In the documented summaries, diagnosis was recorded in 100% of cases (n=112), acute management was mentioned in 100% and follow-up plans in 88% (n=99), compared to 100%, 91%, and 82% respectively in the initial **audit. Referral sources included 45% GP referrals, 8% emergency services, and 47% self-referrals.**

Conclusion:
Compliance with HIQA discharge summary standards improved significantly by 37%, rising from 43% to 80% following targeted education and ongoing interventions. Documented summaries consistently met key HIQA requirements, reflecting optimal adherence to essential elements. The combination of brief education sessions, monthly reminders, and active nursing involvement was instrumental in driving this improvement. To maintain these high standards, continual training and periodic audits are recommended.

O'Connor R, O'Callaghan C, McNamara R, Salim U. An audit of discharge summaries from secondary to primary care. Ir J Med Sci. 2019;188(2):537-40. Health Information and Quality Authority. National Standard for Patient Discharge Summary Information. Dublin: HIQA; 2013 Aug. Compliance with the Health Information and Quality Authority National Standard for Patient Discharge Summary Information: a retrospective study in secondary care. Ir Med J. 2020;113(8):110. Dinescu A, Fernandez H, Ross JS,

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Karani R. Audit and feedback: an intervention to improve discharge summary completion. J Hosp Med. 2011;6(1):28-32.

Poster No. 90
General Paediatrics

EVALUATING COMPLIANCE WITH A NEW ADMISSION/DISCHARGE BUNDLE IN CHI TALLAGHT

O Moran[1], C Mahony[1], A Raba[1]
[1]General Paediatrics, CHI Tallaght, Dublin, Ireland

Aim:
Discharge summaries are essential for ensuring safe and effective transitions of care from hospital to community settings. In August 2025, Children's Health Ireland (CHI) at Tallaght introduced a quality improvement initiative, the "Admission/Discharge Bundle", which incorporated a discharge summary proforma into medical notes at the time of admission.

This audit aimed to assess staff compliance with the new process and to evaluate its potential for long-term integration into clinical practice.

Method:
Over a five-week period following the bundle's implementation, the research team conducted daily in-person audits. Each morning, newly admitted patients' medical notes were reviewed to determine whether the discharge summary proforma had been completed at admission. Key data points, including total admissions and presence of the proforma, were recorded by admission date and securely stored in an Excel file accessible only to the research team.

Results:
The overall compliance rate during the audit period was 66%, with a consistent upward trend over time. Initial compliance in week one was 47%, rising steadily to reach 81% by week five. This pattern suggests growing staff familiarity and integration of the bundle into routine practice.

Conclusion:
The audit demonstrates increasing staff compliance with the Admission/Discharge Bundle over time, indicating that the intervention became more embedded in daily workflow. The high compliance rate by week five suggests strong staff adaptability and supports the bundle's viability for long-term use in improving discharge documentation processes.

1. Health Service Executive. (2017). Integrated Care Guidance: a practical guide to transfer and discharge from Hospital. https://www.hse.ie/eng/about/who/national-services/patient-flow-academy/patient-flow-resources/hse-national-integrated-care-guidance.pdf 2. Health Information and Quality Authority (2013). National Standard for Patient Discharge Summary. https://www.hiqa.ie/sites/default/files/2017-01/National-Standard-Patient-Discharge-Summary.pdf

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 91
General Paediatrics

WIPING AWAY THE CRAVINGS: AN UNUSUAL PRESENTATION OF IRON DEFICIENCY ANAEMIA

G Murphy[1], C Omollo[1], C Stanciu[1]

[1]Paediatrics Department, Regional Hospital Mullingar, Westmeath, Ireland

Aims:
To present a case of iron deficiency anaemia associated with pica, with subsequent identification of sickle cell trait.

Methods:
A 14-month-old boy was referred to a regional paediatric outpatient department with concerns regarding slow growth. His weight and length tracked along the 9th centile compared to a mid-parental height on the 50th centile. He had a varied diet, was previously breastfed until 6 months, and transitioned appropriately to solids without issue. His mother reported a persistent habit of chewing and sucking on wet wipes but no other atypical behaviours. Development was appropriate for his age. He was born at term by caesarean section following an uncomplicated pregnancy. Family history was unremarkable, with his father from Ireland and mother from Zambia. Clinical examination was normal apart from a wet wipe in his mouth (Anonymized photos available)

Results:
Baseline bloods demonstrated significant hypochromic, microcytic anaemia with markedly low ferritin. Other haematinics were normal. Haemoglobin electrophoresis subsequently confirmed sickle cell trait. He was commenced on oral ferrous fumarate with good response, and further follow-up is ongoing.

Conclusion:
Pica is defined in DSM-5 as the persistent ingestion of non-nutritive, non-food substances for at least one month[1]. Whilst they suggest excluding diagnosis in those under 2 years of age, this case illustrates that pica-like behaviours may serve as an early clinical clue to iron deficiency and to an underlying haemoglobinopathy. Recognition is important to guide timely investigation and management.

1. American Psychiatric Association (2022) Diagnostic and statistical manual of mental disorders [Preprint]. doi:10.1176/appi.books.9780890425787.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 92
General Paediatrics

ADHERENCE TO CLINICAL GUIDELINES FOR BRONCHIOLITIS: AN AUDIT OF CURRENT PRACTICE AT CHILDREN'S HEALTH IRELAND AT CRUMLIN.

G Mustafa Mohamed[1], S Lewis, N Vaughan, G Fitzmaurice, E Nevin, SC Richardson
[1]General Paediatric, CHI, Crumlin, Dublin, Ireland

Aims:
Bronchiolitis represents a significant workload in paediatric hospitals in winter. Clinical Guidelines for bronchiolitis outline management principles and discharge criteria. The aim of this audit was to assess adherence to local bronchiolitis guidelines at CHI at Crumlin and to identify delays to discharge.

Methods:
Data on demographics, investigations, management and discharge were recorded for patients admitted from 4/11/24 to 3/12/24. Statistical analysis was undertaken using SPSS and Microsoft Excel. Medical records were reviewed on Evolve software. Ethical approval was given by the CHI Clinical Audit Committee.

Results:
Fifty-two infants (31 male, 21 female; mean age 4.4months) were included for analysis. On admission, 41/52(79%) infants had PEWS ≤3 and 11/52(21%) had PEWS 4. Of 52 patients, 43(83%) were feeding <2/3rd of requirements and 16(31%) required supplemental oxygen. Median length-of-stay was 52hours(range 9-235 hours). Of 52 infants, the NPA was positive for 43(83%) infants, RSV was isolated in 25(56%), 9(17%) had blood cultures and 9(17%) received antibiotics. Of all infants, 25(48%) had a chest X-ray, with only 5(21%) having significant radiological findings. Compliance with discharge criteria was 71%(95%CI: 57 to 83%), with no significant difference between wards (p-value=0.7). The median time off oxygen before discharge was 26hours(range 6-125 hours), and the median time tolerating oral feeds prior to discharge was 20 hours(range 6-144 hours). The median time from children being 'fit-for-home', as per guidelines, to discharge home, was 11 hours(range 0-24 hours). Of 52 children, only 5(10%) were discharged at the time when all discharge criteria were met. For 17(33%) infants, there was a clinical decision made not to discharge home. Other children awaited clinician review (21/52 patients; 40%), remained admitted for parental concern (4/52; 8%) and awaited the results of investigations (5/52;10%). One patient (2%) was readmitted for worsening respiratory status.

Conclusion:
Our study showed that deviation from clinical practice guidelines for bronchiolitis is common. Criteria-led (nurse-led) discharge may have reduced discharge delays for children who awaited clinical review. Further audit is planned following departmental discussion and education.

1.Clinibee Clinical Guidelines for Bronchiolitis: https://app.clinibee.com/articles/3de54cc8-e32e-4b26-8a2e-122e1a1d334c 2.Criteria-Led Discharge Policy: Children's Health Ireland. Policy on Nurse-Led Discharge. 2023. https://media.childrenshealthireland.ie/documents/CHI_Criteria-Led_Discharge_Policy_June_2024.pdf 3.CLD Criteria-Led Discharge Template for Bronchioltis. https://www.childrenshealthireland.ie/documents/2294/ Criterialed_Discharge_Bronchiolitis_Proforma_June_2024.pdf 4.https://www.nice.org.uk/Guidance/NG9 Bronchiolitis in children: diagnosis and management, NICE guideline Published: 01 June 2015, Last updated: 09 August 2021 5.Socioeconomic Status and Bronchiolitis Severity Among Hospitalized Infants. Acad Pediatr. 2020 Apr;20(3):348-355. doi: 10.1016/j.acap.2019.06.003. Epub 2019 Jun 26. PMID: 31254632; PMCID: PMC6930979.

Zheng DX, Mitri EJ, Garg V, Crifase CC, Sullivan AF, Espinola JA, Camargo CA Jr. 6.Bronchiolitis: Recommendations for diagnosis, monitoring and management of children one to 24 months of age. Paediatric Child Health. 2014 Nov;19(9):485-98. doi: 10.1093/pch/19.9.485. PMID: 25414585; PMCID: PMC4235450. Friedman JN, Rieder MJ, Walton JM; Canadian Paediatric Society, Acute Care Committee, Drug Therapy and Hazardous Substances Committee.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 93
General Paediatrics

A CLINICAL AUDIT ON ROUTINE SCREENINGS AND FOLLOW-UP OF CHILDREN WITH TYPE 1 DIABETES AT OUR LADY OF LOURDES HOSPITAL.

N NABY, M GRACE, C MEEKE, M ANWAR

[1]Paediatrics, Our Lady of Lourdes Hospital, Drogheda, Ireland
[2]Paediatrics, Our Lady of Lourdes Hospital, Drogheda, Ireland
[3]Paediatrics, Our Lady of Lourdes Hospital, Drogheda, Ireland
[4]Paediatrics , Our Lady of Lourdes Hospital , Drogheda, Ireland

Background:
Ireland has one of the highest incidences of Type 1 diabetes mellitus (T1DM) in Europe. Optimal care requires lifelong multidisciplinary management, with early detection of complications guided by International Society for Paediatric and Adolescent Diabetes (ISPAD) recommendations.

Aim:
To assess compliance with ISPAD guidelines for routine screening and follow-up of children with T1DM at Our Lady of Lourdes Hospital, and to identify areas for quality improvement.

Methods:
A retrospective audit was undertaken of 200 children attending the paediatric diabetes clinic between January–December 2024. Electronic records were reviewed for adherence to ISPAD recommendations, including quarterly HbA1c, annual blood pressure, lipid profiles, thyroid and coeliac screening, urine albumin-to-creatinine ratio, retinopathy and neuropathy screening, as well as psychosocial and pubertal assessments.

Results:
Quarterly HbA1c monitoring was achieved in 52% of patients, while annual blood pressure measurement was documented in 50%. Lipid testing was performed in 65% and not applicable in 28%. Thyroid (98%) and coeliac (99%) screening demonstrated excellent adherence. Urine albumin-to-creatinine ratio testing was completed in 42%. Retinopathy and neuropathy screening were undertaken in 63% and 79%, respectively. Psychosocial reviews were completed in all patients, and pubertal assessments in 81%.

Conclusion:
The audit shows strong adherence to ISPAD guidelines for autoimmune and psychosocial screening, with suboptimal compliance in glycaemic, blood pressure, and renal monitoring. Introducing standardized checklists, text message reminders, and expanding diabetes nursing support may improve follow-up consistency and facilitate earlier detection of complications.

1. ISPAD Clinical Practice Consensus Guidelines 2022: Microvascular and macrovascular complications in children and adolescents with diabetes, Bjornstad et.al 2. ISPAD Clinical Practice Consensus Guidelines 2022: The delivery of ambulatory diabetes care to children and adolescents with diabetes, Limbert et.al 3.ISPAD Clinical Practice Consensus Guidelines 2022: Other complications and associated conditions in children and adolescents with type 1 diabetes, Fröhlich- Reiterer et al.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 94
General Paediatrics

LESS IS MORE: RETHINKING BLOOD TESTING IN AUTISM

LF Farrell, **LN Nazir**, M Anwar, LM Mohammad, PG Gallagher, FM Mohammad
[1]paediatrics, MRHP, Portlaoise, Ireland

Aim:
This service evaluation was aimed to review current practice in the investigation of children with Autism. Assess adherence to international guidelines, and identify opportunities to reduce unnecessary testing.

Background:
In Ireland, when children are diagnosed with autism spectrum disorder, they are offered broad laboratory investigations, including chromosomal microarray, Fragile X testing, and metabolic studies. While such tests are appropriate in selected cases, international guidelines recommend a more focused, indication-driven approach. Routine use of all investigations contributes to unnecessary healthcare costs and expose children-many of whom already face sensory sensitivities and heightened anxiety- to avoidable stress and trauma.

Method:
A retrospective audit of children with a diagnosis of Autism was carried out on children attending both developmental and general paediatric clinics. Data was collected from patients' medical records and laboratory records. The sample was chosen from patients presenting to clinics during the study period and was therefore not fully randomised. Their diagnosis was at varying times, and the investigations carried out were all in the past. Relevant data was entered into an automated Excel sheet, which was used to analyse results.

Result:
All children with autism had microarray testing (n = 66). Only 10 patients showed abnormal results (15%). Metabolic workup and Fragile X testing were performed on 87% and 81% of the children, respectively. Both results for metabolic workup and Fragile X testing were normal.

Conclusion:
Our service evaluation indicates that routine genetic and metabolic testing in children with autism has limited diagnostic yield. According to international guidelines, chromosomal microarray is recommended as a first-tier test for children with autism[1]. Fragile X testing and metabolic workup to be considered only when they have suggestive clinical features, family history or an inherited metabolic disease.

1. Carter MT, Srour M, Au PB, Buhas D, Dyack S, Eaton A, Inbar-Feigenberg M, Howley H, Kawamura A, Lewis SME, McCready E, Nelson TN, Vallance H; Canadian College of Medical Geneticists. Genetic and metabolic investigations for neurodevelopmental disorders: position statement of the Canadian College of Medical Geneticists (CCMG). J Med Genet. 2023 Jun;60(6):523-532. doi: 10.1136/jmg-2022-108962. Epub 2023 Feb 23. PMID: 36822643; PMCID: PMC10313961. 2. National Institute for Health and Care Excellence (NICE). Autism spectrum disorder in under 19s: recognition, referral and diagnosis. Clinical guideline [CG128]. Published: 28 September 2011. Last updated: 20 December 2017. Available at: https://www.nice.org.uk/guidance/cg128. ISBN: 978-1-4731-1788-4. 3.Scottish Intercollegiate Guidelines Network (SIGN). Assessment, diagnosis and interventions for autism spectrum disorders.

Edinburgh: SIGN; 2016. (SIGN publication no. 145). [June 2016]. Available from URL: http://www.sign.ac.uk

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 95
General Paediatrics

A RETROSPECTIVE ANALYSIS OF PAEDIATRIC EMERGENCY DEPARTMENT ATTENDEES WITHOUT GENERAL PRACTITIONER REGISTRATION

SN Newport[1], TB Breslin[1], EK Kehoe[1], PK Kelly[1]

[1]Emergency Department, Wexford General Hospital, Wexford Town, Ireland

Aims:
To quantify the number of children attending Wexford General Hospital Emergency Department (ED) without a registered General Practitioner (GP), including those eligible for free GP care, and to highlight deficits in access to primary care.

Methods:
This retrospective analysis reviewed paediatric attendances to Wexford General Hospital ED between December 2021 and December 2024. Patients were identified using coding for “No GP” or “GP Not on List.” on IPMS. Eligibility for free GP care was determined by age, based on national entitlements (<5 years from 2020; <8 years from August 2023).

Results:
Paediatric ED attendances increased by 56.9% from 2021 to 2024. In 2021, 171 children attended without GP registration; this rose to 397 by 2024. Of these, 58 children in 2021 (34%) were eligible for free GP care, increasing to 116 (37%) in 2022. Following the extension of eligibility to under 8s, 139 children (43.8%) in 2023 and 205 children (51.6%) in 2024 attended without GP registration despite being entitled to free GP care. From January to June 2025, 99 children (52.7%) without GPs attended, demonstrating an 18.7% proportional increase in eligible children without GP registration over 4.5 years.

Conclusion:
There has been a marked rise in paediatric ED attendances by children without GP registration, including those entitled to free GP care. This trend highlights barriers in accessing primary care and poses concerns regarding continuity of care, increased burden on ED services, and limited clinical information in the absence of GP referral.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 96
General Paediatrics

CHRONIC ABDOMINAL PAIN: A DIAGNOSTIC DILEMMA

AN Niazi[1], D Onyekwere[1, 2]

[1]Department of Paediatrics, University Hospital Kerry, Tralee, Ireland
[2]Senior Clinical Lecturer, University Hospital Cork, Cork, Ireland

Background:
Chronic abdominal pain in children is often a diagnostic challenge since it is a common presenting complaint for both benign conditions (such as functional dyspepsia and irritable bowel syndrome) and serious disorders (such as inflammatory bowel disease, celiac disease and other infectious and non-infectious causes of gut inflammation).[1,2]

Case report:
A 13-year-old Caucasian girl presented with intermittent crampy abdominal pain for the past 6 months that had gradually worsened in intensity for the past 8 weeks. Her past medical history was significant for gluten intolerance and recurrent urinary tract infections for which she had previously completed multiple courses of antibiotics. Her symptoms had persisted despite stricter adherence to dietary restrictions. She had no history of loose or bloody stools. However, she complained of fatigue, anorexia, and undocumented weight loss. Her family history is significant for sarcoidosis affecting her mother.

Results:
During a recent admission for pyelonephritis, her laboratory investigations revealed microcytic anaemia (haemoglobin 9.6 g/dL, mean corpuscular volume 74.8 fL), thrombocytosis (PLT 766000/mL) and hypoalbuminemia (21 g/L). Her urinalysis did not reveal proteinuria. Based on her clinical symptoms, an autoimmune disorder was suspected. Faecal calprotectin levels were significantly elevated (>6000 ug/g). Ultrasound abdomen revealed wall thickening of terminal ileum suggesting terminal ileitis. Magnetic resonance enterography revealed bowel wall thickening with restricted diffusion on DWI extending from distal ileum to proximal one-third of transverse colon, suggesting Crohn's disease. Autoimmune workup for celiac disease was negative. Based on these findings, our main differential diagnosis is inflammatory bowel disease. However, possibility of other infectious and non-infectious causes of gastrointestinal inflammation cannot be ruled out. Patient is currently awaiting upper and lower gastrointestinal endoscopy with biopsy.

Conclusion:
Clinicians should always suspect conditions causing chronic gastrointestinal inflammation in children presenting with abdominal pain, weight loss, anaemia, and hypoalbuminemia.

1. Chronic abdominal pain in children. Pediatrics. 2005;115(3):812-815. doi:10.1542/peds.2004-2497 2. Hyams JS, Di Lorenzo C, Saps M, Shulman RJ, Staiano A, van Tilburg M. Functional Disorders: Children and Adolescents. Gastroenterology. Published online February 15, 2016:S0016-5085(16)00181-5. doi:10.1053/j.gastro.2016.02.015

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 97
Neonatal

ALPORT SYNDROME: A SYSTEMATIC APPROACH

AN Niazi[1], A Kumar[1]

[1]Department of Paediatrics, University Hospital Kerry, Tralee, Ireland

Background:
Alport syndrome is a hereditary nephropathy characterized by progressive renal impairment, persistent hematuria, sensorineural hearing loss, and ocular anomalies [1,2]. Diagnosis in neonates is challenging, especially when genetic results are pending and no renal or extrarenal signs are apparent at birth [3].

Case Presentation:
We present the case of a female neonate born at term (38 weeks) with birth weight of 3.23 kg and an unremarkable postnatal course, normal renal ultrasound, kidney functions, audiometry and no hematuria on urinalysis. Despite the absence of symptoms, a strong family history raised suspicion of Alport syndrome: the maternal grandmother was diagnosed via renal biopsy; mother and both maternal uncles have persistent microscopic hematuria (3+) as well as sensorineural hearing loss; one of the maternal uncles required grommet insertion for otitis media with effusion; and all family members wear corrective eyeglasses. The neonate has two sisters and both have microscopic hematuria (3+). Grandmother's genetic testing revealed one likely pathogenic variant in gene *COL4A5,* consistent with Alport syndrome 1. Genetic testing for the neonate has been sent.

Discussion:
This case highlights the importance of a detailed family history in recognizing hereditary nephropathies early. While the neonate currently exhibits no renal or extrarenal manifestations, the multigenerational presence of hematuria and ocular and otological involvement strongly supports a provisional diagnosis of Alport syndrome [4–6]. Early recognition and specialist follow-up are essential in such cases to guide genetic counseling and long-term care planning to slow down progression to renal failure [1,2].

Conclusion:
In neonates from families with known or suspected Alport syndrome, clinical vigilance is critical even in the absence of symptoms. This case underscores the diagnostic value of family history and the need for timely genetic workup and multidisciplinary monitoring.

1. Kashtan CE. Alport Syndrome: Achieving Early Diagnosis and Treatment. Pediatr Nephrol. 2023;38(1):9–20. 2. Savige J, Ariani F, Mari F, Bruttini M, Renieri A. Expert consensus guidelines for the genetic diagnosis of Alport syndrome. Pediatr Nephrol. 2019;34(7):1175–1189. 3. Nakanishi K, Iijima K, Kamei K, et al. Clinical characteristics and outcome of Japanese children with Alport syndrome. Clin J Am Soc Nephrol. 2013;8(5):806–813. 4. Kruegel J, Rubel D, Gross O. Alport syndrome—insights from basic and clinical research. Nat Rev Nephrol. 2013;9(3):170–178. 5. Temme J, Peters F, Lange K, et al. Incidence of Alport syndrome and prevalence of COL4A5 mutations in X-linked and autosomal forms. Pediatr Nephrol. 2012;27(8):1235–1240. 6. Colville D, Wang YY, Jamieson R, et al. Ocular manifestations of Alport syndrome: pathogenesis and clinical significance. Clin Exp Ophthalmol. 2014;42(6):584–592.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 98
General Paediatrics

THE USE OF ORAL STEROIDS AND INHALED CORTICOSTEROIDS IN CHILDREN PRESENTING WITH PRE-SCHOOL WHEEZE AND ASTHMA

AN Nolan[1], RD Daly[1], BS Suleman[1], FM Meyer[2], LM McCarthy[1], CS Shine[2], EF Fauteux[2], SH Hurley[1], MNC Ni Chróinín[1]

[1]Paediatric Department, Cork University Hospital, Cork, Ireland
[2]Paediatric Emergency Department, Cork University Hospital, Cork, Ireland

Aims:
To assess the adherence to a new local guideline for preschool wheeze and asthma introduced in August 2024 we investigated the use of systemic and inhaled corticosteroids in children with exacerbations of pre-school wheeze and asthma presenting to both emergency departments and inpatient wards.

Methods:
A longitudinal prospective study of children presenting with preschool wheeze and asthma was performed over a seven month period from September 2024 to March 2025. Data was collected by means of a check-list that was completed by the discharging clinician including demographics, PRAM score on admission, re-cent symptom control, the presence of other risk factors and discharge medications and follow up plan. Ethical approval was obtained.

Results:
302 children were reported with discharge diagnosis of preschool wheeze 216 (72%) or asthma 86 (28%). Only 52% of cases presenting with acute asthma received oral steroids, whereas 74% of preschool cases received oral steroids. Inhaled steroids were prescribed in 46.5% of children with asthma and 30.6% of children with preschool wheeze. Patients in both groups were most likely to receive systemic steroids if they had a severe PRAM score at presentation, were admitted or preceding symptoms were partially con-trolled. Patients with previous aminophylline/ MgS04 use, partial control of symptoms or were admitted were more likely to be discharged on inhaled corticosteroids. In the preschool wheeze cohort, those with a positive asthma predictive index score were more likely to be discharged on inhaled steroids.

Conclusion:
Underutilisation of inhaled and systemic steroids for acute asthma presentations to ED and inpatient wards was documented. Conversely inappropriate use of oral steroid for those with mild to moderate epi-sodes of preschool wheeze was noted. Education of clinicians is ongoing and redesigned discharge check-lists to support discharge decisions have been implemented with plan for re-audit from September 2026.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 99
General Paediatrics

TRANSVERSE MYELITIS IN AN 08 MONTHS OLD: A RARE PRESENTATION

Asia Noureen[1], M. Akram[2], Maria Iqbal[3]

[1]Paediatrics, St Lukes General Hospital, Kilkenny, Ireland
[2]Paediatrics, St Lukes General Hospital, Kilkenny, Ireland
[3]Paediatrics, St Lukes General Hospital, Kilkenny, Ireland

Background:
Transverse myelitis is one of the neurological disorders resulting from inflammation of the spinal cord. This inflammation leads to sensory, motor, and autonomic dysfunction. Presentation can be acute or subacute. Being a common presentation in older children, transverse myelitis is rare presentation in infants.91)

Case:
We report the case of an 8-month-old girl who developed acute flaccid weakness of the upper limbs following a mild upper respiratory symptoms. Her weakness rapidly progressed to involve the lower limbs. MRI of the spine revealed extensive inflammation from C2 to C7, consistent with acute transverse myelitis. She tested positive for parainfluenza virus on a rapid viral swab. Her treatment required PICU admission, but she didn't need any mechanical ventilation.
She was treated with intravenous steroids and intravenous immunoglobulin (IVIG), resulting in significant improvement in motor function in all four limbs.

Discussion:
Transverse myelitis in infancy is extremely rare and can mimic botulism. There are few reported cases in infants. Timely diagnosis and prompt initiation of immunotherapy are critical to prevent long-term morbidity. Steroids and IVIG remain the mainstays of treatment. These children often need supportive care and rehabilitation.

Conclusion:
This case highlights the importance of considering transverse myelitis in the differential diagnosis of acute limb weakness in infants, even in the absence of systemic illness. Early recognition and intervention are essential to improve neurological outcomes.

1. Martins C, Andrade JV, Grilo E, Palavra F, Moinho R. Severe Acute Transverse Myelitis With a Rapid Progression in an Infant. Cureus. 2024 Oct 28;16(10). 2. Celik H, Aksoy E, Oztoprak U, Ceylan N, Aksoy A, Yazici MU, Azapagasi E, Eksioglu AS, Yücel H, Senel S, Yuksel D. Longitudinally extensive transverse myelitis in childhood: Clinical features, treatment approaches, and long-term neurological outcomes. Clinical Neurology and Neurosurgery. 2021 Aug 1;207:106764.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 100
General Paediatrics

FROM PIRATES TO PAEDIATRICS: SCURVY IN IRISH CHILDREN WITH SEVERE DIETARY RESTRICTION

N O'Flynn[1], J Donnelly [2], S Finn[2], J Balfe[3]

[1]Gastrointestinal Medicine , Children's Health Ireland at Crumlin, Dublin , Ireland
[2]General Paediatrics , Children's Health Ireland at Crumlin, Dublin , Ireland
[3]Child Development & Neuridisability, Children's Health Ireland at Tallaght, Dublin, Ireland

Aim:
This case series describes children with significantly restricted dietary intake diagnosed with scurvy in a tertiary paediatric centre, four of whom had a diagnosis of autism spectrum disorder. It details their acute presentation, clinical features and outcomes, emphasising the importance of recognising micronutrient deficiencies in children with restrictive eating patterns. Review of this cohort highlights the need for early recognition and timely dietetic involvement, particularly given the vast variety of clinical presentations and the risk of overlooking a condition often considered outdated.

Methods:
Children with scurvy were identified through physician recall at Children's Health Ireland. Data on demographics, diagnosis, dietary history, presenting features, investigations, management and outcomes were reviewed.

Results:
Five children with significantly restricted diets who developed scurvy were identified, four of whom had a diagnosis of autism spectrum disorder. Presentations varied widely, including pathological fractures, characteristic radiological findings and self injurious behaviour. All cases responded to Vitamin C supplementation. Dietician input was central to the support of their long-term recovery.

Conclusions:
Scurvy remains a relevant diagnosis in children with highly selective diets. The diversity of presentations underscores the need for diligence and early recognition, particularly in those with autism and restrictive eating, to prevent delayed diagnosis and prolonged morbidity.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 101
General Paediatrics

LOW ADHERENCE TO CHI GUIEDLINES FOR POST DISCHARGE IMAGING FOR COMMUNITY ACQUIRED PNEUMONIA

CA O'LEARY[1], JOB HOURIHANE[1,2], A SMYTH[3]

[1]GENERAL PAEDS, CHI TEMPLE STREET, DUBLIN, IRELAND
[2]PAEDIATRICS, RCSI, DUBLIN, IRELAND
[3]RADIOLOGY, CHI TEMPLE STREET, DUBLIN, IRELAND

Background:
The patient benefit for OPD follow-up Chest X-rays (CXR) for Community Acquired Pneumonia (CAP) is not well understood. The 2019 CHI Pneumonia Guideline state repeat CXR is only indicted for round pneumonia, persisting symptoms, lobar collapse, recurrent pneumonia involving the same lobe and suspicion of anatomic anomaly, chest mass or foreign body aspiration. The aim of this study is to study compliance with these approved indications.

Methods:
CHI Temple Street CAP admissions from 01/01/2024 to 31/03/2024 were identified retrospectively using HIPE. All OPD follow-up CXR reports were reviewed by a panel of 3 doctors (Gen Paeds trainee, Gen Paeds Consultant and Radiology Consultant) to determine adherence to 2019 CHI guideline.

Results:
279 admitted patients had CXRs and 52 (19%) of them went on to have OPD follow-up CXRs. Four of 52 repeat CXRs (8%) met the guidelines. 71% of non adherent repeat CXRs were requested by the treating physician and 29% by radiology. 94% of patients with nonadherence to gudleines CXRs were discharged following their repeated imaging.

Conclusion:
CHI gudelines are not being followed. Nearly all non-adherent CXRs were uninformative. Radiation risk reduction is not being complied with either. Further training and awareness of CHI's CAP imaging guidelines is needed across all departments in CHI.

1. Bentur H, Harave S The value of repeat chest radiograph in a child with pneumonia Archives of Disease in Childhood 2012;97:A10-A11. 2. McCrossan, P., McNaughten, B., Shields, M. and Thompson, A. (2017). Is follow up chest X-ray required in children with round pneumonia? Archives of Disease in Childhood, 102(12), pp.1182–1183. doi:https://doi.org/10.1136/archdischild-2017-313980. 3. Anon, (n.d.). Follow Up Chest Radiography In Paediatric Pneumonia: Is It Avoidable? – Irish Medical Journal. [online] Available at: https://imj.ie/follow-up-chest-radiography-in-paediatric-pneumonia-is-it-avoidable/. 4. Wacogne, I. (2003). Are follow up chest x ray examinations helpful in the management of children recovering from pneumonia? Archives of Disease in Childhood, 88(5), pp.457–458. doi:https://doi.org/10.1136/adc.88.5.457. 5. Bradley, J.S., Byington, C.L., Shah, S.S., Alverson, B., Carter, E.R., Harrison, C., Kaplan, S.L., Mace, S.E., McCracken, G.H., Moore, M.R., St Peter, S.D., Stockwell, J.A. and Swanson, J.T. (2011). The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America. Clinical Infectious Diseases, 53(7), pp.e25–e76. doi:https://doi.org/10.1093/cid/cir531. 6. Bruns, A.H.W., Oosterheert, J.J., El Moussaoui, R., Opmeer, B.C., Hoepelman, A.I.M. and Prins, J.M. (2009). Pneumonia Recovery; Discrepancies in Perspectives of the Radiologist, Physician and Patient. Journal of General Internal Medicine, 25(3), pp.203–206. doi:https://doi.org/10.1007/s11606-009-1182-7. 7. Little, B.P., Gilman, M.D., Humphrey, K.L., Alkasab, T.K., Gibbons, F.K., Shepard, J.-A.O. and Wu, C.C. (2014). Outcome of Recommendations for Radiographic Follow-Up of Pneumonia on Outpatient Chest Radiography. American Journal of Roentgenology, 202(1), pp.54–59. doi:https://doi.org/10.2214/ajr.13.10888. 8. Harris, M., Clark, J., Coote, N., Fletcher, P., Harnden, A., McKean, M. and Thomson, A. (2011). British Thoracic Society guidelines for the management of community acquired pneumonia in children: update 2011. Thorax, 66(Suppl 2), pp.ii1–ii23. doi:https://doi.org/10.1136/thoraxjnl-2011-200598. 9. Mccormack, S., Coghlan, D., Blackburn, C., Mcnally, P., Gavin, P. and Ryan, S. (n.d.). Pneumonia (community acquired): Guideline for Management Clinical algorithm -Summary of Key Points Aim. [online] Available at:

https://www.childrenshealthireland.ie/documents/679/Pneumonia.pdf [Accessed 11 Feb. 2025].

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 102
General Paediatrics

TRIAGE OUTCOMES OF ADOLESCENT PATIENTS REFERRED TO THE GENERAL PAEDIATRIC CLINIC: A PROSPECTIVE STUDY

S O'Loughlin[1], N Oketah[2], S Richardson[2], O Walsh[1]
[1]Department of General Paediatrics, Children's Health Ireland at Temple Street, Dublin, Ireland
[2]Department of General Paediatrics, Children's Health Ireland at Crumlin, Dublin, Ireland

Aims:
This study aims to evaluate triage outcomes and identify common patterns of adolescent referrals to the general paediatric clinic, with the goal of informing service development and referral criteria.

Methods:
Prospective data were collected from referrals for patients aged 12–16 years to the general paediatric clinic from July-November 2024. Referrals were triaged by one of three consultant paediatricians with a special interest in adolescent medicine, who reviewed demographic details (age, gender) and reasons for referral. Based on clinical judgement, referrals were categorized as “accepted – adolescent clinic,” “accepted – general paediatric clinic,” or “rejected.” Referrals accepted to the adolescent clinic were further classified as “urgent,” “semi-urgent,” or “routine.”

Results:
A total of 297 referrals were triaged. Of these, 54.9% (n=167) were accepted to the adolescent clinic, 22.9% (n=68) to general paediatrics, and 22.2% (n=66) were rejected. The most common reasons for referral were gastrointestinal symptoms (25.6%, n=76), headaches (17.5%, n=52), syncope/presyncope (9.1%, n=27), weight loss/restrictive eating (7.7%, n=23), and fatigue (5%, n=15). Of those referred with gastrointestinal symptoms, 52.6% (n=40) were accepted to the adolescent clinic, 30.3% (n=23) to general paediatrics, and 17.1% (n=13) rejected. Among those referred with headaches, 76.9% (n=40) were accepted to the adolescent clinic, 7.7% (n=4) were accepted to the general paediatric clinic and 15.4% (n=8) were rejected. For syncope/presyncope, 77.8% (n=21) were accepted to the adolescent clinic, and 91.3% (n=21) of those with weight loss/restrictive eating were accepted to the adolescent clinic. 76.2% (n=16) of referrals accepted with weight loss/restrictive eating were triaged as urgent.

Conclusions:
This study highlights the most common reasons for adolescent referrals and identifies cases most appropriate for the adolescent clinic. These findings could inform the development of referral criteria and triage processes for the adolescent clinic, enhancing the efficiency and appropriateness of adolescent care within general paediatrics.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 103
General Paediatrics

STOP- THINK- THAT EYE ALLERGY COULD BE NEPHROTIC SYNDROME

S Iqbal[1], M Atta[1], D Onyekwere[1, 2]

[1]Department of Paediatrics, University Hospital Kerry , Tralee, Ireland.
[2]Senior clinical lecturer, University College Cork, Cork, Ireland

Aim:

To report a case of Nephrotic Syndrome-(NS) initially treated as eye allergy. To raise awareness regarding diagnostic challenges when NS presents with features mimicking allergic conditions.
Background: NS can affect children of any age. The most typical symptom of NS is swelling around the eyes[1]. The swelling is typically worse in the morning and, if it is mild, it could be mistaken for seasonal allergies[2]. An episode of infection, particularly upper respiratory tract, is a triggering factor for NS in half of the cases, an allergic reaction in third of the cases, and more rarely, an insect bite or vaccination[3].

Methods:

Case report. Retrospective review of clinical notes, investigations, and management results. Oral Interview. Literature review of Nephrotic-Syndrome from PubMed and Google scholar.

Results:

A previously well 3 years-old boy presented with facial swelling and symptoms of seasonal allergy at the GP. Initially treated with anti-histamines. Eye swelling was worse in morning and persistent despite cetirizine orally. He developed generalized body swelling and oedema over the next 5months. This prompted the GP to perform a urinalysis which returned 4+ protein. Referred to our ED. O/E: Unwell, anuric at presentation, generalized Oedema and over 6kg weight gain in 5months. Laboratory investigations showed urine-3+,4+ protein. Hypoalbuminemia-<15, low total protein-40, hypercholesterolemia-16, Hyperlipidaemia-7.3, thrombocytosis, leucocytosis and normal U&E. Consistent with diagnosis of Nephrotic-Syndrome. Treated with IV-furosemide, fluid restriction and strict in-put/out-put balance. Commenced on high dose oral corticosteroids as per protocol and supportive management. Transferred to CHI Temple Street for continuation of care and stabilization of elevated blood pressure-127/74mmhg. Treatment led to marked resolution of oedema and improvement in clinical/laboratory parameters.

Conclusion:

This case highlights that NS can mimic allergic conditions with overlapping features like periorbital swelling. A high index of suspicion with timely urine and blood investigations is crucial to avoid misdiagnosis and delayed treatment. Early recognition and appropriate therapy improves outcome.

1. Idiopathic nephrotic syndrome in children. Noone DG, Iijima K, Parekh R. Lancet. 2018; 392:61–74. doi: 10.1016/S0140-6736(18)30536-1. [DOI] [PubMed] [Google Scholar] 2. Alenazi SA. Incidence and Pathological Patterns of Nephrotic Syndrome among Infants and Children: A Systematic Review. Cureus. 2024 Apr 15;16(4):e58331. doi: 10.7759/cureus.58331. PMID: 38752042; PMCID: PMC11095912. 3. Dumas De La Roque C, Combe C, Rigothier C. [Up to date of pathophysiology mechanism of idiopathic nephrotic syndromes: Minimal change disease and focal and segmental glomerulosclerosis]. Nephrol Ther. 2018 Dec;14(7):501-506. [PubMed] [Reference list]

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 104
General Paediatrics

BREAKING THE CYCLE, FROM VOMITING TO VICTORY: (A CASE OF RUMINATION SYNDROME IN AUTISTIC SPECTRUM DISORDER TEENAGER)

M Atta[1], S Iqbal[1], A Niazi[1], C Freitas[2], D Onyekwere[3]
[1]Department of Paediatrics, University Hospital Kerry, Tralee, Ireland.
[2]Liaison CAMHS Consultant, Cork and kerry mental Health services, Tralee, Ireland
[3]Senior clinical lecturer, University College Cork, Ireland.

Aim:
To present a complex case of chronic vomiting in an 11-year-old girl with autism spectrum disorder (ASD), ultimately diagnosed with rumination syndrome. The case highlights the importance of multidisciplinary assessment and use of structured diagnostic tools in differentiating feeding disorders from organic or psychiatric causes.

Method:
Case presentation and retrospective review of clinical notes, data, investigations and management results. Oral interviews. Literatures review of rumination syndrome from PubMed, BMJ, up-to-date and Google scholar. Consent was obtained.

Result:
Case report of an 11-year-old female who presented with a 14-day history of postprandial vomiting and regurgitation. Significant weight loss of >12kg over 6 weeks, anxiety and functional decline. Repeated admissions revealed persistent vomiting, regurgitation observed during hospitalisation, and no sensory-based food aversions. Extensive investigations including Biochemical and haematological tests, abdominal imaging, endoscopy, and neuroimaging were unremarkable. With normal appetite and absence of distorted body image, early concerns of eating disorder, ARFID, and eosinophilic esophagitis were out-ruled. Liaison CAMHS assessment and repeated multidisciplinary reviews were conducted. Structured clinical evaluation using the Pica, ARFID, and Rumination Disorder Interview (PARDI) was performed.
The PARDI tool confirmed a significant functional impairment and psychological impact with her diagnosis of rumination syndrome. The patient was managed with nutritional rehabilitation via NG feeding, management of significant re-feeding syndrome, behavioural strategies, and ongoing psychological support.

Conclusion:
Rumination syndrome should be considered in children with co-morbidities of ASD and anxiety presenting with persistent vomiting and weight loss. Structured tools like PARDI and collaborative multidisciplinary input are critical to achieving diagnostic clarity and guiding effective management in complex paediatric feeding disorders. On-going MDT management and support is essential for stabilization, maintenance and progression of care in these children.

1.Bruni A. Rumination Syndrome in Ethiopia: A Case Study. Prim Care Companion CNS Disord. 2014;16(5):PMC4321004. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4321004/ 2.Nikolaidou O, Saliakellis E, Ioannidou G, et al. Refeeding syndrome and rumination in a pediatric patient: A case report reflecting an underdiagnosed pediatric emergency. JPGN Rep. 2025;3:e70009. Available from: https://onlinelibrary.wiley.com/doi/full/10.1002/jpr3.70009 3.Hui A, David AL. Cognitive-Behavioral Intervention for Pediatric Rumination Disorder: A Single Case Experimental Design. Cogn Behav Pract. 2024;31:345–355.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Available from: https://doi.org/10.1016/j.cbpra.2023.03.001

Poster No. 105
General Paediatrics

PAEDIATRIC INFLUENZA OUTCOMES AND VACCINE UPTAKE AT SLIGO UNIVERSITY HOSPITAL: A TWO-YEAR AUDIT

CO Osborne[1], HM Malan[2], KH Hickey[3], MJ Jensen[4], DH Hernandez[1]
[1]Paediatrics, Sligo University Hospital, Sligo, Ireland
[2]Paediatrics, University of Galway, Galway, Ireland
[3]Microbiology Laboratory, Sligo University Hospital, Sligo, Ireland
[4]Public Health, HSE West and North-West, Sligo, Ireland

Aims:
To evaluate paediatric influenza cases over two winter seasons at Sligo University Hospital (SUH), focusing on admission rates, influenza vaccine uptake, vaccine counselling, complications, and prescribing practices.

Methods:
All 552 children under 16 years with laboratory-confirmed influenza during 2023–2025 were included for demographic analysis. A stratified random sample of 94 children underwent detailed chart review. Influenza vaccination status of admitted patients was confirmed through public health records; non-admitted children were followed up via parent interview. Variables included admission outcomes, influenza vaccine eligibility and uptake, documentation of influenza vaccine counselling, antiviral and antibiotic prescribing, complications, and investigations.

Results:
This survey, involving collaboration between paediatrics, the microbiology laboratory, and public health, found that 27/94 (28.7%) reviewed children were admitted. Of the 94, 76.7% were influenza vaccine-eligible (aged 2–17 years), yet uptake was 5.8%, with no admitted child vaccinated. No documentation of influenza vaccine counselling was identified. Antivirals were prescribed in 8.5% of cases, all within 48 hours. Antibiotics were prescribed in 29.8% of cases; only 1% were discontinued following influenza confirmation. Mean antibiotic duration was 5.8 days. Chest X-rays were performed in 9.6% (all normal) and blood tests in 44.7%. No ICU admissions were recorded. High-risk conditions were documented in 11.7% of cases.

Conclusion:
This two-year audit demonstrated extremely low influenza vaccine uptake, including none among admitted children, and no documented influenza vaccine counselling. Antiviral prescribing was appropriate, but antibiotic stewardship requires improvement. Strengthening influenza vaccine promotion, embedding prompts into clinical records, and improving documentation are priorities. A re-audit in 2025–2026 is planned to assess the impact of these measures.

1.Nair, H. et al. (2011) 'Global burden of acute lower respiratory infections due to influenza: a systematic analysis', The Lancet, 378(9792), pp. 1917–1930. https://doi.org/10.1016/S0140-6736(11)61051-9 2.Wang, X. et al. (2019) 'Hospitalisations associated with influenza in children', JAMA Pediatrics, 173(4), pp. 294–302. https://doi.org/10.1001/jamapediatrics.2018.5004 3.Health Service Executive (HSE) (2024) National Immunisation Advisory Committee Guidelines. Dublin: HSE. 4.Centers for Disease Control and Prevention (CDC) (2023) Influenza Vaccine Recommendations 2023–2024. Available at: https://www.cdc.gov/flu/professionals/acip/index.htm (Accessed: 20 May 2025). 5.National Institute for Health and Care Excellence (NICE) (2022) Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (NG15). London: NICE. Available at: https://www.nice.org.uk/guidance/ng15 6.National Institute for Health and Care Excellence (NICE) (2021)

Respiratory tract infections (self-limiting): prescribing antibiotics (NG114). London: NICE. Available at: https://www.nice.org.uk/guidance/ng114 7.Centers for Disease Control and Prevention (CDC) (2023) FluVaxView: Vaccination Coverage Estimates for Children 2022–2023. Available at: https://www.cdc.gov/flu/fluvaxview (Accessed: 20 May 2025). 8.European Centre for Disease Prevention and Control (ECDC) (2024) Seasonal Influenza Vaccination and Hospitalisation in Europe. Available at: https://www.ecdc.europa.eu/en/seasonal-influenza (Accessed: 20 May 2025). 9.Jefferson, T. et al. (2018) 'Vaccines for preventing influenza in healthy children', Cochrane Database of Systematic Reviews, 2(2), CD004879. https://doi.org/10.1002/14651858.CD004879.pub4 10.Kostova, D. et al. (2013) 'Influenza illness and hospitalizations averted by influenza vaccination in the US, 2005–2011', PLoS ONE, 8(6), e66312. https://doi.org/10.1371/journal.pone.0066312 11.Public Health Agency (2023) UK Seasonal Influenza Vaccination Programme. Belfast: Public Health Agency. Available at: https://www.publichealth.hscni.net (Accessed: 20 May 2025). 12.Rao, S. et al. (2020) 'Documentation practices in influenza surveillance audits: a paediatric hospital review', Vaccine, 38(12), pp. 2741–2747. https://doi.org/10.1016/j.vaccine.2019.11.064 13.Health Service Executive (HSE) (2022) Making Every Contact Count (MECC) Implementation Guide. Dublin: HSE. Available at: https://www.hse.ie/eng/about/who/healthwellbeing/making-every-contact-count/ (Accessed: 20 May 2025).

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 106
General Paediatrics

IMPROVING RECOGNITION AND MANAGEMENT OF SUBGALEAL HAEMORRHAGE IN NEONATES: A QUALITY IMPROVEMENT PROJECT

CO Osborne[1], CG Greene[2], DH Hernandez[1]

[1]Department of Paediatrics, Sligo University Hospital, HSE West
[2]Maternity Department, Sligo University Hospital, HSE West

Aims:
To evaluate and improve knowledge, confidence and clinical decision-making among paediatric NCHDs, NICU nurses, and midwives in recognising and managing subgaleal haemorrhage (SGH), using the local surveillance guideline as a framework.

Methods:
A pre- and post-intervention survey was conducted at Sligo University Hospital (March-May 2025). Participants included paediatric SHOs/registrars, NICU nurses, and midwives. A structured education session reviewed SGH risk factors, pathophysiology, and the hospital's Level 1-3 surveillance protocol. Knowledge and confidence were assessed before and after the intervention.

Results:
Survey responses were received from 24 staff pre-intervention and 23 post-intervention. Baseline knowledge was inconsistent, with only 25% correctly identifying Level 1 observation requirements, though >70% correctly answered Level 2-3 escalation questions. Mean knowledge score was 66%. Pre-intervention, 66% felt confident recognising babies at risk, and 54% managing them. Post-intervention, confidence improved to 91% and 86% respectively, with 87% confident in escalating between surveillance levels. Qualitative feedback recommended including SGH teaching in induction and providing visual quick-reference tools.

Conclusion:
A short, targeted educational session improved multidisciplinary staff confidence in recognising and managing potential SGH. Incorporating guideline-based teaching into induction and embedding quick-reference materials may enhance timely escalation and standardisation of care. A repeat audit is planned to assess retention and clinical impact.

1.Levin, A.V., D'Hulst, A., and Moon-Grady, A. (2019) 'Subgaleal hemorrhage in the newborn', Pediatrics, 143(1), p.e20182660. 2.Saolta University Health Care Group. Subgaleal Haemorrhage Audit - Galway. Internal Audit Report; 2022. 3.Health Service Executive (HSE) National Clinical Programme in Paediatrics and Neonatology (2021) Subgaleal Haemorrhage Surveillance Guideline. 4.Talati, A.J., Husein, N. and Fike, M. (2019) 'Statewide implementation of a delivery room bundle improves care for extremely preterm infants', Journal of Perinatology, 39(12), pp.1676-1683. 5.Amouri, A., Ben Salem, S., Gara, M.F., Riahi, M., Cheour, H., Hachicha, S. and Hachicha, M. (2020) 'Neonatal early warning system: A step towards safer newborn care', Journal of Clinical Neonatology, 9(3), pp.182-188. 6.Croop, S.E., Milner, K.M., Meyer, K.L., Raghuveer, T.S. and Storm, D.S. (2020) 'Implementation of a golden hour protocol to improve delivery room outcomes', Journal of Perinatology, 40(4), pp.530-539.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 107
Neonatal

A RETROSPECTIVE BASELINE AUDIT OF CEREBRAL PALSY DIAGNOSIS IN HIGH-RISK INFANTS IN IRELAND

CO Osborne[1], CT Terry[2], BH Hayes[2], MA Ryan[3], DS Sweetman[4], JK Kelleher[1], BH Walsh[3,5]

[1]The Coombe Hospital, Dublin
[2]The Rotunda Hospital, Dublin
[3]The Infant Research Centre, Cork
[4]The National Maternity Hospital, Dublin
[5]Cork University Maternity Hospital, Cork

Aims:
To describe the population of high-risk infants in Irish tertiary neonatal services diagnosed with cerebral palsy (CP), including rate and age of diagnosis, demographics, and neuroimaging findings. This data will provide baseline data for a prospective study designed to reduce the age of CP diagnosis in neonatal follow-up clinics.

Methods:
A retrospective chart audit across three tertiary centres was conducted. Eligibility: gestational age ≤32 weeks, birth weight ≤1500 g, neonatal encephalopathy or significant neurological risk factors (abnormal neuroimaging or persistently abnormal neurological examination). Recruitment spanned a 12-month period occurring 30 months prior to planned implementation of prospective study in each unit. Variables included demographics, primary diagnosis, cranial ultrasound (CRUSS) and MRI, attendance at consultant outpatient clinic and corrected age (CA) at first documented CP diagnosis.

Results:
Across the total cohort (n=347), median gestational age (GA) was 30.71 weeks (IQR 27.85–32.28) and median birth weight 1,354 g (IQR 948–1,832); 192/347 (55%) were male. Primary diagnoses were preterm 293/347 (84.4%), neonatal encephalopathy 49/347 (14.1%), and genetic 4/347 (1.2%); 25/347 (7.2%) died. Among survivors followed in delivery centres (n=322), CRUSS was performed in 286/322 (88.8%) and MRI was performed in 80/322 (24.8%).
CP was diagnosed in 11/322 (3.4%), with median CA at diagnosis of 24 months (range 8–37). Documentation of a composite neurodevelopmental outcome (CP or BSID in any domain and/or clinician-documented delay in any domain) was available for 250/323 (77%); of these, 175/250 (70%) were recorded as normal outcome.

Conclusion:
We found that CP was diagnosed at a median age of 24 months. Earlier diagnosis would allow greater targeted access to early intervention services during the period of maximum neuroplasticity. These baseline data will support evaluation and optimisation of standardised assessments pathways to support earlier diagnosis, consistent with international guidance and implementation evidence.[1,2,3]

1. Novak I, Morgan C, Adde L, Blackman J, Boyd RN, Brunstrom-Hernandez J, et al. Early, Accurate Diagnosis and

Early Intervention in Cerebral Palsy. JAMA Pediatrics. 2017;171(9):897–907. 2.Byrne R, Noritz G, Maitre NL. Implementation of Early Diagnosis and Intervention Guidelines for Cerebral Palsy in a High-Risk Infant Follow-Up Clinic. Pediatric Neurology. 2017 Nov;76:66–71. 3.Maitre NL, Burton VJ, Duncan AF, Iyer S, Ostrander B, Winter S, et al. Network Implementation of Guideline for Early Detection Decreases Age at Cerebral Palsy Diagnosis. Pediatrics. 2020;145(5):e20192126

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 108
Sub-Speciality

AUDIT OF ADHERENCE TO THE HSE NATIONAL CLINICAL GUIDELINE ON PAEDIATRIC DKA AT SLIGO UNIVERSITY HOSPITAL

CO Osborne[1], CM Maye[2], SG Glackin[1, 2]

[1]Department of Paediatrics, Sligo University Hospital, HSE West
[2]Paediatric Diabetes Service, Sligo University Hospital, HSE West

Aims:
To evaluate adherence to the HSE National Clinical Guideline (CDI004/2021) for paediatric diabetic ketoacidosis (DKA) management at Sligo University Hospital (SUH), with a focus on assessment, treatment, monitoring and documentation.

Methods:
A retrospective chart review of all six patients under 16 years presenting with DKA to SUH in 2024 was conducted. Adherence across 12 domains, including assessment, fluid therapy, insulin administration, electrolyte management, neurological monitoring, and documentation was assessed using a structured HSE audit tool. Each domain was categorised as full, partial, non-adherence or not documented. Descriptive statistics were used to analyse adherence patterns.

Results:
All patients received correct fluid calculations, insulin therapy, and glucose management (100% adherence). Potassium supplementation was given in 83.3% of cases, and oral rehydration was reintroduced appropriately in all. Investigations were generally complete, with 100% adherence for glucose, ketones, venous blood gas, and electrolytes; however, corrected sodium/osmolality was documented in only 16.7%. Neurological assessments (GCS) and hydration documentation were inconsistent (50%). ECG monitoring during potassium replacement was recorded in 33.3% of cases. Fluid balance was documented in 83.3%, while twice-daily weights were recorded in 50%. One case of cerebral oedema was managed fully per protocol.

Conclusion:
Adherence to national paediatric DKA guidelines was strong in fluid and insulin management, but documentation gaps were evident in corrected sodium, ECG monitoring and neurological assessment. Introducing structured checklists, targeted staff education and simulation training may improve compliance and patient safety. A repeat audit is recommended to assess the impact of these interventions.

1.Wolfsdorf, J.I., Glaser, N. and Sperling, M.A., 2006. Diabetic ketoacidosis in infants, children, and adolescents: A consensus statement from the American Diabetes Association. Diabetes Care, 29(5), pp.1150–1159. 2.Usher-Smith, J.A., Thompson, M.J., Sharp, D. and Walter, F.M., 2011. Factors associated with the presence of diabetic ketoacidosis at diagnosis of diabetes in children and young adults: A systematic review. BMJ, 343, d4092. 3.Health Service Executive (HSE), 2021. National Clinical Guideline for the Management of Diabetic Ketoacidosis (DKA) in Children (CDI004/2021). Dublin: HSE. 4.International Society for Pediatric and Adolescent Diabetes (ISPAD), 2018. ISPAD Clinical Practice Consensus Guidelines 2018. [online] Available at: [Accessed 10 May 2025]. 5.National Institute for Health and Care Excellence (NICE), 2020. Diabetes (Type 1 and Type 2) in Children and Young People: Diagnosis and Management (NG18). [online] Available at: [Accessed 10 May 2025]. 6.Savage, M.W., Dhatariya, K.K., Kilvert, A., Rayman, G., Rees, J.A., Courtney, C.H., Hilton, L., Dyer, P.H. and Hamersley, M.S., 2011. Joint British Diabetes Societies guideline for the management of diabetic ketoacidosis. Diabetic Medicine, 28(5), pp.508–515. 7.HSE West/North West Paediatric DKA Audit Tool (unpublished internal document, 2024). 8.Glaser, N., Bernett, P., McCaslin, I., Nelson, D., Trainor, J., Louie, J., Kaufman, F., Quayle, K., Roback, M.G., Malley, R. and Kuppermann, N., 2001. Risk factors for cerebral edema in children with diabetic ketoacidosis. New England Journal of Medicine, 344(4), pp.264–269. https://doi.org/10.1056/NEJM200101253440404. 9.British Society for Paediatric Endocrinology and Diabetes (BSPED), 2020. DKA Integrated Care

Pathway and Guideline. [online] Available at: [Accessed 10 May 2025]. 10.Children's Hospital of Philadelphia (CHOP), 2023. DKA Clinical Pathway. [online] Available at: [Accessed 10 May 2025]. 11.Children's Minnesota, 2023. Pediatric Diabetic Ketoacidosis (DKA) Guideline. [online] Available at: [Accessed 10 May 2025]. 12.Alsaedi, H., Canton, D., Borger, M., Mooney, J., Carpenter, D. and Abulebda, K., 2021. Improving the quality of clinical care of children with diabetic ketoacidosis in general emergency departments following a collaborative improvement program. Journal of Pediatrics, 237, pp.217–224.e3. 13.Monzani, A. and Corti, E., 2024. Effectiveness of a standardized scenario in teaching the management of paediatric diabetic ketoacidosis to residents: A simulation study. Cureus, 16(2), e50025. 14.Kaushal, T. and Lord, K., 2020. Improving disposition decision-making for paediatric diabetic ketoacidosis: A quality improvement study. BMJ Open Quality, 9(2), e000873.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 109
General Paediatrics

ACUTE PAEDIATRIC HEADACHE AUDIT : COMPLIANCE WITH HEADSMART GUIDANCE

D OTHMAN[1], N JAMEEL[2], S DURNIN[1,2,3]
[1]Paeditaric Emergency Medicine, Tallaght University Hospital CHI , Dublin, Ireland
[2]Paediatric Emergency Medicine , Tmeple street Hospital CHI, Dublin, Ireland
[3]Discipline of Paediatrics, Trinity College, Dublin, Ireland

Background:
Headache in a frequent presentation in PEM , The UK HeadSmart compaign provides standards for structured headache assessment focusing on recognition of red flags , full neurological and visual examination , growth/puberty documentation, safety-netting and appropriate neuroimaging, we Audit compliance with HeadSmart Guidance at tow Childern Health Ireland (CHI) sites.

Aim:
To Measure and compare compliance with HeadSmart Guidelines in children presented with Headache to PEM department in CHI Tallaght & temple street.

Methods:
Retrospective and consecutive PEM attendances: Tallaght(n=49, March2025) and Temple street(n=30, Jan to March2025). Data extracted from electronic records included red flags, examination documentation, growth/puberty, safety-netting, imaging and follow-up. consent was obtained from CHI Audit committee.139 cases screened, 60 excluded, leaving 98 cases for analysis.

Results:
Red flags were documented in 94%(Tallaght) and 96%(temple street). Abnormal findings were rare(2% vs 3%). Imaging was requested in12% vs 46%, with ED performance in8% vs 23% and additional Outpatient MRI/OPD booking. Motor exam was documented in90% VS 93%. Weight was recorded in 82%vs100%, but hieght and pubertal status were 0%. visual assessment was suboptimal: fundoscopy 22%is10%, eye movement/pupils 31%vs86%, visual fields/acuity 25% vs 23%. Safety-netting was limited: diaries given in in 25%vs37%; HeadSmart leaflets in 8%vs0%. Follow-up documentation was inconsistent.

Conclusion:
Both sites showed good compliance in documentation of motor exam and weight, but gabs remain in visual assessment, growth/puberty parametersm, and safety-netting. Imaging rates were low and appropriately reserved for red flags cases. A unified CHI headache performa, imprpved access to HeadSmart materials and joint teaching are reommended with emphasis on fundoscopy, red flags recognetion and pubertal staging. Re-audit is planned in3 months with > 100 combined cases.
HeadSmart Guidelines .

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 110
General Paediatrics

CASE REPORT: FEEDING DIFFICULTIES FROM BIRTH IN A BABY WITH RNU4-2 Syndrome (ReNU)

Marie Roddy[1], S Patton[1], N Oketah[2], J Byrne[3], C Crawford[4], B NiBhroin[5], A Cannon[5], C Irwin[5], M Thomas[5]

[1]Nutrition and Dietetics, Letterkenny University Hospital, Co. Donegal, Ireland
[2]Paediatrics, Children's Health Ireland (CHI), Dublin, Ireland
[3]Nutrition and Dietetics, Children's Health Ireland, Dublin, Ireland
[4]Speech and Language, CDNT, Co. Donegal, Ireland
[5]Paediatrics, Letterkenny Univeristy Hospital, Co. Donegal, Ireland

Aims:
RNU4-2 Syndrome is a rare genetic condition first reported in 2024. It is a neurodevelopmental disorder which can result in learning, behavioural and speech difficulties. Common features are short stature, microcephaly, constipation, GORD, vision and feeding difficulties. This case report describes the severe feeding difficulties from birth in a baby who was subsequently diagnosed with RNU4-2 syndrome.

Methods:
PH presented at 4 weeks of age with feeding difficulty from birth and resultant faltering growth (weight 2nd, born 50th). He was slow to feed, had constant vomits, constipated and displayed dysmorphic features (large ears, blue sclera, epicanthal folds, wide nasal bridge, bilateral nystagmus and high-arched palate). Initial metabolic and genetic work-up were unremarkable.

Results:
Numerous infant formulas were trialed (Aptamil, Aptamil Comfort, Nannycare, Infatrini Peptisorb, Nutramigen Puramino and NeocateLCP) but none improved his intolerance and his growth continued to falter (weight <0.4th (-3SD)). PPI helped but didn't fully resolve his feeding issues. Barium meal follow-through was suggested of some delayed gastric emptying. NJ feeding was tried but resulted in worse, coffee ground vomits. He required parenteral nutrition for 1 month at CHI. At 7 months of age he was started on Alpro Growing up Oat drink and he tolerated this with no vomits. He was slow to wean onto solids and had FPIES-type reactions to banana, chicken and fish. He presented with metabolic alkalosis after chicken (pH 7.63) VFSS showed unsafe swallow. At 2years of age he was diagnosed with RNU4-2 syndrome.

Conclusions:
PH is now 2.5years old. His weight and height remain <0.4th. He has a limited oral diet with nutrition predominantly provided as blended-diet via NG tube. A recent swallow assessment demonstrated some improvement and he awaits repeat VFSS. This case report describes the potential severity of feeding difficulties in RNU4-2 syndrome from food intolerances to gut dysmotility.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 111
General Paediatrics

CASE REPORT: SEVERE VITAMIN B12 DEFICIENCY IN AN EXCLUSIVELY BREASTFED 14 MONTH OLD.

Marie Roddy[1], S Patton[1], L Irwin[2], I Potgieter[3], B NiBhroin[4], A Cannon[4], C Irwin[4], C Moosakutty[4]

[1]Nutrition and Dietetics, Letterkenny University Hospital, Co. Donegal, Ireland
[2]Nutrition and Dietetics, CDNT, Co. Donegal, Ireland
[3]Speech and Language, CDNT, Co. Donegal, Ireland
[4]Paediatrics, Letterkenny University Hospital, Co. Donegal, Ireland

Aims:
To describe the developmental regression in an exclusively breastfed 14 month old who presented with severe vitamin B12 deficiency despite near normal vitamin B12 levels. To highlight the importance of alternative, more specific vitamin B12 parameters (methyl malonic acid (MMA) and holotranscobalamin) in the diagnosis of vitamin B12 deficiency.

Methods:
LG was referred to LUH for investigation of faltering growth (weight at <0.4th, previously 50th) and developmental regression. He presented with central and peripheral hypotonia, retained tendon reflexes, hyporeflexia, muscle wasting, no head control, no eye contact, speech delay, paresis in all limbs and overall was an irritable and floppy baby. He also had a red tongue. He had complete food refusal despite numerous attempts to wean. He was exclusively breastfed. Mum was not a vegan or vegetarian. Mum had 6 pregnancies and her only pain relief in labour was nitrous oxide.

Results:
Vitamin B12 was 188pg/ml (197-771), Hb 12.1, MCV 86.6 and MMA of 6064nmol/L (77-274). Intrinsic factor and parietal cell antibodies were negative. He was diagnosed with vitamin B12 deficiency and given 20ug/kg B12 IM for 7 days as per Clinibee guidelines (CHI). He was referred urgently to Neurology and also to Metabolics for methylmalonic academia work-up due to the extremely high MMA. He had an immediate neurological response to vitamin B12 supplementation but food refusal continued and he had NG inserted for feeding. Repeat vitamin B12 was >2000pg/ml and MMA was 137nmol/L at 2 weeks post B12 supplementation. Metabolic and genetic testing were both normal.

Conclusions:
LG is now 2 years of age, he is walking with weight at 50thcentile. He is eating but has limited range of foods. His speech remains delayed. This case report highlights the importance of prompt diagnosis of vitamin B12 deficiency and subsequent treatment in order to prevent permanent neurological damage.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 112
General Paediatrics

AUDITS OF A QUALITY IMPROVEMENT PROJECT TO ASSESS THE ADVANCEMENTS OF HEEADSSS ASSESSMENT COMPLETION RATES ON ADOLESCENT ADMISSIONS

N Rodenbach[1], A Hawke[1]

[1]Paediatrics, Galway university Hospital, Galway, Ireland

Aim:
To assess whether HEEADSSS assessments are being performed in admitted patients from the emergency department to the paediatric ward in Galway University Hospital (GUH).

Method:
A 3-phase retrospective audit was completed over the months of November 2023, April 2024 and April 2025. Inclusion criteria included patients admitted to the paediatric ward from the emergency department and patients from ages 12 to 16 years over the specified months. Exclusion criteria included patients younger than 12 years and older than 16 years as well as patients admitted from the day ward/clinic setting or transferred from the neonatal unit/another facility. Data was collected on demographics and HEADSSS assessment from the admission books and electronic patient record.

Results:
There were 44, 48 and 68 participants in each phase with a gender distribution of 26F:18M, 18F:30M and 31F:37M respectively. There was a 0% completion rate of the HEEADSSS assessment throughout the three phases. There was a significant variation in the age distribution when comparing each audit.

Discussion/Conclusion:
Our study showed poor use of the HEEADSSS assessment tool. Similar studies in Ireland showed contrasting results having had improvements in HEEADSSS assessments with good education. Studies around the world showed conflicting benefits in using electronic and physical proformas**.**

Recommendations:
Questionnaire distribution to acquire NCHD input for poor compliance. The computer-based form HEEADSSS assessment could be more suited in the outpatient setting and a physical sheet could be more applicable in an admission setting.

1. Smyth M, Walsh O6916 Inside 'HEEADSSS': what a psychosocial risk assessment tool can reveal and the importance of quality improvement initiatives in promoting its use Archives of Disease in Childhood 2024;109:A91. 2. Miriam Smyth, Emma Gordon - 1860 Raising our heeadsss– a review of the use and documentation of an adolescent psychosocial risk assessment instrument in an Irish university teaching hospital: BMJ Paediatrics Open 2022;6:. 3. Smyth M, Walsh O, Richardson S6917 Comparing educational interventions in quality improvement initiatives pertaining to the HEEADSSS assessment between regional and tertiary emergency departments Archives of Disease in Childhood 2024;109:A25-A26. 4. Ho, J., Fong, C.K., Iskander, A., Towns, S. and Steinbeck, K., Digital psychosocial assessment: An efficient and effective screening tool. J Paediatr Child Health 2020, 56: 521-531.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 113
General Paediatrics

PARENTAL SMOKING AND E-CIGARETTE USE- ATTITUDES AND PRACTICES OF HEALTHCARE PROFESSIONALS WORKING WITH PAEDIATRIC PATIENTS

MB Ryan[1], J Lucey[1]

[1]Department of Paediatrics, University Hospital Waterford, Waterford, Ireland

Aims:
Second hand smoke is well known to impact children's health. In particular, it is associated with paediatric respiratory infections, asthma exacerbations, and sudden infant death syndrome (SIDS.) There is also increasing awareness of third-hand smoke (ie, smoke lingering on surfaces.) The effects of e-cigarette use are not as well documented, but is becoming more common among parents.
This questionnaire aimed to gauge attitudes and self-reported practices of healthcare professionals working in paediatrics with regard to parental smoking and e-cigarette use.

Methods:
A questionnaire was distributed to healthcare professionals (doctors and nurses) working with children in hospital and in general practice. The questionnaire contained 11 questions on attitudes and practices regarding smoking, e-cigarette use, and smoking cessation as they pertain to parents of the paediatric patient. Questions were varied in format including Likert scale, multiple choice, and opportunities for free text responses.

Results:
31 responses were received. The majority of respondents felt it is important or very important for healthcare professionals to discuss smoking cessation (97%) and e-cigarette cessation (93%) with parents, however only 27% of respondents felt they were equipped to offer smoking cessation advice.
Respondents cited barriers to discussing smoking cessation as parental resistance (73%,) lack of time (70%,) lack of training (40%.)

In a free-text question about advising on smoking behaviours if cessation is not possible, many respondents recommend smoke free spaces of home and car, changing of clothes and showering after smoking, demonstrating awareness of third-hand smoking impacting on child health.
Most respondents were aware of the association of smoke exposure with asthma exacerbation (100%) Respiratory infections (90%) and SIDS (75%.)

Conclusion:
Healthcare professionals working with paediatric patients feel that discussing parental smoking and e-cigarette use is important. They are aware of its impact on children's health, including third-hand smoke. However, they feel poorly equipped to discuss smoking cessation.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 114
General Paediatrics

A COMPARISON OF MICROBIOLOGICAL YIELD OF PAIRED COUGH SWAB AND INDUCED-SPUTUM SAMPLES IN A SINGLE-CENTRE CYSTIC FIBROSIS PAEDIATRIC COHORT

D Sheridan, M Herzig

[1]Paediatrics, Galway University Hospital, Galway, Ireland

Aims:
Accurate microbiological surveillance is essential in managing paediatric cystic fibrosis (CF) to guide targeted antimicrobial therapy. Cough swabs are frequently utilized sampling methods; however, their relative diagnostic yield in this population requires further evaluation especially with the advent of CF modulator therapies. Induced sputum may be required to accurately screen for respiratory CF pathogens. The aim of this review was to compare the microbiological yield of standard cough swab versus paired induced sputum in paediatric CF patients attending Galway University Hospital between June 2024-May 2025.

Methods:
A total of 29 paediatric CF patients provided paired respiratory samples, comprising 57 induced sputum and 57 cough swabs. Samples were cultured for respiratory pathogens using standard microbiological techniques. Positivity rates and concordance between paired samples were analysed.

Results:
A total of 57 cough swab samples were collected, of which 8 (14.0%) returned positive results and 49 (86.0%) were negative. Similarly, 57 induced sputum samples were obtained, yielding 22 positive results (38.6%) and 35 negative results (61.4%). These figures indicate a higher positivity rate overall with induced sputum compared to cough swabs. In 16 instances, induced sputum samples were positive despite negative paired cough swabs. By comparison, 2 cough swabs were positive with negative paired induced sputum.

Conclusions:
Induced sputum sampling exhibits superior sensitivity in pathogen detection compared to cough swabs in paediatric CF patients in our population. These findings support the preferential use of induced sputum for microbiological surveillance to optimize infection management in this cohort.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 115
General Paediatrics

THE MANAGEMENT OF ANOREXIA NERVOSA IN A GENERAL PAEDIATRIC SERVICE USING THE MEED GUIDELINES: A RETROSPECTIVE AUDIT

K Slater[1], R Keane[1, 2], J Finnegan[1]

[1]Department of Paediatrics, Midland Regional Hospital, Mullingar, Ireland
[2]Department of Nutrition & Dietetics, Midland Regional Hospital, Mullingar, Ireland

Aims:
In 2022, guidance on the management of anorexia nervosa (AN) using the MARSIPAN guidelines was revised into Medical Emergencies in Eating Disorders (MEED) guidelines (1). This audit aims to evaluate care provided by our local paediatric service in Regional Hospital Mullingar (RHM) compared to the recommendations of the MEED guidelines and if we are accurately identifying at risk patients.

Methods:
A retrospective chart review was conducted on adolescents (N=13) who attended RHM between January 2023 to July 2025 as both inpatients and outpatients. The inclusion criteria involved any patient with AN, under the age of 16, reviewed within this period in RHM. Patients >16 years were excluded. A data collection tool using Excel was used for descriptive statistical analysis.

Results:
Of the 13 adolescents, 6 had a MEED guideline filled out, whilst the 7 others, needed data extracted from various notes. In total, 17 aspects of the MEED guideline were examined (e.g. food refusal, heart rate) for appropriate usage. Clear documentation was found in 65% of areas including activity and engagement, with 93% of all areas completed. However, 35% of areas were inappropriately filled out, including temperature and ECG. The longest length of stay (LOS) was 33 days with a median of 6. Nasogastric tube (NGT) insertion was required for 2 patients. Referrals came from 3 primary sources; GP (54%), emergency department (15%) and CAMHS (30%).

Conclusion:
This audit demonstrates partial adherence to MEED standards for AN management in this service. Our group believes that the primary objectives are often to identify individuals most at risk, and by determining the most important parameters like hydration status, other variables are neglected. However, we did see that patients with more red and amber flags had a longer LOS and were more likely to require an NGT. Targeted education, introduction of a local care pathway, and re-audit are recommended to ensure improved compliance and patient safety.

1. Pennick H, Cousins L, Marikar D. Medical emergencies in eating disorders. Archives of Disease in Childhood Education & Practice [Internet]. 2023 Aug 29;108(6):410–5. Available from: https://doi.org/10.1136/archdischild-2022-324484.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 116
General Paediatrics

EMERGENCY PREPAREDNESS OF NCHDS IN THE PEDIATRIC WARD IN CHI AT TALLAGHT

S Suliman, Dr Amel Osman, Dr Hisham
[1]General pediatrics , Children's Health Ireland at Tallaght, Dublin, Ireland

Aim:
This audit evaluates the knowledge and awareness of Non-Consultant Hospital Doctors (NCHDs) regarding emergency preparedness in the paediatric ward, specifically focusing on the location and use of critical emergency resources.

Methods:
Data were collected using a structured questionnaire of 10 questions assessing NCHDs' knowledge and awareness of emergency preparedness in the paediatric ward. The survey was anonymous to encourage candid responses. Out of 29 eligible NCHDs, 18 participated (response rate 62%). Questions assessed awareness of emergency equipment, critical contact numbers, and the perceived importance of preparedness.

Results:
The audit revealed notable knowledge gaps. Only 44.4% (8/18) knew the location of the emergency trolley in Oak Ward, and 16.6% (3/18) knew the airway trolley location. In Maple Ward, 38.8% (7/18) knew the emergency trolley location. Awareness of the red phone was low: 27.7% (5/18) in Oak and 11.1% (2/18) in Maple. While 77.7% (14/18) knew the crash call number, only 16.6% (3/18) knew the anaesthesia number, and 33.3% (6/18) knew where adrenaline was stored. Despite these gaps, all participants agreed on the importance of preparedness. Proposed solutions included ward orientation tours (100% support), induction sessions (38.8%), and guidance posters (55.5%). Five respondents recommended implementing all measures.

Conclusion:
Significant gaps exist in NCHDs' awareness of emergency resources in the paediatric ward. While preparedness was universally acknowledged as important, findings highlight the need for enhanced training and improved resource visibility. Recommended measures:ward tours, induction sessions, and posters should be implemented to strengthen overall preparedness.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 117
General Paediatrics

RARE CO OCCURRENCE OF SEVERE VITAMIN A DEFICIENCY IN AN EARLY ADOLESCENT GIRL WITH BARTTER SYNDROME

MS Tahir [1,2], MI Riazat [1], D Huggard [1], M Abbas [1]

[1]Paediatrics, University Hospital Waterford, Waterford, Ireland
[2]Paediatrics, Mayo University Hospital Castlebar, Castlebar, Ireland

Background:
Severe vitamin A deficiency is uncommon in developed countries, and its co-occurrence with Bartter syndrome has rarely been reported. We present a rare case of an early adolescent girl with Bartter syndrome who developed severe vitamin A deficiency, presenting with decreased visual acuity, xerophthalmia, and corneal ulceration ongoing for few months. The deficiency appeared to result from poor nutritional intake due to a restricted diet, unhealthy dietary choices, and long standing gastrointestinal discomfort, which was likely related to chronic treatment with indomethacin and oral potassium supplements. The patient, diagnosed in infancy with Bartter syndrome, exhibited the typical features of this inherited renal tubular disorder, including electrolyte imbalance, polyuria, and failure to thrive. Her nutritional intake was further compromised by gastrointestinal side effects of treatment, placing her at risk of fat soluble vitamin deficiencies.
On presentation, she demonstrated progressive ocular symptoms, including visual impairment and corneal ulceration, and laboratory investigations confirmed severe vitamin A deficiency.

Method:
She was treated with high dose vitamin A supplementation and nutritional support, which led to partial visual recovery, although some deficits remained.

Conclusion:
This case highlights the importance of considering nutritional deficiencies, particularly fat-soluble vitamins, in children with Bartter syndrome who are vulnerable due to dietary restrictions and treatment related gastrointestinal side effects. Early recognition and intervention are essential to prevent irreversible complications. While our observation suggests that routine screening for vitamin A deficiency may be beneficial in this high risk group, further evidence is required.

1 Song A, Mousa HM, Soifer M, et al. Recognizing vitamin A deficiency: special considerations in low-prevalence areas. Curr Opin Pediatr 2022;34:241–7. 2 Sommer A. Vitamin a deficiency. In: eLS. John Wiley & Sons, Ltd, 2001. Available: https://doi.org/10.1038/npg.els.0002106 3 World Health Organization. Global prevalence of vitamin a deficiency in populations at risk 1995–2005. who global database on vitamin a deficiency. Geneva World Health Organization; 2009. 4 Fiore P, De Marco R, Sacco O, et al. Nightblindness, xerophthalmia, and severe loss of visual acuity due to unnecessary dietary restriction. Nutrition 2004;20:477. 5 Marley A, Smith SC, Ahmed R, et al. Vitamin A deficiency: experience from a tertiary referral UK hospital; not just a low- and middle-income country issue. Public Health Nutr 2021;24:6466–71. 6 Bartter FC, Pronove P, Gill JR, et al. Hyperplasia of the juxtaglomerular complex with hyperaldosteronism and hypokalemic alkalosis. A new syndrome. Am J Med 1962;33:811–28. 7 Bokhari SRA, Zulfiqar H, Mansur A. Bartter syndrome. Treasure Island (FL): StatPearls Publishing, 2023. Available: https://www.ncbi.nlm.nih.gov/books/ NBK442019/ 8 Cunha TDS, Heilberg IP. Bartter syndrome: causes, diagnosis, and treatment. Int J Nephrol Renovasc Dis 2018;11:291–301. 9 Vaisbich MH, Fujimura MD, Koch VH. Bartter syndrome: benefits and side effects of long-term treatment. Pediatr Nephrol 2004;19:858–63. 10 García Rodríguez LA, Jick H. Risk of upper gastrointestinal bleeding and perforation associated with individual non-steroidal anti-inflammatory drugs. Lancet 1994;343:769–72. 11 Konrad M, Nijenhuis T, Ariceta G, et al. Diagnosis and management of Bartter syndrome: executive summary of the consensus and recommendations from the European Rare Kidney Disease Reference Network

Working Group for Tubular Disorders. Kidney Int 2021;99:324–35. 12 Gunzinger JM, Muth DR, Hanson JVM, et al. Vitamin A deficiency retinopathy related to medical interventions in a Swiss cohort: a case series. Swiss Med Wkly 2023;153:40097. 13 Azmi AZ, Patrick S, Isa MIB, et al. A Multifaceted Presentation of Xerophthalmia in Autistic Patients. Cureus 2023;15:e49172. 14 Levine DA, Mathew NE, Jung EH, et al. Characteristics of Vitamin A Deficiency Retinopathy at a Tertiary Referral Center in the United States. Ophthalmol Retina 2024;8:126–36.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 118
General Paediatrics

AUDIT OF ANTIBIOTIC USE IN PAEDIATRIC INPATIENTS WITH ACUTE VIRAL RESPIRATORY INFECTIONS

MS Tahir [1,2], NA Khan[1], K Irshad[1]

[1]University Hospital Waterford
[2]Mayo University hospital, Castlebar

Aims:
This audit evaluates the appropriateness of antibiotic prescribing in paediatric inpatients diagnosed with acute viral respiratory infections in University Hospital Waterford and to identify strategies to reduce inappropriate prescribing. Our SMART aim was to reduce antibiotic use from over 50% to below 20% in the next audit cycle.

Methods:
A retrospective audit was conducted at a secondary care paediatric department over a three-month winter period (November 2024–February 2025). Eighty patients with positive viral swabs (RSV, Influenza A/B, COVID-19, Rhino/Enterovirus) were included. Children with bacterial co-infection or immunodeficiency were excluded. Data collected included demographics, C-reactive protein (CRP) values, and antibiotic prescriptions. Results were compared against HSE and international antimicrobial guidelines.

Results:
Of 80 patients, 41 (51.25%) received antibiotics despite confirmed viral aetiology. Most patients had CRP <20 mg/L (56.25%), consistent with viral infection. Infants and toddlers were the most affected age groups, but the highest prescribing rates were in children aged 5–11 years (66.6%). No adverse events or antibiotic-related complications were documented. Despite availability of rapid viral diagnostics (within 1 hour) and CRP testing, empirical antibiotic use remained common.

Conclusion:
This audit highlights a significant gap between guideline recommendations and clinical practice, with high levels of inappropriate antibiotic prescribing in viral respiratory infections. Planned interventions include quick-reference guidelines, small-group teaching sessions, and antibiotic review checklists. Re-auditing in winter 2025–26 will assess the impact. Sustained antimicrobial stewardship, supported by education and system prompts, is essential to improve prescribing behaviour and reduce unnecessary antibiotic exposure in children.

1. Health Protection Surveillance Centre (HPSC) website at www.hpsc.ie. 2. Tregoning JS, Schwarze J. Respiratory viral infections in infants: causes, clinical symptoms, virology, and immunology. Clin Microbiol Rev. 2010;23(1):74–98. Doi: 10.1128/CMR.00032-09. 3. Obolski U, et al. Unnecessary antibiotic treatment of children hospitalised with RSV bronchiolitis. Int J Infect Dis. 2018;71:57-62. 4. García-García ML, et al. Antibiotic Utilization in Hospitalized Children with Bronchiolitis. Pathogens. 2023;12:1397.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 119
General Paediatrics

A RARE CAUSE OF ACUTE RIGHT ILIAC FOSSA PAIN IN A 7 YEAR OLD: RIGHT OVARIAN TORSION WITH ABSENT LEFT OVARY.

AT Tariq[1], ZS Sarani[2]

[1]General Paediatrics, Our Lady Of Lourdes Hospital Drogheda , Co Louth , Ireland
[2]General Paediatrics, Our Lady Of Lourdes Hospital Drogheda , Co Louth , Ireland

Background:

Ovarian torsion is a rare but important differential in prepubertal girls presenting with acute abdominal pain. Early diagnosis is challenging due to nonspecific symptoms and limited cooperation during examination.

Case Presentation:

A 7 year old girl presented to the emergency department with intermittent right lower quadrant pain for 3 days, initially treated as a urinary tract infection based on positive urine dipstick. She returned with worsening symptoms and was taken to theatre for suspected appendicitis. Intraoperatively, the appendix appeared normal, but a right ovarian torsion with an associated cyst was identified. Incidentally, the left ovary was not visualized which was later on confirmed on CT Abdomen and pelvis.

Outcome:

The right ovary was detorsed and managed conservatively in consultation with gynecology. The child recovered well postoperatively.

Learning Points:

- Ovarian torsion should be considered in all girls with right iliac fossa pain, regardless of age.
- A normal appendix on imaging or intraoperative findings warrants further evaluation of pelvic structures.
- Timely surgical intervention can preserve ovarian viability and function.
- Do not treat isolated pyuria in urine dipstick as UTI.

1. Article from PMC on ovarian torsion: clinical features, diagnosis, and management across age groups. 2. Cass DL. Ovarian torsion. Semin Pediatr Surg. 2005;14(2):86–92. 3. Peña JE, Ufberg D, Cooney N, Denis AL. Usefulness of Doppler sonography in the diagnosis of ovarian torsion. Fertil Steril. 2000;73(5):1047–1050. 4. Oltmann SC, Fischer A, Barber R, Huang R, Garcia N. Cannot exclude torsion — a 15 year review. J Pediatr Surg. 2009;44(6):1212–1216.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 120
General Paediatrics

LIVER DISEASE IN CHILDREN WITH DOWN SYNDROME: A SYSTEMATIC REVIEW

S Pestotnik Stres[1], S Thomas[1], J Moran[1], M Burns[1], H Doherty[1], M Huang[1], A Lee[1], A Ní Shlatara[1], A O'Keefe[1], J O'Regan[1], K Regan[1], U Al -Abri[1], J Trayer[1,2], R McCarthy[1,2], J Meehan[1,2,3], E Roche[1345], EJ Molloy[12346], D Mockler[8]
[1]Discipline of Paediatrics , Trinity College Dublin, Dublin, Ireland
[2]Trinity Translational Medicine Institute (TTMI), St James Hospital , Dublin, Ireland
[3]Trinity Research in Childhood Centre (TRiCC), Trinity College Dublin, Dublin, Ireland
[4]Endocrinology, Children's Health Ireland (CHI) Tallaght, Dublin, Ireland
[5]Neurodisability, Children's Health Ireland (CHI) Tallaght, Dublin, Ireland
[6]Neonatology, CHI Crumlin, Dublin, Ireland
[7]Paediatrics, Coombe Women's and Infant's University Hospital, Dublin, Ireland
[8]John Stearne Medical Library, St James's Hospital, Dublin, Ireland

Background:
Children with Down syndrome (DS) are at an increased risk for various medical conditions, including liver dysfunction. This study systematically reviews the aetiology, risk factors, biomarkers and clinical implications of liver disease in DS, with a focus on transient abnormal myelopoiesis (TAM)-related fibrosis and intrinsic liver diseases such as neonatal cholestasis and non-alcoholic fatty liver disease (NAFLD).

Methods:
A systematic review was conducted following PRISMA guidelines and was registered with PROSPERO. An original search strategy yielded 764 papers across the databases used, of which 18 met our inclusion criteria. Studies were categorised into TAM-related liver dysfunction and intrinsic liver disease.

Results:
This review identified a significant correlation between liver dysfunction and TAM in DS children, with hepatic fibrosis, hyperbilirubinemia and elevated liver transaminases being the most frequently reported anomalies. Risk factors for progressive liver disease and mortality from hepatic failure in TAM were found to be lower gestational age, hyperleukocytosis, hepatic dysfunction and systemic complications present at the time of diagnosis. Liver dysfunction prevalence in TAM-DS varied between 25-60%. Serum fibrosis biomarkers such as hyaluronic acid, TGF-β1, Type IV Collagen 7S and chemokines (CXCL8, CCL2) predicted progression to hepatic fibrosis. Early treatment with low-dose cytarabine for symptomatic TAM-DS patients slows fibrotic progression and reduces mortality. Also recognised were the increased prevalence of NAFLD and neonatal cholestasis. An association with PNPLA3 gene polymorphism and obesity was seen in DS children with NAFLD. Use of ursodeoxycholic acid in neonatal cholestasis was associated with poorer prognosis in infants with DS.

Conclusions:
This review recognises the association between liver dysfunction and children with Down Syndrome. This review offers a foundational framework for further research and guidelines.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 121
General Paediatrics

ARE WE USING PRAM EFFECTIVELY?: AN AUDIT ON PRAM SCORE UTILISATION IN CORK UNIVERSITY HOSPITAL

M Tobin, M Ní Chróinín
[1]Department of Paediatrics, Cork University Hospital, Cork, Ireland

Aims:
To assess adherence to local and national guidelines recommending the Pediatric Respiratory Assessment Measure (PRAM) for objective severity scoring in children presenting with pre-school wheeze or asthma exacerbations.

Methods:
A prospective audit was conducted over a 6 week period (Mach/April, 2025) in a regional paediatric emergency and inpatient unit. All children aged 1–16 years admitted with a primary diagnosis of pre-school wheeze or acute asthma were included. Data was collected on: documentation of PRAM score at initial assessment in ED, during treatment escalation (pre and post intervention), at senior review, and prior to discharge. Patient demographics and diagnoses were also extracted to aid interpretation of data. Compliance was compared with our locally agreed standard of ≥80% PRAM documentation, set in line with departmental quality-improvement targets.

Results:
A total of 18 admissions met inclusion criteria (median age 4.5 years, IQR 1-6). At initial ED Clinician Assessment, PRAM score was documented in 15 cases (83%). At time of admission by Paediatric NCHDs, PRAM score was documented in 10 cases (55%). When care was being escalated, a pre-intervention PRAM score was documented in 24 instances of escalation (77%), and a post-intervension “response” PRAM was documented in 15 instances (48%). A discharge PRAM score was recorded in 1 case (5%). Overall full compliance with all relevant time points was 5%. Patients with an existing asthma/preschool wheeze diagnosis accounted for 38% of patients included.

Conclusions:
Adherence to the PRAM documentation aim of ≥80% was achieved by our ED department with regards to initial assessment. However, adherence to PRAM scoring in our unit as a whole falls short of the recommended ≥80% benchmark, particularly at escalation and discharge. Targeted staff education including a new mandatory online learning module are planned for re-audit to improve compliance and ensure consistent, objective severity assessment.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 122
Neonatal

RESPIRATORY COMPROMISE FOLLOWING IN-UTERO NEURAL TUBE DEFECT REPAIR: A CASE SERIES

M Tobin, C Van De Westhuizen, H Grace, C Ní Chathasaigh, K Cunningham, A Hickey

[1]Neonatology at CHI, CHI Temple Street, Dublin, Ireland

Aims:
In-utero repair of open neural tube defects (NTDs) has been shown to improve neurological outcomes and reduce the need for neurosurgical intervention postnatally(1). Our aim was to describe the presentation, management, and outcomes of infants who unexpectedly developed significant respiratory compromise greater than anticipated for gestational age following fetal NTD repair.

Methods:
We conducted a retrospective chart review of infants admitted to the Children's Health Ireland (CHI) neonatal neurosurgical service since 2018, who had prenatal open or fetoscopic repair of myelomeningocele. Those who subsequently exhibited respiratory distress requiring respiratory support were identified. Maternal demographics, operative details, perinatal factors, respiratory interventions, and early outcomes were abstracted from medical records.

Results:
21 cases were identified of which five infants met inclusion criteria. Median gestational age at birth was 31+5 (range 29+2–38+2) weeks. Four patients required prolonged Non-Invasive Ventilation (NIV) - median of 65 (range 21-105) days. Two patients had a home NIV requirement up to a median corrected gestational age (CGA) of 5months. Two patients had a low flow oxygen requirement up to a median CGA of 4months. No infant met radiological criteria for bronchopulmonary dysplasia diagnosis. All patients had sleep studies that showed inadequate oxygenation without hypoventilation. Contributing factors included pulmonary hypoplasia (n=1) and cardiac comorbidities (n=2). All patients had prolonged hospital admissions due to respiratory compromise. Median length of stay 79 (range 21-105) days.

Conclusion:
Neonatal respiratory compromise is a noteworthy and underreported complication following in-utero NTD repair, occurring in 5/21(23%) Irish cases. The pathophysiology of respiratory insufficiency in this cohort is poorly understood. Prematurity appears contributory, morbidity is significant and hospital stay prolonged. Antenatal counselling should incorporate respiratory risk. Early multidisciplinary respiratory management may improve outcomes. Larger prospective studies are warranted to define predictive factors, establish causation and optimise perinatal management.

(1) Adzick NS, Thom EA, Spong CY, Brock JW 3rd, Burrows PK, Johnson MP, et al. A Randomized Trial of Prenatal versus Postnatal Repair of Myelomeningocele. N Engl J Med. 2011;364(11):993-1004. New England Journal of Medicine

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 123
General Paediatrics

AUDIT OF CENTILES PLOTTED FOR PEDIATRIC PATEINTS ADMITTED TO GALWAY UNIVERSITY HOSPITAL

C Tufan, L Cunningham, A Hawke

[1]Pediatrics, Galway University Hospital, Galway, Galway

Background:
Monitoring growth using WHO growth charts is essential in paediatric care but is often underutilised in in-patient settings. Accurate documentation of weight, length/height, and occipital frontal circumference (OFC) is key for identifying growth abnormalities and guiding interventions(1-4).

Aim:
To evaluate the consistency of centile plotting for paediatric inpatients at Galway University Hospital and assess the impact of a low-cost intervention.

Method:
An initial audit (1–30 June 2024) reviewed growth chart entries via the Evolve electronic charting system. Following this, interventions included: (1) adding a centile plotting column to handover sheets, (2) placing reminders on Emergency Department (ED) computers, and (3) delivering an educational session to staff. A re-audit was conducted (1–31 January 2025) to measure changes in compliance.

Results:
June 2024 Audit (n=122)

- <2 years: 38 (31.2%)
- >2 years: 84 (68.8%)
- At least 1 centile documented: 12/122 (9.83%)
- 2 centiles plotted in >2 years: 2/84 (2.38%)
- 3 centiles plotted in <2 years: 7/38 (18.4%)

January 2025 Re-audit (n=151)

- <2 years: 7 (4.6%)
- >2 years: 144 (95.4%)
- At least 1 centile documented: 12/151 (7.9%)
- 2 centiles plotted in >2 years: 4/144 (2.7%)
- 3 centiles plotted in <2 years: 2/7 (28.5%)

Conclusion:
Despite a modest improvement—especially in <2-year-olds (18.4% to 28.5%)—overall centile plotting remains low. Small interventions had limited impact on older children. To sustain improvements, ongoing staff education, system-based electronic prompts, and regular re-audits are recommended(1-4).

1. Dietitians of Canada, Canadian Paediatric Society, The College of Family Physicians of Canada, & Community Health Nurses of Canada. (2010). A health professional's guide for using the new WHO growth charts. Paediatr Child Health, 15(2). 2. Legler, J. D., & Rose, L. C. (1998). Assessment of abnormal growth curves. Am Fam

Physician, 58(1), 153-158. 3. Lipman, T. H., Euler, D., Markowitz, G. R., & Ratcliffe, S. J. (2009). Evaluation of linear measurement and growth plotting in an inpatient pediatric setting. Journal of Pediatric Nursing, 24(4), 323-329.(https://doi.org/10.1016/j.pedn.2008.09.001%5D(ordered-list-item-level:0) 4. Phillips, S. M., & Shulman, R. J. (2024). Measurements of growth in children. UpToDate. Retrieved October 9, 2024.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 124
Neonatal

BASELINE DATA EVALUATING KANGAROO CARE PRACTICES IN PRETERM INFANTS ≤32 WEEKS: A PROSPECTIVE OBSERVATIONAL STUDY AT THE NATIONAL MATERNITY HOSPITAL

C Tufan[1], L Ryan[1], LP Silva[2], S Elsalahi[3], K Elsalahi[3], E O'Currain[1]

[1]National Maternity Hospital
[2]Heinrich-Heine University
[3]University of Wroclaw

Background:
Kangaroo care (KC), improves neurodevelopment, thermoregulation, and bonding in preterm infants(1-6). Despite WHO/UNICEF recommendations implementation in NICUs remains inconsistent due to clinical concerns, environmental limitations, and lack of standardized documentation(7-12).

Aim:
To assess the frequency, documentation, and barriers to KC in preterm infants in the neonatal unit at the National Maternity Hospital.

Methods:
A prospective observational study was conducted over six days. All inpatients born ≤32 weeks were included. Data were collected via structured observation, chart review and nursing interviews. Outcomes included KC timing, frequency, documentation, and parent/staff-identified barriers.

Results:
Of 12 eligible infants, 11 received KC. Two infants had no KC; 4 had only one KC session; 2 had KC on all five days. No KC occurred during night shifts. All first KC sessions were with mothers; only two infants had KC with both parents. The earliest day of first KC was DOL 3. KC was documented in 8 of the total 26 sessions. Nurses reported barriers included infant fragility, hyponatremia, and thermoregulation. In older infants, KC was deprioritized due to cot use and perceived term readiness. Parents reported barriers including lack of privacy, limited space, and reliance on nurses to initiate KC. No parents attempted KC independently. Observing other families engage in KC was a motivating factor.

Conclusion:
While KC was initiated for all eligible infants, the first session did not occur until DOL 3. This delay was due to perceived clinical instability for extremely premature infants, and logistical barriers for those of higher gestation. Both parents participated for only two of the infants, highlighting the need for strategies to involve the second parent in KC. The low documentation rate of 30% underscores the need for improved record-keeping. Increased focus on clinical consensus, team planning, logistical management and documentation may improve our rates of KC.

1. Boundy EO, Dastjerdi R, Spiegelman D, et al. Kangaroo mother care and neonatal outcomes: a meta-analysis. Pediatrics. 2016;137(1):e20152238. 2. Feldman R, Eidelman AI, Sirota L, Weller A. Skin-to-skin care accelerates autonomic and neurobehavioural maturation in preterm infants. Developmental Medicine & Child Neurology. 2002;44(1):44–51. 3. Blomqvist YT, Rubertsson C, Kylberg E, Jöreskog K, Nyqvist KH. Kangaroo mother care helps fathers of preterm infants gain confidence in the paternal role. Journal of Advanced Nursing. 2012;68(9):1988–96. 4. Feldman R, Weller A, Sirota L, Eidelman AI. Skin-to-skin contact (Kangaroo Care) promotes self-regulation in premature infants: sleep–wake cyclicity, arousal modulation, and sustained exploration. Developmental Psychology. 2002;38(2):194–207. 5. Conde-Agudelo A, Díaz-Rossello JL. Kangaroo mother care to reduce morbidity and

mortality in low birthweight infants. Cochrane Database of Systematic Reviews. 2016;8(8):CD002771. 6. Sisk PM, Burgos CM, Muñoz DW, Peña MM, Reamey BA, Matusko N. Kangaroo care and preterm infants: parent perspectives and preferences. Journal of Perinatology. 2021;41(10):2392–8. 7. World Health Organization (WHO). WHO recommendations on maternal and newborn care for a positive postnatal experience. Geneva: WHO; 2023. 8. UNICEF, WHO. Survive and thrive: transforming care for every small and sick newborn. New York: UNICEF; 2023. 9. Hendricks-Muñoz KD, Prendergast CC, Caprio MC, Wasserman RL, Chiriboga CA. A neonatal nurse training program to implement skin-to-skin contact for preterm infants in the NICU. Neonatal Network. 2013;32(2):110–9. 10. Seidman G, Unnikrishnan S, Kenny E, et al. Barriers and enablers of kangaroo mother care practice: a systematic review. BMC Pregnancy and Childbirth. 2015;15:142. 11. Finlayson K, Downe S, Vogel JP, Oladapo OT. What matters to women in the postnatal period: a meta-synthesis of qualitative studies. PLoS ONE. 2022;17(2):e0264052. 12. Nyqvist KH, Blomqvist YT. Kangaroo mother care: a practical guide. Acta Paediatrica. 2010;99(6):812–9.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 125
General Paediatrics

A LITERATURE REVIEW OF CASE REPORTS ON PAEDIATRIC MYOCARDITIS

S. D. Upadhyaya[1], H. Mohamed[1], M. B. O'Neill[1]

[1]General Paediatrics , Mayo University Hospital, Castlebar, Ireland

Aims:
Rare clinical conditions are a diagnostic challenge for paediatricians, particularly when the illness is acute and potentially life-threatening. Paediatric myocarditis, with an estimated incidence of 2.1 cases/100,000 children (Kinchler et al., 2025), exemplifies this challenge because of its variable presentation. This study evaluated the clinical presentation of paediatric myocarditis using a modified systematic review strategy with a focus on case reports.

Methods:
PubMed, Embase, Medline and EBSCO were searched for English-language case reports and case series of children aged 3 months–16 years with a confirmed diagnosis of myocarditis. Required abstracted data included; age, sex, presenting symptoms, comorbid conditions, diagnostic prompts. Desired data included ability to asses Paediatric Early Warning Score (PEWS) score, and clinical outcomes. Studies lacking full text or individual-level data were excluded.

Results:
Of 4,826 records identified, 405 were reviewed, and 109 articles describing 150 patients met the inclusion criteria. Presentations were categorised as cardiac (56.7%), gastrointestinal (30.7%), respiratory (6.0%), neurological (4.0%), and non-specific systemic (2.7%).

Cardiac presentations were predominantly characterised by chest pain, either isolated or in combination with other symptoms. In these cases, clinical recognition was frequently prompted by findings on initial investigations (50%). Cardiac presentations were associated with the most favourable outcomes, with 58 patients achieving recovery. In contrast, non-cardiac presentations were often diagnostically misleading. Gastrointestinal presentations were primarily defined by vomiting, either isolated or accompanied by additional symptoms, with diagnostic prompts including unexplained tachycardia and hypotension. Respiratory presentations were chiefly characterised by dyspnoea, with cardiomegaly on chest radiograph serving as a common diagnostic cue. PEWS scores were reported for 92 patients, and in the majority of these cases, utilisation of the scoring system would have prompted early senior clinical review.

Conclusion:
Synthesis of case report literature can allow for the development of clinical prompts that can potentially enhance easier diagnosis as demonstrated by this review.

Kinchler CM, Lightfoot KL, Olliff NS, Powell EK, Ribeiro ER, Saulino D, Stewart B, Tengsupakul S, Sanchez Villanueva O, Davis N. Pediatric myocarditis: current concepts review. Prog Pediatr Cardiol. 2025;101815. DOI:10.1016/j.ppedcard.2025.101815.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 126
Sub-Speciality

TRANSIENT NEONATAL HYPOTHYROIDISM SECONDARY TO MATERNAL LUGOL'S IODINE INGESTION: A CASE REPORT

S. D. Upadhyaya, E. Carolan

[1]Paediatric Endocrinology, Temple Street Hospital, Dublin, Ireland

Aims:
To describe a case of transient neonatal hypothyroidism due to maternal ingestion of Lugol's iodine solution during pregnancy and breast feeding, highlighting the pathophysiological role of elevated Iodine levels on thyroid hormone synthesis.

Methods:
We report the clinical course, investigations, treatment and follow-up of a term infant born to a mother who self-supplemented with Lugol's iodine (5%, two to three drops daily, equating to 12–18 mg iodine) throughout gestation and exclusive breastfeeding. The case was identified following presentation with prolonged neonatal jaundice at five weeks of age. Thyroid function tests, stimulation testing, growth and developmental monitoring were undertaken.

Results:
Despite a normal newborn screen (TSH 2.85 mIU/L on day three), thyroid function at five weeks revealed primary hypothyroidism Free T4 5.6 (r.r. 11-21pmol/L), T3 (r.r 2.6-6.0), TSH 27.6 miu/l (r.r. 0.1-4.8mU/L). A TRH stimulation test demonstrated an exaggerated TSH response, consistent with primary hypothyroidism. Thyroid peroxismal antibodies were negative. Diagnosis of iodine-induced hypothyroidism, attributed to maternal supplementation was suspected and advice for maternal cessation of Iodine supplementation was given. Oral Levothyroxine was commenced at 37.5 µg daily and subsequently tapered over three months. Thyroid function normalized and levothyroxine was stopped. The infant remained clinically euthyroid, with appropriate growth and neurodevelopment.

Conclusion:
Maternal iodine excess can cause transient neonatal hypothyroidism through failure of the immature thyroid to escape the Wolff–Chaikoff effect. This case demonstrates that a normal newborn screen does not exclude later hypothyroidism, particularly when risk factors such as maternal iodine supplementation are present. Prolonged neonatal jaundice should prompt thyroid evaluation regardless of screening results. Careful maternal history, including supplement use, is critical to diagnosis. Clinicians should educate patients on appropriate iodine intake in pregnancy, avoiding pharmacological doses that place neonates at risk of thyroid dysfunction. Early recognition and treatment in this case ensured a favourable outcome.

Wolff-Chaikoff effect. In: ScienceDirect Topics: Pharmacology, Toxicology and Pharmaceutical Science. [Internet]. Elsevier; [cited 2025 Sep 26]. Available from: https://www.sciencedirect.com/topics/pharmacology-toxicology-and-pharmaceutical-science/wolff-chaikoff-effect

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 127
General Paediatrics

IS METHOD OF URINE COLLECTION DELAYING MANAGEMENT OF UTI'S IN UNDER 3'S?

A Venter[1], C Karappian[1], E Ruth

[1]Paediatrics, University Hospital Waterford, Waterford, Ireland

Aim:
To determine the length of time it takes to collect the initial screening urine samples in febrile neonates and children under the age of three years who had positive urine cultures over a six-month period.

Method:
A retrospective audit was done, Microbiology provided all the positive urine cultures within a six-month period from age 0 days until 3 years. A database was created using patient records which logged the following: time of presentation, time dipstick logged, age, presenting symptoms, urine dipstick and microscopy results. These results were compared between the primary Emergency Department (ED) presentations with subsequent referral to the Paediatric Assessment Unit (PAU) and the primary presentation to the PAU, following GP referrals.

Result:
Total patients included n=35 (Initial presentation ED n=16, PAU n=19). The average time taken to collect urine in those first presenting to the ED was 6 hours and the median was 5 hours, range 0mins to 23hours. For those who first presented to PAU the average was 5 hours and the median was 2 and a half hours, range 3 mins to 31 hours. Subsequently patients who were then referred from ED to the PAU had an average time of 4 hours and the median was 2 and a half hours, range 0min to 22hours. 4 out of 16 ED presentations had urines done prior to referral, average time before referral to PAU 2 hours 30 mins.

Conclusion:
There is a two-fold delay in collecting urine samples in patients at high risk for urinary tract infections in those who first present to ED, leading to delayed treatment. Training and education is required for doctors and nurses to get patients set up for clean catch urine collection primarily and to emphasise the importance of urine in the workup of patients under three presenting with fevers.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 128
General Paediatrics

ASSESSING ADHERENCE TO GUIDELINES BY AVOIDING UNNECESSARY CHEST X-RAY IN MILD TO MODERATE BRONCHIOLITIS PATIENTS

S Waheed[1], N Singh [1], M Alamgir [1]

[1]Pediatrics Department , Portiuncula University Hospital, Ballinasloe , Co. Galway, Ireland

Aims:

To assess adherence to Children's Health Ireland (CHI) bronchiolitis guidelines by evaluating the appropriateness of chest X-ray (CXR) use in children with mild to moderate bronchiolitis, aiming to reduce unnecessary imaging in line with best practice recommendations.

Methods:

A retrospective audit review was conducted of paediatric patients presenting with airway-related conditions to the Emergency Department at PUH between January 1 and January 15, 2025. Medical records were examined to identify patients diagnosed with bronchiolitis and to determine whether a CXR was performed. Data on illness severity, need for respiratory support, and imaging outcomes were collected. Results were compared with published data to evaluate adherence to guidelines and identify areas for improvement.

Results:

Of the 65 children presenting with airway-related issues, 20 were diagnosed with mild to moderate bronchiolitis. Among these, 4 children (20%) underwent a chest X-ray. Only one patient required Airvo (high-flow nasal cannula) therapy, confirming that the majority had mild to moderate illness. None of the CXRs changed patient management or revealed findings that justified deviation from guideline-based care. When benchmarked against international data, our CXR rate is significantly lower. Previous studies report rates as high as 42.1% prior to intervention and between 46.1% and 52.1% in hospitalised cases. Although our institution shows relatively good compliance, some imaging appears unnecessary and outside current recommendations.

Conclusion:

This audit demonstrates a comparatively low CXR usage rate of 20% in bronchiolitis cases, suggesting positive adherence to CHI and international guidelines. However, even minimal unnecessary imaging carries risks, including radiation exposure and increased antibiotic use from false-positive interpretations. Continued quality improvement efforts—including clinician education, decision-support tools, regular audits, and caregiver education—are essential to reduce unwarranted imaging in the future and improve the safety and quality of pediatric care.

1- National Institute for Health and Care Excellence (NICE). Bronchiolitis in children: diagnosis and management. Clinical guideline [NG9]. 2015. Available from: https://www.nice.org.uk/guidance/ng9 2- Ralston SL, Lieberthal AS, Meissner HC, et al. Clinical Practice Guideline: The Diagnosis, Management, and Prevention of Bronchiolitis. Pediatrics. 2014;134(5):e1474-1502. 3- Breakell R, Thorndyke B, Clennett J, Harkensee C. Reducing unnecessary chest X-rays, antibiotics and bronchodilators through implementation of the NICE bronchiolitis guideline. Eur J Pediatr. 2018;177(1):47-51. 4- Schuh S, Lalani A, Allen U, et al. Evaluation of Diagnostic Tests in Acute Bronchiolitis. JAMA Pediatr. 2017;171(4):e170151. 5-Ralston SL, Garber MD, Rice-

Conboy E, et al. A Multicenter Collaborative to Reduce Unnecessary Care in Inpatient Bronchiolitis. Pediatrics. 2016;137(1):e20150851. 6-Brenner DJ, Hall EJ. Computed Tomography—An Increasing Source of Radiation Exposure. N Engl J Med. 2007;357(22):2277-84. 7-U.S. Food and Drug Administration (FDA). Pediatric X-ray imaging: Using reduced radiation exposure. 2022. Available from: https://www.fda.gov/radiation-emitting-products/medical-imaging/pediatric-x-ray-imaging 8-Akenroye AT, Baskin MN, Samnaliev M, Stack AM. Impact of a Bronchiolitis Guideline on ED Resource Use and Cost: A Segmented Time-Series Analysis. Pediatrics. 2014;133(1):e227-34.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 129
General Paediatrics

MORE THAN MEETS THE EYE: A CASE OF LANGERHANS CELL HISTIOCYTOSIS

S Waheed[1], M Islam[1], S Ali[1], N Gough[2]
[1]Pediatrics Department, Portiuncula University Hospital, Ballinasloe, Co. Galway
[2]Radiology Department, Portiuncula University Hospital, Ballinasloe, Co. Galway

Aims:
To present a rare case of multisystem Langerhans Cell Histiocytosis (LCH) in a 6.5-month-old infant, highlighting diagnostic challenges, clinical manifestations, and early management, with emphasis on prompt recognition and multidisciplinary intervention.

Methods (Case Presentation):
A 6.5-month-old male infant presented to the Emergency Department with a progressively enlarging, non-mobile, firm swelling in the left parietotemporal region. Parents noted minor head trauma a week prior. The patient also had a history of recurrent, treatment-resistant eczematous skin lesions. On assessment, he was pale but hemodynamically stable, alert, and neurologically intact. A 4×5 cm scalp mass was observed. Blood investigations revealed bicytopenia (WBC 2.8 × 10^9/L, hemoglobin 8.6 g/dL), with an elevated CRP level (59.5 mg/L). CT imaging demonstrated multifocal lytic skull lesions without intracranial extension. Abdominal ultrasound revealed hepatic nodules. A skin biopsy confirmed LCH through histopathology and immunophenotyping.

Results:
Multisystem LCH was diagnosed based on systemic involvement of the bone, skin, liver, and hematologic system. Chemotherapy with vinblastine and corticosteroids was promptly initiated, following international treatment protocols for multisystem disease. The patient is currently under close oncology follow-up. The combination of bony swelling, skin lesions resistant to standard therapy, and organ involvement highlights the need for high clinical suspicion. Early diagnosis in such high-risk infants is critical, as prognosis is closely linked to age at diagnosis and organ involvement.

Conclusion:
This case highlights the importance of considering LCH in infants presenting with atypical skull swellings and systemic symptoms. Early diagnosis through imaging and histopathology enables timely systemic therapy, improving outcomes in multisystem cases. Resistant eczema or diaper rash should prompt an early dermatological or pediatric review to rule out underlying systemic diseases, such as LCH. Ongoing monitoring is essential due to the variable prognosis, reinforcing the role of multidisciplinary care in optimizing long-term outcomes.

1. Emile JF, Abla O, Fraitag S, et al. Revised classification of histiocytoses and neoplasms of the macrophage-dendritic cell lineages. Blood.2016;127:2672–81. doi:10.1182/blood-2016-01-690636. 2. Jezierska M, Stefanowicz J, Romanowicz G, Kosiak W, Lange M. Langerhans cell histiocytosis in children - a disease with many faces. Recent advances in pathogenesis, diagnostic examinations and treatment. Postepy Dermatol Alergol. 2018;35(1):6-17.doi:10.5114/pdia.2017.67095 3. McClain KL, Bigenwald C, Collin M, Haroche J, Marsh RA, Merad M, Picarsic J, Ribeiro KB, Allen CE. Histiocytic disorders. Nat Rev Dis Primers. 2021 Oct 7;7(1):73. doi:10.1038/s41572-021-00307-9. PMID: 34620874; PMCID:PMC10031765. 4. Emile JF, Abla O, Fraitag S, Horne A, Haroche J, Donadieu J, Requena-Caballero L, Jordan MB, Abdel-Wahab O, Allen CE, Charlotte F, Diamond EL, Egeler RM, Fischer A, Herrera JG, Henter JI, Janku F, Merad M, Picarsic J, Rodriguez-Galindo C, Rollins BJ, Tazi A, Vassallo R, Weiss LM; Histiocyte Society. Revised classification of histiocytoses and neoplasms of the macrophage-dendritic cell lineages. Blood. 2016 Jun 2;127(22):2672-81. doi:10.1182/blood-2016-01-690636. Epub 2016 Mar 10. PMID: 26966089; PMCID:PMC5161007. 5.

Eckstein OS, Visser J, Rodriguez-Galindo C, Allen CE, Group N-LS. Clinical responses and persistent BRAF V600E(+) blood cells in children with LCH treated with MAPK pathway inhibition. Blood. (2019) 133:1691–4. 10.1182/blood-2018-0-878363 6. McClain KL, Bigenwald C, Collin M, Haroche J, Marsh RA, Merad M, Picarsic J, Ribeiro KB, Allen CE. Histiocytic disorders. Nat Rev Dis Primers. 2021 Oct 7;7(1):73. doi: 10.1038/s41572-021-00307-9. PMID: 34620874; PMCID: PMC10031765. 7. Krooks J, Minkov M, Weatherall AG. Langerhans cell histiocytosis in children: Diagnosis, differential diagnosis, treatment, sequelae, and standardized follow-up. J Am Acad Dermatol. 2018 Jun;78(6):1047-1056. doi:10.1016/j.jaad.2017.05.060. PMID: 29754886. 8. Jezierska M, Stefanowicz J, Romanowicz G, Kosiak W, Lange M. Langerhans cell histiocytosis in children - a disease with many faces. Recent advances in pathogenesis, diagnostic examinations and treatment. Postepy Dermatol Alergol. 2018 Feb;35(1):6-17. doi: 10.5114/pdia.2017.67095. Epub 2018 Feb 20. PMID: 29599667; PMCID:PMC5872238. 9. Ouali, Z. E., Khoubila, N., Cherkaoui, S., Rachid, M., Lamchahab, M., Qachouh, M.,Madani, A., & Quessar, A. (2019). Langerhans cell histiocytosis in children: a case report and brief review of the literature. PAMJ Clinical Medicine, 1.https://doi.org/10.11604/pamj-cm.2019.1.10.20810

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 130
General Paediatrics

BEHIND THE DOORS OF THE PAU: A TWO-MONTH REVIEW OF PAEDIATRIC MEDICAL EMERGENCIES IN LEVEL 1 HOSPITAL

E Yousaf[1], N Ashrif[1], Syed H Ali[1], S Abdulrab[2]
[1]Department of Paediatrics, St. Luke's General Hospital, Kilkenny, Ireland
[2]Medical Practitioner, Irish Medical Council, Dublin, Ireland

Aims:
To review the activity, referral patterns, case mix, and outcomes of children attending the Paediatric Assessment Unit (PAU) over a two-month winter period, highlighting its role as the primary paediatric medical emergency service in a Level 1 hospital.

Methods:
We conducted a retrospective audit of all attendances to the PAU between December 2024 and January 2025. Data were collected on demographics, referral sources, triage categories, presenting complaints, duration of stay, and outcomes including discharge, admission, and transfer to tertiary centres.

Results:
A total of 1,444 attendances were recorded. 635 (44%) occurred during daytime hours (09:00–17:00) and 809 (56%) out of hours.
Referral sources were: self-referral 576 (40%), GP 395 (27%), Caredoc 268 (19%), consultant 98 (7%), and others 107 (7%).
Triage categories: Category 1: 15 (1%), Category 2: 130 (9%), Category 3: 606 (42%), Category 4: 664 (46%), Category 5: 29 (2%).
Age distribution: <3 months: 28 (2%), 3–24 months: 375 (26%), 2–10 years: 810 (56%), 10–16 years: 231 (16%).
Time spent in PAU: 0–4 hours: 909 (63%), 4–8 hours: 463 (32%), >8 hours: 72 (5%). Outcomes: 256 children (18%) required hospital admission, and 9 (<1%) were transferred to tertiary centres.

The most common presentations were febrile illness/unwell child (318), respiratory illness (315), ENT (207), rash (114), vomiting/diarrhoea (95), abdominal pain (78), headache (39), seizures (35), oncology-related presentations (30), and PAU reviews/IV therapy (38).

Conclusions:
Over a short two-month winter period, the PAU managed a high volume and broad spectrum of acute paediatric medical presentations, including true emergencies. More than half of attendances occurred out of hours, and nearly one in five required admission. These findings emphasise the PAU's essential role in delivering timely, safe, and efficient paediatric emergency care in a Level 1 hospital and provide valuable insights for future staffing, resource allocation, and service planning.

1. Irish Paediatric Critical Care Audit National Report 2023 – NOCA 2. National Clinical Audit of Emergency Department Triage Report 2023 – HSE 3. Children's Health Ireland Annual Report 2023

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 131
General Paediatrics

AUDIT OF ANTIBIOTIC PRESCRIBING PRACTICES FOR UPPER RESPIRATORY TRACT INFECTIONS IN CHILDREN

HY Yousaf[1], DH Hernandez [1]

[1]Paediatrics, Sligo University Hospital, Sligo, Ireland
[2]Paediatrics, Sligo University Hospital, Sligo, Ireland

Aims:
Upper respiratory tract infections (URTIs) are among the most common presentations in paediatric emergency care, frequently resulting in antibiotic prescribing despite most being viral in origin. Overuse of antibiotics contributes to antimicrobial resistance and unnecessary exposure to side effects. This audit aimed to evaluate the management of URTIs in children presenting to Sligo University Hospital A&E, focusing on adherence to established guidelines and appropriate antibiotic use.

Methods:
A retrospective review of clinical data over a two month period was conducted, analysing 70 paediatric presentations with suspected URTI. Clinical charts, investigations, and prescription records were reviewed to assess diagnosis, antibiotic prescribing patterns, and adherence to guidelines.

Results:
Among 70 children, 4 (6%) had otitis media and 66 (94%) presented with throat infections. Antibiotics were prescribed in 39 cases (56%), while 31 (44%) were managed without antibiotics.
Of the 39 patients prescribed antibiotics, only 10 (26%) received the correct antibiotic according to guidelines; among these, 1 patient was already on the correct antibiotic prescribed by their GP, and 2 patients were given delayed prescriptions. In 14 cases (36%), antibiotic dose and duration were not documented.
Throat swabs were performed in 10 patients (14%), with 3 (30%) positive for Group A streptococcus. Overall, 39 patients (56%) were managed in accordance with guidelines, including 10 patients prescribed antibiotics and 29 patients diagnosed with viral URTIs and managed without antibiotics. Among those following guidelines, there was 1 case of otitis media and 9 cases of tonsillitis. No complications occurred in untreated children.

Conclusion:
This audit highlights that over half of the presentations were managed according to guidelines. However, appropriate antibiotic prescribing remains suboptimal, with notable gaps in documentation of dose and duration. Improved adherence to guidelines, coupled with enhanced documentation, could strengthen antimicrobial stewardship and reduce unnecessary antibiotic use in children.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 132
General Paediatrics

FAMILIAL LEIGH SYNDROME: A CASE OF A SURVIVING CHILD WITH MULTIPLE AFFECTED SIBLINGS

M Zadarko, R Ibrahim, I Ahmed

[1]Department of Paediatrics, University Hospital Limerick, Limerick, Ireland

Aims:
Leigh syndrome is a progressive mitochondrial disorder of childhood with poor prognosis and limited treatment. Familial cases present particular challenges in diagnosis, management, and counselling. We describe a child with Leigh syndrome from a consanguineous family with two previously affected siblings, highlighting the clinical course and broader implications for paediatric practice.

Methods:
We reviewed the medical records, clinical features, investigations, and family history of a female child aged 19 months. Data was collated from admissions, specialist reviews, neuroimaging, and genetic testing.

Results:
The patient was born following an uncomplicated pregnancy. She required brief neonatal support and was initially developmentally appropriate, but subsequently demonstrated faltering growth, hypotonia, and regression of language skills. By 18 months, her weight, length, and head circumference had fallen below the 0.4th centile, necessitating nasogastric feeding. Physical examination revealed global developmental delay and hypotonia. MRI brain demonstrated symmetric lesions highly suggestive of Leigh syndrome, namely abnormal T2 hyperintense signal in the proximal cervical cord, medulla oblongata, periaqueductal grey matter, substantial nigra, subthalamic nuclei, and the optic nerves as well as restricted diffusion in several regions. Lactate was persistently elevated (up to 3.9 mmol/L). Family history revealed two siblings who died from Leigh syndrome at 12 and 15 months, respectively. Microarray SNP analysis demonstrated multiple regions of homozygosity, consistent with increased risk of autosomal recessive disorders. We are still awaiting Whole Exome Sequencing.

Conclusion:
This case highlights the classical neuroimaging and clinical features of Leigh syndrome, as well as the diagnostic value of lactate and genetic testing. Familial clustering in a consanguineous family underlines the importance of timely genetic counselling, anticipatory guidance, and psychosocial support. Paediatricians play a critical role in multidisciplinary management, balancing medical, ethical, and emotional aspects of care for families facing repeated loss.

Acknowledgements:
We acknowledge the contributions of colleagues in paediatric neurology, inherited metabolic diseases, and neuroradiology.

Ahmadi ZA, Brandt U. The genotype/phenotype conundrum of inherited mitochondrial disorders: Insights from a survey of mtDNA mutations associated with Leigh syndrome in complex I. Biochim Biophys Acta Mol Basis Dis. 2025 Nov;1871(8):167996. doi: 10.1016/j.bbadis.2025.167996. Epub 2025 Jul 25. PMID: 40716504. Robbins Cotran

Pathologic Basis of Disease (Robbins Pathology)-Elsevier (2020) Vinay Kumar MBBS MD FRCPath, Abul K. Abbas MBBS, Jon C. Aster MD PhD Oxford Desk Reference Clinical Genetics Genomics 2nd edition

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 133
Medical Management

THEMATIC ANALYSIS OF SUGGESTIONS OF PERIPHERAL UNIT PERSONNEL REGARDING CO-ORDINATION OF IRISH PAEDIATRIC CANCER CARE

C Galvin[1], S Kerins[1], K Ward[1], J Pears[1]
[1]National Children's Cancer Service, Children's Health Ireland at Crumlin, Dublin

Aims:
To analyse suggestions of personnel who work in peripheral units regarding improvements to co-ordination of the haematology and oncology shared care model[1].

Methods:
Participants responded to an online survey created using Microsoft Forms. The survey was sent by email to each of the peripheral units. This email requested that the survey be distributed among staff at the shared care centre, with a QR code provided to facilitate distribution. The survey asked what improvements could be brought to co-ordination of the shared care model. Responses were provided in a freetext format. Thematic analysis (Braun and Clarke format[2]) was undertaken on those responses including familiarisation, coding, theme generation, theme review and theme defining and naming.

Results:
Themes identified in the responses may be divided into three main categories: communication, support of shared care unit practice, and patient experience awareness-raising. Communication was the most commonly raised theme of suggestions for improvement (43 references). The most commonly referenced features of communication included specified point of contact (8 references), and medication queries (8 references). Referenced features regarding support of shared care unit practice included education (4 references) and standardised guidance (5 references).

Conclusion:
A thematic analysis of email survey responses has identified a number of suggestions of peripheral centre personnel. This may allow for targeted interventions to the model or may facilitate further discussion between the tertiary care centre and peripheral units as well as intradepartmental discussions.

References: 1. A National Model of Care for Paediatric Healthcare Services in Ireland Chapter 14:Child & Adolescent Cancer Services. https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/children-and-adolescent-cancer-services.pdf) 2, Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77–101. https://doi.org/10.1191/1478088706qp063oa

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 134
Neonatal

LEVEL ONE NEONATAL UNIT-SPECIFIC OUTREACH EDUCATION: FEASIBILITY AND SUCCESS

JM Morris[1, 2], TM Moore[1, 3], PM Miletinova[1,4], AB Bowden[1, 3], NA Aminudin[1, 3], JP Purna[1, 4], JF Franta[1, 4], HF Fucikova[1, 2], CMM Moore[1, 4]

[1]Neonatal Intensive Care Units Transport, National Neonatal Transport Programme, Dublin, Ireland
[2]Neonatal Intensive Care Unit, Coombe Hospital, Dublin, Ireland
[3]Neonatal Intensive Care Unit, Rotunda Hospital, Dublin , Ireland
[4]Neonatal Intensive Care Unit, National Maternity Hospital, Dublin , Ireland

Background:
Our neonatal transport team provides 24/7 critical care transport to babies aged <28 days corrected throughout the Republic of Ireland. There are 19 maternity units in ROI, four Level 3, four Level 2 and eleven Level 1 units. Level 1 units are staffed by paediatricians, caring for babies born at ≥ 32 weeks gestation. With renewed focus on in-utero transfer for at risk patients and a reduction in births, level 1 centres have less experience in caring for critically ill babies.
We aimed to assess if unit-specific outreach education to level one neonatal units was feasible and well-received.

Method:
Level one centres discussed requests for outreach education with the transport team, and dates were chosen to facilitate same. The outreach team was comprised of two neonatologists and two neonatal transport clinical nurse specialists. Agenda topics were discussed and ranked by importance. Local logistics including learning space, equipment was organised by local team. The survey was hosted on SurveyMonkey and participants were provided with a QR code to access the survey.

Results:
Across eight months, four level one units were visited by our Outreach Education team. Eighty neonatal unit staff attended across the four sites. The sites were geographically disparate – between 83 and 262km from our base and participants included, among others, Consultant paediatricians, Non-consultant hospital doctors, Neonatal and Paediatric nurses and Neonatal clinical nurse managers.
All respondents reported the sessions relevant, with 99% (n=79) finding the them engaging.
Topics they found most relevant were video laryngoscopy, medications for intubation and management of therapeutic hypothermia.
Respondents suggested topics for future sessions, including seizure management and procedures.
When asked for suggestions for improvement, responses were almost universally relating to increased frequency of this education initiative.

Conclusion:
Outreach Education targeted at level one neonatal units on a national basis is feasible and has been successful.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 135
Medical/Education Management

FROM AUDIT TO ACTION: OPTIMISING POST-DISCHARGE INFANT FEEDING DOCUMENTATION THROUGH QUALITY IMPROVEMENT

NB Beirne[1], CB Bezuidenhout[1], RMC McCarthy[1], MM Murphy[1]

[1]Neonatal Intensive Care Unit, National Maternity Hospital at Holles St, Dublin, Ireland

Aims:
A baseline audit in 2023 highlighted inconsistent documentation of post-discharge infant feeding at the Baby Clinic at the National Maternity Hospital. This Quality Improvement (QI) project aimed to optimise accurate documentation by NCHDs from 57% to 100% between January and July 2025 in all infants attending for 2-week and 6-week check-ups.

Methods:
The 2023 audit, which focused on preterm and low birthweight infants, identified variability and gaps in recording feeding information. Updated baseline data was collected in January 2025 for all infants, prompting the need for a structured quality improvement approach. Documentation was categorised as complete, partial, or incomplete. Stakeholder feedback emphasised risks of fragmented care, with comments such as 'without consistent records, follow-up care feels fragmented' and 'we risk missing key feeding concerns.' A SMART aim was developed, and a driver diagram constructed to generate change ideas. Interventions included (1) introduction of a structured documentation template, and (2) creation of 'quick note' shortcuts in the electronic medical record to improve workflow efficiency.

Results:
At baseline (January 2025), documentation completeness was 57% among senior house officers (SHOs) and 82% among registrars, with incomplete entries recorded in 29% and 18% of cases respectively. Following PDSA cycle 1 (template introduction), SHO documentation improved to 90% complete, while registrars eliminated incomplete entries (82% complete, 18% partial, 0% incomplete). After PDSA cycle 2 (quick notes), both SHOs and registrars achieved 100% complete documentation, with additional information (e.g. formula type, volume) also increasing across groups.

Conclusion:
The 2023 audit identified significant gaps in documentation of infant feeding. Applying a structured Quality Improvement methodology, documentation completeness improved from 57% at baseline to 100% across NCHDs within six months. This project demonstrates the effectiveness of quality improvement methods in optimising clinical practice and sustaining safer, more consistent care for infants post-discharge.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 136
Medical/Education Management

HOSPITAL-BASED PAEDIATRIC TRAINING FOR GENERAL PRACTICE TRAINEES IN IRELAND

NB Beirne[1], JK Klein[1], MON O'Neill[1]

[1]Paediatric Department, Mayo University Hospital

Aims:
Paediatric presentations represent 25% of general practice consultations in Ireland (1). The introduction of the 'Under 6' GP scheme led to a further 25% increase in paediatric consultations (2). GP trainees currently spend 4 months on a dedicated paediatric rotation, representing just 5.7% of their 4-year training scheme. This study aimed to establish GP trainee exposure to paediatric presentations during a summer-time hospital rotation, and to assess whether such presentations satisfy the current requirements of the Irish College of General Practitioners (ICGP) curriculum.

Methods:
A real-time observational study was conducted at Mayo University Hospital (MUH) between 6 June and 25 July 2023. All patients under 16 years presenting to the Paediatric Decision-Making Unit (PDU) were included. A standardised dataset captured demographics, presenting complaint, diagnosis, triage category, outcome, and grade of doctor. Presentations were mapped against the 57 paediatric conditions listed on the ICGP curriculum. Findings were compared with routinely collected PDU data from a winter-time period (November 2023).

Results:
Across the 7-week period, 500 paediatric patients presented (average 10.2/day), representing over 40% fewer daily presentations compared with the winter audit period (17.4/day). Eight GP SHO trainees collectively saw 286 patients, averaging 35.8 each (5.1 per week, 0.72 per day), representing 57.2% of all presentations. During the rotation, 41 of the 57 curriculum-listed conditions (72%) were encountered.

Conclusion:
GP paediatric teaching is experiential, opportunistic, and seasonal. The GP curriculum, as it relates to paediatrics, may benefit from relevant updates via modified Delphi study. Paediatric rotations could be bolstered by use of validated e-learning tools (3), audio-visual material and evidence-based simulation to develop diagnostic accuracy via deliberate practice without a clinical encounter.

ICGP curriculum. ICGP Curriculum - ICGP Web Site [Internet]. 2016; Available at: https://www.icgp.ie/go/become_a_gp/core_curriculum (Accessed: 03 January 2024). 2. McDonnell T, Nicholson E, Barrett M, Bury G, Collins C, Cummins F, Deasy C, Denny K, De Brún A, Hensey C, McAuliffe E. Policy of free GP care for children under 6 years: the impact on emergency department attendance. Soc Sci Med [Internet]. Available at: https://pubmed.ncbi.nlm.nih.gov/34022677/ (Accessed: 03 January 2024). 3. Rissmiller B, Castro D, Minard CG, Sur M, Roy K, Turner T, Thammasitboon S (2019) The diagnostic expertise acceleration module (DEAM): promoting the formation of organized knowl- edge. Med Educ Online 24(1):1679945. https://doi.org/10.1080/10872981.2019.1679945

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 137
Medical/Education Management

EVALUATING MEDICAL STUDENTS' KNOWLEDGE, SKILLS AND ATTITUDE ON MANAGING CHILDHOOD OBESITY: A PILOT STUDY.

N Gadzama[1,2], G O'Malley[3,4], C O'Gorman[1,2]
[1]School of Medicine, University of Limerick, Limerick, Ireland
[2]Department of Paediatrics, University Hospital Limerick, Limerick, Ireland
[3]School of Physiotherapy, RCSI University of Medicine and Health Sciences, Dublin, Ireland
[4]CHI Healthy Living Service, Children's Health Ireland, Dublin, Ireland

Aims:
The increased prevalence of childhood obesity (CO) calls for improved undergraduate medical education. Literature suggests that medical students feel unprepared to address CO and additional training is needed[1]. This study explored the initial impacts of a CO educational intervention on the knowledge, skills and attitudes of medical students.

Methods:
This pilot observational study evaluated a blended educational intervention utilizing an online course, recorded lecture and case-based discussions (CBDs) on CO for final year medical school students at the University of Limerick. The online course and lecture were completed by students prior to attending the CBD. Students completed a readiness assurance test[2] at the start of the CBD, and were invited to complete a pre-post Likert scale-based questionnaire addressing perceived knowledge, skills and attitudes on CO. Results were analysed descriptively.

Results:
We present preliminary results for 29 students who attended the CBD session, with pre-post-intervention questionnaires completed by 24 (83%) and 20 (69%) students, respectively. Post intervention there were increases in self-reported confidence in proposing a CO management plan (21% to 100%;*p 0.42*); treating CO (13% to 95%;*p 0.42*); and in disagreeing with the statement that childhood obesity is caused solely by poor parental and personal choices (21% to 40%;*p 0.28*). Students self-reported knowledge of the aetiology of CO increased (62% to 85%;*p 0.39*). Skills on plotting growth increased (62% to 95%;*p 0.31*), as did ability to interpret blood pressure measurements in a child (29% to 55%;*p 0.28*). Knowledge of physical activity recommendations (8% to 80%;*p 0.42*), nutrition recommendations (25% to 75%; *p 0.39*) and referral pathways (38% to 85%;*p 0.41*) all increased.

Conclusion:
Our preliminary results suggest that the educational intervention enhanced final year medical students' self-perceived knowledge, skills and attitudes regarding CO at the end of their Paediatric rotation. Although no statistically significant differences were observed, this remains to be proven.

1) Lee S, Smith ML, Kromann L, Ory MG. Medical Students and Childhood Obesity: Health Disparity and Implication for Education. Int J Environ Res Public Health. 2019 Jul 19;16(14):2578. doi: 10.3390/ijerph16142578. PMID: 31330948; PMCID: PMC6678104. 2) Olson A, Watowicz R, Seeholzer E, Lyons K, Butsch WS, Croniger C. Team-based learning intervention to improve obesity education in medical school. MedEdPORTAL. 2023;19:11369.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

https://doi.org/10.15766/mep_2374-8265.11369
Poster No. 138
Medical/Education Management

DEVELOPING A NOVEL MULTIDISCIPLINARY PAEDIATRIC CLINICAL SKILLS EDUCATION PROGRAMME IN A REGIONAL PAEDIATRIC CENTRE

E Hamza[1], T Torpey[1], M Duignan[1], W Abd-Abdellateef[2], J Bates[3], A Ryan[1]

[1]Department of Paediatrics, University Hospital Galway, Galway, Ireland
[2]Emergency Department, University Hospital Galway, Galway, Ireland
[3]Intensive Care Medicine, University Hospital Galway, Galway, Ireland

Aims:
A pilot collaborative quality improvement initiative with paediatrics, anaesthetics/ICU, NICU and Emergency Department staff to improve paediatric emergency clinical skills proficiency, amongst a medical and nursing staff with varied paediatric experience in a regional hospital. We developed a novel inter-disciplinary paediatric emergency skills day, directly informed by stakeholder input that provided demonstration, expert supervision and observed simulation of emergency clinical skills.

Methods:
The paediatric and ED NCHD groups were consulted on desired learning via questionnaire. ED and paediatric ward nursing management, a paediatric consultant and an ICU consultant were engaged in senior stakeholder meetings. Key drivers and appropriate programming/ equipment were determined. 3 sessions with 1-hour duration took place over the day. Participants were progressed through 6 stations lasting 10 minutes each:
- Airway maneouvres and adjuncts, tracheostomy tube change
- Neonatal CMAC-assisted intubation, LMA insertion, lesser invasive surfactant administration
- Trauma primary survey
- AED training, APLS rhythms
- C-spine immobilisation, pelvic binder application (T-POD device and linen sheet)
- Intraosseous needle insertion (Eazy-IO)
Participants completed an online, anonymised questionnaire.

Results:
43 individuals were trained including 6 paediatric NCHDs, 3 ED trainees, 3 GP trainees, 3 medical students, 7 ward nurses, 4 ED nurses, 3 recovery nurses, 2 nursing students and 2 ICU nurses. 33 participants completed the pre and post-simulation questionnaires. 83% previously received clinical skills teaching. 83% highlighted hands-on practice as their preferred learning method. The most requested skill simulations were airway management (including tracheostomy) and “defib training”. 100% felt the sessions improved their emergency clinical skillset. 100% felt they could integrate simulated skills in future paediatric emergencies. 100% wish to participate in further sessions.

Conclusions:
Implementing a practical collaborative multidisciplinary emergency skills education programme can enhance the learning experience and skill proficiency of doctors and nurses. A quality improvement approach can drive progression in teaching agendas to suit a heterogenous learning group in a regional hospital.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 139
Medical/Education Management

GENTLE LANDING CHI — EMPOWERING INTERNATIONAL MEDICAL GRADUATE (IMG) NCHDS IN TRANSITION: A QUALITY IMPROVEMENT INITIATIVE

M.J. Javed[1], U.M. Murtagh[2], N.O. Oketah[3]

[1]Paediatric Emergency department, CHI Tallaght, Dublin , Ireland
[2]General Paediatrics, CHI Crumlin, Dublin, Ireland
[3]General Paediatrics and Adolescent Medicine, CHI Crumlin, Dublin, Ireland

Introduction/Aim:
International Medical Graduates (IMGs) often face challenges adapting to a new healthcare system, including unfamiliar clinical practices, communication styles, and cultural expectations. The Gentle Landing group at CHI Crumlin was designed to support IMG NCHDs in this transition. This project aimed to evaluate the programme's effectiveness in enhancing confidence, professional integration, communication, and career development, and identify opportunities for improvement.

Methods:
A structured, anonymous questionnaire, adapted from the RCPI peer-to-peer mentorship feedback tool for HST trainees, was distributed to 20 IMG NCHDs who participated in Gentle Landing CHI. The survey assessed demographics, engagement, impact on professional development, satisfaction, and suggestions for future support. Quantitative data were analyzed using descriptive statistics, and qualitative feedback was thematically categorized.

Results:
Twenty participants completed the survey: 11 Registrars (55%) and 9 SHOs (45%), primarily from Pakistan (47%) and Sudan (40%). Most participants had at least 2–3 years of prior clinical experience. Attendance ranged from 1 to 15 meetings. Orientation, career guidance, networking, and emotional support were most valued, with in-person and WhatsApp as preferred communication methods. Popular sessions included interview tips for paediatric specialty training and tips to make a strong CV.
Regarding professional development, 65% rated the program very impactful and 35% extremely impactful. All participants reported improved integration into the Irish healthcare system and enhanced clinical performance. Overall satisfaction was high: very satisfied 45%, satisfied 45%, dissatisfied 10%. Seventeen participants (85%) were extremely likely, and 3 (15%) likely to recommend the program. Workload sometimes obstructed attending meetings, and participants suggested structured guidance for first-time IMGs.

Conclusion:
Gentle Landing CHI provides a highly effective support framework for IMG NCHDs, significantly improving confidence, integration, and clinical performance. High satisfaction and positive recommendations highlight the programme's value. Future development should include additional guidance regarding research and audits, along with initiatives to enhance practical skills and clinical competency.

1. Royal College of Physicians of Ireland. Peer-to-peer mentorship feedback tool for Higher Specialist Training (HST) trainees. Dublin: RCPI; 2020. Available from: https://www.rcpi.ie 2. Lin VW, et al. Supporting international medical graduates in adapting to new healthcare systems. Med Educ. 2018;52(6):612–62

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 140
Medical/Education Management

BEYOND 'DONE': SUSTAINING ENGAGEMENT WITH RCPI PAEDIATRIC POCKET TUTORIALS

R MacDonell[1], Deirbhile Henderson, John Fitzsimons.

[1]Quality Improvement, RCPI, 19 South Frederick St, Dublin D02X266

Context:
The Paediatric Pocket Tutorials (PPT) were developed during the pandemic as a rapid-response solution to disrupted teaching. They have since expanded into 14 structured courses with 132 short, focused videos, each with 2–3 clear learning outcomes delivered by subject experts. Courses include CPD-linked assessments, wide learner access (free to RCPI paediatric learners, selected courses free to all), and inbuilt continuous evaluation, with structured feedback collected after modules.

Problem:
Although highly valued, PPTs face a sustainability challenge. With the Programme Board disbanded and responsibility now viewed as mainly "operational," there is a risk of the tutorials being treated as a static product rather than a dynamic resource. Early trends show that asynchronous offerings require both *pull* factors (e.g. CPD accreditation, flexible content) and *push* factors (promotion, integration into training) to sustain meaningful engagement.

Findings:
Dashboards show steady enrolments (359 learners per cycle) but fluctuating certificate completion (14–138 per cycle). Learners report high satisfaction with quality and flexibility, but usage varies depending on trainer advocacy and local visibility. Without continued promotion, awareness and engagement risk gradual decline.

Interventions and Strategy:
Early measures such as CPD-linked assessments, a mixed access model, and ongoing learner evaluation supported uptake. To sustain impact, PPTs must be reframed as a living educational infrastructure. Priorities include embedding into training pathways, assigning clear ownership for promotion and advocacy, using dashboards to monitor uptake, and refreshing content periodically.

Conclusion:
PPTs have delivered accessible, high-quality learning with demonstrated benefits for confidence and practice. However, asynchronous resources are not self-sustaining. To avoid decline, institutions must provide active leadership, integration, and promotion — treating these programmes as evolving infrastructure rather than "done" projects.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 141
Medical/Education Management

HOW DO UNIVERSITY EDUCATORS USE INFORMATION FROM STUDENT EVALUATIONS TO INFORM CHANGE IN THEIR TEACHING PRACTICES, A SCOPING REVIEW.

H Murphy O' Connor

[1]University of Galway
[2]University College Dublin

Objective:
The aim of this review is to understand how educators make sense of student evaluation of teaching (SET) and how its interpretations influence teaching practice and lead to positive change in the student experience.

Introduction:
SETs are commonly used in tertiary education. The tools and timing of SET collection varies greatly. SET data is diverse and difficult to interpret. There is a struggle to create better learning experiences for students based on the information derived from SET. There is a gap in literature investigating the relationship between collecting student information, its interpretation and subsequent change in teaching practice.
Inclusion criteria:
All quantitative and qualitative methods including narrative reviews and opinion pieces were eligible for inclusion.

Methods:
A full search strategy was developed using text words found in the titles and abstracts of suitable articles. Key search terms utilised were, “student evaluations”, “student feedback”, “change”, “university”, “post-secondary”. A comprehensive search was performed in Cochrane, Scopus, ERIC and PubMed. All sources were screened by a title and abstract review and all relevant papers identified during this screening underwent full text review. Data was extracted using a tailored data extraction tool.

Results:
3,205 papers were screened in total. 45 papers were identified as suitable for inclusion in this scoping review. The main finding revealed that educators do use information from SET to change teaching practices. In terms of changes made to teaching, a broad range of changes were described including restructuring courses, reforming examinations, changing course content and augmenting their teaching style.

Conclusions:
Academics change their practice based on SET; however, these adjustments vary greatly between educators. Many adjustments are made without support from peers or university administration. If SET is to be used for its original purpose of improving students experience, there needs to be a significant overhaul in all areas relating to it.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 142
Medical/Education Management

USING THEMATIC ANLYSIS TO UNDERSTAND MEDICAL STUDENT EXPERIENCES OF PAEDIATRICS.

H Murphy O' Connor1, S Murphy1

1Paediatrics, University College Dublin, Dublin, Ireland
Author: Dr. Hope Murphy O' Connor, Dr. Sinead Murphy, University College Dublin

Aims:
Student evaluations of teaching should be used by university and hospital staff to make practical adjustments to courses and content to enhance the student experience. Understanding the student experience is paramount for continuous improvement. It can be a challenge to utilise student evaluations due to their heterogenous content. No consensus currently exits as to the best way to collect or analyse student evaluations. We used thematic analysis to interpret and understand the student experience.

Methods:
Retrospective qualitative study. Thematic analysis was used identify common topics of comment from text data. These topics were coded and grouped in themes. The themes were reviewed and defined, to give concrete areas for discussion. Data was collected from feedback forms given from the academic year September 2023- September 2024. Data was coded in Microsoft Excel.

Results:
A recurring theme was the importance of a streamlined and structured programme to help learners feel safe in the hospital environment. Overall students had a largely positive experience of clinical placement, with inclusion in the team and willingness of clinical staff to teach the most common themes that emerged.

Conclusion:
Thematic analysis can be used to effectively interpret student evaluations of teaching. It may allow university and hospital staff to introduce changes to enhance the learning environment. It can also be used to highlight positive practices currently in place, giving motivation for continuous engagement.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 143
Medical/Education Management

A ONE YEAR RETROSPECTIVE ANALYSIS OF NURSING SKILL LEVELS, BED STATUS, ADMISSIONS AND PATIENT ACUITY IN A LEVEL TWO NICU.

P Ó Coisdealbha[1], AK Dunne[1], J Letshwiti[1]

[1]Department of Neonatology , University Hospital Galway, Galway, Ireland

Aims:
To conduct a one-year retrospective review of a level two neonatal intensive care unit, examining nursing skill mix and staffing levels in relation to bed occupancy, admission patterns and patient acuity. The primary aim of the review was focussing on exploring the alignment between workforce capacity and clinical demand when compared to the 2015 Model of Care for Neonatal Services in Ireland (Murphy , Nicholson, Browne, & Turner , 2015).

Methods:
A retrospective collection of data over a 13 month period (March to March inclusive) including daily nursing rosters with skill level designation, daily MDT huddle documents admission records and validated patient acuity scores. Descriptive and trend analysis was performed to assess variation between workforce composition, occupancy and patient needs.

Results:
Overall the admission rate each month remained relatively stable. There were a total 461 admissions to the neonatal unit resulting in 3668 cot days. This comprised of 10% NICU, 34% HDU and 56% SCBU. The nursing skill mix consists of 50% of staff with QIS (Qualified in Speciality) who are capable of caring for infants admitted to HDU or SCBU. During this year there was a noted increase in infants born moderately prematurely 27-31+6 weeks gestation; 23 in latter 6 months versus 18 in the first 7 months. Despite this the numbers of nurses on duty remained relatively unchanged in terms of skills set.

Conclusions:
This review demonstrates a shift towards higher acuity levels being admitted, more preterm infants with lower birth weights. There is variability in the alignment between nursing skill levels, patient acuity a d bed occupancy. Following the July 2025 decision to transfer high patients from other sites within the hospital group there is a need for dynamic workforce planning and ongoing monitoring to ensure safe, high quality neonatal care.

Murphy , J., Nicholson, A., Browne, C., & Turner , G. (2015). National Clinical Programme for Paediatrics & Neonatology: Model of Care for Neonatal Services in Ireland. Retrieved from Health Service Executive: Clinical Strategy & Programmes : https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/model-of-care-for-neonatal-services-in-ireland.pdf

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 144
Neonatal

MANAGEMENT OF REDUCED MOVEMENTS OF THE UPPER LIMB IN A LEVEL TWO NEONATAL UNIT: AN AUDIT

P Ó Coisdealbha[1], C Patterson[1], A Cunningham[1], J Letshwiti[1]

[1]Department of Neonatology, Women & Children's Directorate, University Hospital Galway, Galway, Ireland

Aims:
As part of a departmental review of reduced movements of the upper limb, the neonatology department performed an audit to establish the occurrence, postnatal review and follow up of infants born with reduced movements of the upper limb in University Hospital Galway in 2024. Our primary aim was to assess if best practice management is being implemented as per current guidelines (Association of Paediatric Chartered Physiotherapists, 2019).

Methods:
A retrospective review of the electronic and written records of patients identified as having reduced movements of the upper limb following birth in University Hospital Galway in 2024. All patients diagnosed with reduced movements of the upper limb were included. These patients were identified from the patients referred to physiotherapy outpatient review and follow up.

Results:
Total number of babies identified was 10. 90% of diagnoses were made during inpatient admission following birth. 1 patient identified following presentation to Emergency Department. 90% of patients had inpatient Registrar review, with 80% of patients receiving Consultant review prior to discharge. All patients diagnosed underwent appropriate radiological investigations in the form of X-Ray.
90% of patients had outpatient Physiotherapist and Consultant follow up with resolution noted 6 months of age. No patients were referred to the CRC (Clinical Remedial Centre) following outpatient assessment.

Conclusions:
Patients are being correctly identified, investigated and referred for follow up of reduced movements of the upper limb. There was no defined pathway of referral to standardise the approach amongst clinical staff. Given this lack of a referral pathway the likelihood of a missed diagnosis was deemed to be moderate. The authors have designed a referral pathway which encompassed out of hours diagnosis and referral, this was approved and implemented by the Neonatal department with approval from the University Hospital Galway Audit Committee.

Association of Paediatric Chartered Physiotherapists. (2019, July 17). Obstetric Brachial Plexus Palsy: A Guide to Management. Retrieved from The Association if Paediatric Chartered Physiotherapists: https://apcp.csp.org.uk/documents/obstetric-brachial-plexus-palsy-guide-management

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 145
Medical/Education Management

OPTIMISING PAEDIATRIC TRAINING: A NEEDS ASSESSMENT SURVEY OF TRAINEES TO INFORM CURRICULUM DEVELOPMENT

K O'Halloran[1], A Vakaloudi[2], C Power[3], J Trujillo[3], D Finn[3]

[1]Cardiology, CHI, Dublin, Ireland
[2]School of Medicine, UCC, Cork, Ireland
[3]Paediatrics , CUH, Cork, Ireland

Background:
High-quality postgraduate education in paediatrics is central to developing competent, confident clinicians. This study aimed to assess trainee perspectives on current teaching practices within a regional paediatric centre and identify strategies to optimise the educational programme with reference to the RCPI paediatric curriculum.

Methods:
A structured questionnaire was distributed to paediatric trainees via redcap. The survey explored teaching delivery, curriculum structure, barriers to attendance and desired learning modalities. Quantitative and qualitative methods were utilised to analyse the responses and make recommendations.

Results:
17 responses highlighted several recurring themes. Protected time emerged as a critical requirement, with frequent calls for bleep-free sessions to enable uninterrupted attendance. Structural barriers, including perceptions that teaching attendance is not encouraged, limited participation. Consultant engagement was highlighted as an important influencing factor. There were requests for consultants to release trainees from clinical duties, attend teaching themselves, and lead sessions, this was particularly valued by senior trainees. Preferred teaching modalities included morbidity and mortality meetings, case-based discussions, and simulation. Trainees feel simulations are currently underutilised. Curriculum preferences favoured a structured, theme-based programme aligned with RCPI national standards. Ethics, professionalism, and communication training were identified as underrepresented but essential, particularly in areas such as breaking bad news and end-of-life care. Respondents advocated for structured feedback systems, including formal meetings, and the use of digital tools to enhance the education experience. Tailored learning for GP trainees and those on shorter rotations was also recommended.

Conclusions:
Findings underscore the importance of protected teaching time, consultant leadership, and a structured, theme-based curriculum. Integrating simulation, ethics, professionalism, and communication training, alongside robust feedback mechanisms and digital tools, will strengthen paediatric postgraduate education. These recommendations provide a framework for optimising paediatric training and fostering a culture of educational excellence. These results are being used to design a formal paediatric teaching curriculum and induction schedule for CUH.

Blackburn, C., Boyle, M., Donnelly, J., & Flanagan, O. (n.d.). HIGHER SPECIALIST TRAINING IN PAEDIATRICS OUTCOME-BASED

EDUCATION-OBE CURRICULUM. Taylor, K. L., & Chudley, A. E. (2001). Meeting the needs of future physicians: a core curriculum initiative for postgraduate medical education at a Canadian university. Medical Education, 35(10), 973–982. https://doi.org/10.1111/J.1365-2923.2001.01021.X Hannon, F. B. (2000). A national medical education needs' assessment of interns and the development of an intern education and training programme. Medical Education, 34(4), 275–284. https://doi.org/10.1046/J.1365-2923.2000.00512.X HARDEN, R. M., SOWDEN, S., & DUNN, W. R. (1984). Educational strategies in curriculum development: the SPICES model. Medical Education, 18(4), 284–297. https://doi.org/10.1111/J.1365-2923.1984.TB01024.X Larocque, N., Lee, S. Y., Monteiro, S., & Finlay, K. (2018). Reform of a Senior Medical Student Radiology Elective Using a Needs Assessment. Canadian Association of Radiologists Journal, 69(3), 253–259. https://doi.org/10.1016/J.CARJ.2018.01.005

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 146
SUB-SPECIALITY

RUDIMENTARY RIGHT VENTRICLE THROMBUS LEADING TO MULTIFOCAL STROKE IN FONTAN CIRCULATION

K O'Halloran[1], M Pentony[2], CJ McMahon[1]
[1]Dept of Cardiology, Children's Health Ireland, Crumlin
[2]Dept of Paediatrics, Cork University Hospital, Cork

Background:
Patients with Fontan circulation are at lifelong risk of thromboembolic events due to venous stasis, abnormal haemodynamics, and prothrombotic pathways. Atrial arrhythmias and residual cardiac chambers further increase risk. Stroke, both symptomatic and silent, is a significant cause of morbidity. Optimal anticoagulation strategies remain uncertain, with conflicting evidence for aspirin, warfarin, and direct oral anticoagulants (DOACs).

Methods:
We report the case of an 11-year-old male with pulmonary atresia and intact ventricular septum, status post completed Fontan circulation with prior fenestration closure, who developed multifocal cerebral infarction due to thrombus formation within a rudimentary right ventricle.

Results:
His cardiac background was significant for a fenestrated Fontan (2017), and subsequent fenestration closure (2018). He was treated with Warfarin until 12m after his Fontan surgery and was thereafter on daily asoirin, with good compliance. His presenting symptom was transient right-sided weakness with complete resolution of neurological symptoms resolving within hours. MRI/MRA brain revealed multifocal acute infarcts in the basal ganglia, parietal lobe, insula, and frontal lobe, consistent with embolic stroke. Transoesophageal echocardiography identified thrombus within the trabeculations of a rudimentary right ventricle, while the Fontan circuit and single ventricular function remained preserved. Therapeutic anticoagulation was initiated with enoxaparin and transitioned to warfarin, with excellent clinical recovery. Multidisciplinary review recommended consideration of catheter-based occlusion of inflow into the rudimentary ventricle.

Conclusions:
This case underscores that residual cardiac structures in Fontan patients may act as thrombus reservoirs, posing risk of neurological complications even years after surgery and despite compliance with antiplatelet therapy. It highlights the importance of considering stroke in any neurological presentation in this population, and the utility of multimodal imaging in identifying both cerebral and intracardiac thrombus. Current evidence regarding thromboprophylaxis in Fontan patients remains inconclusive, necessitating individualized management and further multicentre research to establish optimal strategies.

1. Van Den Helm S, Sparks CN, Ignjatovic V, Monagle P, Attard C. Increased risk for thromboembolism after Fontan surgery: considerations for thromboprophylaxis. frontiersin.orgS Van Den Helm, CN Sparks, V Ignjatovic, P Monagle, C AttardFrontiers in Pediatrics, 2022•frontiersin.org [Internet]. 2022 Mar 28 [cited 2025 Aug 4];10. Available from: https://www.frontiersin.org/articles/10.3389/fped.2022.803408/full 2. Van den Eynde J, Possner M, Alahdab F, Veldtman G, Goldstein BH, Rathod RH, et al. Thromboprophylaxis in patients with Fontan circulation. jacc.orgJ Van den Eynde, M Possner, F Alahdab, G Veldtman, BH Goldstein, RH RathodJournal of the American College of Cardiology, 2023•jacc.org [Internet]. 2023 Jan 31 [cited 2025 Aug 4];81(4):374–89. Available from: https://www.jacc.org/doi/abs/10.1016/j.jacc.2022.10.037 3. McCrindle BW, Manlhiot C, Cochrane A, Roberts R, Hughes M, Szechtman B, et al. Factors associated with thrombotic complications after the Fontan procedure: a secondary analysis of a multicenter, randomized trial of primary thromboprophylaxis for. jacc.org [Internet]. 2013 Jan 22 [cited 2025 Aug 4];61(3):346–53. Available from: https://www.jacc.org/doi/abs/10.1016/j.jacc.2012.08.1023 4. Alsaied T, Alsidawi S, Allen C, Heart JF, 2015 undefined. Strategies for thromboprophylaxis in Fontan circulation: a meta-analysis. heart.bmj.comT Alsaied, S Alsidawi, CC Allen, J Faircloth, JS Palumbo, GR VeldtmanHeart, 2015•heart.bmj.com [Internet]. [cited 2025 Aug 4]; Available from: https://heart.bmj.com/content/101/21/1731.short 5. Al-Jazairi AS, Al Alshaykh HA, Di Salvo G, De Vol EB, Alhalees ZY. Assessment of Late Thromboembolic Complications Post–Fontan Procedure in Relation to Different Antithrombotic Regimens: 30-Years' Follow-up Experience. journals.sagepub.comAS Al-Jazairi, HA Al Alshaykh, G Di Salvo, EB De Vol, ZY AlhaleesAnnals of Pharmacotherapy, 2019•journals.sagepub.com [Internet]. 2019 Aug 1 [cited 2025 Aug 4];53(8):786–93. Available from: https://journals.sagepub.com/doi/abs/10.1177/1060028019829860 6. Egbe A, Connolly H, Niaz T, … VYA heart, 2017 undefined. Prevalence and outcome of thrombotic and embolic complications in adults after Fontan operation. ElsevierAC Egbe, HM Connolly, T Niaz, V Yogeswaran, NW Taggart, MY Qureshi, JT PoteruchaAmerican heart journal, 2017•Elsevier [Internet]. [cited 2025 Aug 4]; Available from: https://www.sciencedirect.com/science/article/pii/S0002870316302101 7. Giglia TM, Massicotte MP, Tweddell JS, Barst RJ, Bauman M, Erickson CC, et al. Prevention and treatment of thrombosis in pediatric and congenital heart disease: a scientific statement from the American Heart Association. ahajournals.orgTM Giglia, MP Massicotte, JS Tweddell, RJ Barst, M Bauman, CC Erickson, TF FeltesCirculation, 2013•ahajournals.org [Internet]. 2013 Dec 17 [cited 2025 Aug 4];128(24):2622–703. Available from: https://www.ahajournals.org/doi/abs/10.1161/01.cir.0000436140.77832.7a 8. Heidendael J, Engele L, Cardiology BB… J of, 2022 undefined. Coagulation and anticoagulation in Fontan patients. Elsevier [Internet]. [cited 2025 Aug 4]; Available from: https://www.sciencedirect.com/science/article/pii/S0828282X22000782 9. Regan I, Cox D, Kelleher S, Cardiology CMP, 2025 undefined. The Effects of Aspirin dose in Children with Congenital and Acquired Heart Disease. Results from the paediatric study of aspirin efficacy using diagnostic and. SpringerIE Regan, D Cox, ST Kelleher, CJ McMahonPediatric Cardiology, 2025•Springer [Internet]. 2025 Apr 16 [cited

2025 Aug 4];46(4):862–73. Available from: https://link.springer.com/article/10.1007/s00246-024-03509-6 10. Sinclair A, Fox C, Ichord R, neurology CA..., 2015 undefined. Stroke in children with cardiac disease: report from the International Pediatric Stroke Study Group Symposium. Elsevier [Internet]. [cited 2025 Aug 4]; Available from: https://www.sciencedirect.com/science/article/pii/S0887899414005906

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 147
Medical/Education Management

THE NEONATES ROTATION - A JUNIOR DOCTOR'S SIX MONTHS EXPERIENCE IN A TERTIARY CARE NEONATAL UNIT IN IRELAND POST EUROPEAN WORKING TIME DIRECTIVE IMPLEMENTATION.

H Shahid[1, 2], J Miletin[1,3,4]

[1]Neonatology , The Coombe Hospital, Dublin, Ireland
[2]Paediatrics , Midlands Regional Hospital Mullingar, Mullingar , Ireland
[3]Paediatrics , University College Dublin , Dublin , Ireland
[4]2nd Medical School, Charles University , Prague, Czechia
[5], Institute for the Care of Mother and Child, Prague , Czechia

Aims:
Neonatology is a core component of Paediatrics training in Ireland and Europe. However, experience and exposure to neonatology tasks at the Senior House Officer (SHO) level in Ireland have not been formally reported yet.
Concerns have been raised about the effects of the European Working Time Directive (EWTD) on training quality. At the Coombe Hospital, a shift change aligned with EWTD reduced SHO on-call duties from 16 to 12 hours.
This study aimed to assess how this change affected an SHO's practical experience over six months.

Methods:
We retrospectively audited the logbook of an SHO's clinical experience during a six-month rotation (July–December 2024) in the neonatal unit at the Coombe Hospital, a level III perinatal centre in Dublin.

Results:
During this period, the SHO attended 120 deliveries.
Of these, 47% (n=56) were caesarian sections, 38% (n=46) were instrumental deliveries, and 15% (n=18) were normal vaginal deliveries. They also attended one water birth.
Gestational age was term in 91% of cases; the rest were preterm, with 3.3% being extreme preterm births. The earliest gestation attended was 22+5 weeks.
The SHO participated in 12 neonatal resuscitations, acted as first responder in seven, and independently delivered Intermittent Positive Pressure Ventilation on four occasions.
They completed 218 routine neonatal discharge examinations. Significant findings revealed by the clinical exam included two bilateral cataracts, a case of congenital glaucoma, and a case of pulmonary stenosis (cardiac murmur leading to echocardiography diagnosis).
They also carried out six intravenous cannulations, 40 phlebotomy samples, and assisted in one umbilical line insertion. There were no opportunities to do lumbar puncture, central lines, or endotracheal intubation.

Conclusions:
Although exposure to deliveries, resuscitation, and examinations was adequate, hands-on procedural experience was limited.

As this rotation is often the only neonatal exposure before progressing to registrar level, reduced shift length may adversely affect training and the acquisition of core competencies.

1.Moonesinghe SR, Lowery J, Shahi N, Millen A, Beard JD. Impact of reduction in working hours for doctors in training on post-graduate medical education and patients' outcomes: systematic review. Bmj. 2011 Mar 22;342. 2.Slattery, D.M., 2014. Impact of EWTD on teaching and training in Irish paediatric medicine: positive or negative?. 3.Andrew F, Hodgson H, Newbery N. Impact of EWTD on patient: doctor ratios and working practices for junior doctors in England and Wales 2009. Clinical medicine. 2010 Aug 1;10(4):330 4.Board T. National Trainee Survey 2006–key findings. Summary report of PMETB/COPMeD's National Surveys of Trainees 2006 5.Hastie A, Boath E, Paice E. Flexible Working and Training for Doctors and Dentists. Taylor & Francis; 2006.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 148
Medical/Education Management

THE FORGOTTEN PATIENT: EVALUATING MATERNAL MENTAL HEALTH ASSESSMENT IN NEURODISABILITY SERVICES

B SULEMAN[1], A SOMAN[1], Z ALREBAH[1]

[1]PAEDIATRIC NEURODISABILITY, CUH, CORK, IRELAND

Aim:
To ascertain whether the mental health of mothers of children with neurodisability is routinely considered and documented during outpatient and inpatient encounters, and to identify opportunities for improving holistic, family-centred care.

Background:
Mothers of children with long-term and/ or life-limiting conditions are known to be at significantly higher risk of serious mental illness, cardiovascular illness, and mortality[1]. Integrating routine inquiries into maternal health could improve early risk identification and support more comprehensive, individualized care, ultimately enhancing outcomes for these children.

Method:
We conducted a retrospective case-notes review of children who attended neurodisability outpatient clinics between February 2025 and August 2025. Each record was screened using a structured audit proforma to determine whether maternal mental health was considered and documented, and whether actions were taken when concerns were identified.

Results:
42/50 encounters (84%) were follow-up patients, and 8 (16%) were new referrals.MH was considered in 4 cases, with an additional one documenting “family struggles, making a total of 5 (10%). Three out of these 5 patients had an Autism Spectrum Disorder diagnosis, 1 patient a syndromic diagnosis, and 1 had global developmental delay.

Conclusion:
Maternal health was rarely explored, revealing a significant gap in care, which could indirectly affect outcomes for children and even societal fall out.

Recommendation:
Routine enquiries into maternal health and wellbeing should be incorporated into outpatient care of children with Neurodisability or other chronic or life-limiting conditions. The use of standardized screening tools is likely to support consistent identification of early risk factors, family stressors, and unmet support needs.

1. Fraser LK, Murtagh FEM, Aldridge J, et al. Arch Dis doi:10.1136/ archdischild-2020-320655

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 149
Neonatal

SIALADENITIS IN A NEONATE: A CASE REPORT

N. Aldai[1], W. Arshad[1], K. James[2], A. Stanzelova[1]

[1]Paediatrics Department, Sligo University hospital, Sligo, Ireland
[2]Radiology Department, Sligo University Hospital, Sligo, Ireland

Aims:
Invasive neonatal bacterial infections are rare but can cause significant morbidity. Most present with non-specific systemic features, while localized infections are less common. We describe a case of a 2-week-old male infant presenting with a submandibular swelling noted at a routine postnatal check.

Methods:
The infant's chart was reviewed for clinical presentation, laboratory results, microbiology, imaging, and follow-up.

Results:
A two-week-old male infant was noted at a routine postnatal check to have a firm, non-mobile swelling at the left mandibular angle. He was afebrile, feeding well, and appeared comfortable. Differential diagnoses included sialadenitis, torticollis, or neoplasm. His inflammatory markers were raised. Ultrasound revealed a collection consistent with sialadenitis. Despite intravenous antibiotics, massage, and compresses, the swelling progressed over the next 48hours requiring surgical drainage, yielding a large volume of pus that cultured methicillin-sensitive Staphylococcus aureus (MSSA). He completed a two-week antibiotic course and recovered well. Basic immunologic work up including immunoglobulins and oxidative burst test were normal.

Conclusion:
Sialadenitis, although rare in neonates, should be considered in the differential diagnosis of submandibular or cervical swellings. Our case highlights the importance of careful serial neonatal examination; this baby's swelling was picked up at a routine 2 week check, allowing prompt initiation of therapy. The role of the immunologic work up after sialadenitis in infancy is debated, but regular follow up in order to monitor for other infectious complications is essential.

Acknowledgement:
This case was reviewed and approved under consultant supervision.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 150
Neonatal

TIME TO FIRST DOSE OF ANTIBIOTICS IN NEWBORNS WITH PERINATAL RISK FACTORS FOR EARLY ONSET SEPSIS

L Basquel[1], C Terry[1, 2], BJ Cleary[3, 4], B Hayes[1, 2]

[1]Department of Neonatology, Rotunda Hospital, Dublin, Ireland
[2]Department of Paediatrics, Royal College of Surgeons in Ireland, Dublin, Ireland
[3]Irish Medicines in Pregnancy Service, Rotunda Hospital, Dublin, Ireland
[4]School of Pharmacy and Biomolecular Sciences, Royal College of Surgeons in Ireland, Dublin, Ireland

Aims:
The aim of this audit was to assess compliance with international standards in treating early onset sepsis, ensuring timely administration of antibiotics for asymptomatic neonates. Secondary aims included indentifying common causes of delays to drive quality improvement in relation to documentation of clinical decision and parental communication.

Methods:
A retrospective audit was conducted of neonates >30 weeks' gestation, born between February and May 2025, who were clinically asymptomatic at birth and remained on the postnatal ward. Infants born less than 34 weeks postmenstrual age, with known congenital anomalies or requiring admission to the neonatal unit were excluded.
Risk factors for EOS included maternal intrapartum fever, suspected chorioamnionitis, prolonged rupture of membranes (>18 hours), GBS carrier status, previous infant with GBS-positive blood culture, or inadequate intrapartum antibiotic prophylaxis. Data collected included time of birth, time of clinical decision for treatment with antibiotics, time of first antibiotic dose prescription and administration, and documentation of parental communication.

Results:
62 infants were included in this audit. All infants had risk factors for early onset sepsis and received Benzylpenicillin and Gentamicin as first line empiric treatment for early onset sepsis. Only 14 babies (23%) received their first dose of antibiotics within one hour of clinical decision, as per guideline standards. The median time to antibiotics from birth was 82 minutes (mean 102 minutes).
Among those who received their first dose of antibiotics more than one hour from decision, reasons for delay were documented in only four cases, three due to delayed EOS notification and one due to NICU bed unavailability. Parental communication was documented in only 13% of cases.

Conclusion:
This audit highlights potential areas for improvement to ensure timely antibiotic administration in a large tertiary level maternity hospital. Staff education and structured documentation protocols could improve compliance, communication and medication safety.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 151
Neonatal

A RARE PRESENTATION OF INTERMITTENT DIABETES INSIPIDUS IN NEWBORN WITH SCHAAF-YANG SYNDROME. A CASE REPORT.

A. Biagini [1], T. Anwar[1], K. Cunningham[1, 2], M Farhan[1, 2]

[1]1. Department of Neonatology, Children Health Ireland at Temple Street Children University Hospital.
[2]2. Department of Neonatology, Children Health Ireland at Crumlin Hospital

Aim:
Schaaf–Yang syndrome (SYS) is a rare neurodevelopmental disorder resulting from pathogenic mutation in the MAGEL2 gene. It is phenotypically characterised by autism, joint contractures and hypothalamic-pituitary dysregulation (1). This report aims to present a rare clinical presentation of a patient with SYS and to review the relevant literature.

Methods:
The patient's medical records were reviewed to obtain clinical details and results of relevant investigations. A literature review on SYS was conducted to contextualise the findings.

Case Presentation:
A term male infant, born after an uneventful pregnancy, was admitted to the Neonatal Intensive Care Unit (NICU) shortly after birth with respiratory distress requiring intubation and ventilation. Clinical examination revealed hypotonia, arthrogryposis, and microcephaly, in addition to ongoing respiratory dysfunction and feeding difficulties.

During NICU stay, the patient exhibited intermittent hypoglycaemia, central hypothyroidism requiring Levo-thyroxine, and low levels of IGF-1 with associated growth hormone (GH) deficiency requiring GH supplementation. Empirical hydrocortisone was administered until the ACTH-cortisol axis was established to be intact through a normal ACTH stimulation test.
The patient also experienced intermittent episodes of polyuria, hypernatremia and low urine osmolality/specific gravity, suggestive of episodic diabetes insipidus. This condition was managed conservatively with criteria-based Desmopressin administration.
The patient developed recurrent pyrexial episodes, possibly related to central hyperthermia, prompting repeated septic and viral work-ups.

His brain MRI demonstrated a posterior pituitary bright spot, raising concerns for an ectopic gland.
A Whole Trio-exome analysis identified a de novo mutation in MAGEL2 gene, consistent with SYS.

Conclusion:
This case highlights a rare presentation of SYS, (2,3,4) and contributes to our knowledge regarding the expanding clinical spectrum of the disorder. It underscores the importance of recognising the central autonomic and endocrine dysregulation as part of the phenotype. Further studies exploring the role of MAGEL2 in these dysregulations will improve our understanding of this syndrome.

1. Schubert T, Schaaf CP. MAGEL2 (patho-)physiology and Schaaf-Yang syndrome. Dev Med Child Neurol. 2025;67(1):35-48. doi:10.1111/dmcn.16018 2. Halloun R, Habib C, Ekhilevitch N, Weiss R, Tiosano D, Cohen M. Expanding the spectrum of endocrinopathies identified in Schaaf-Yang syndrome - A case report and review of the literature. Eur J Med Genet. 2021;64(8):104252. doi:10.1016/j.ejmg.2021.104252 3. Enya T, Okamoto N, Iba Y, et al. Three patients with Schaaf-Yang syndrome exhibiting arthrogryposis and endocrinological abnormalities. Am J Med Genet A. 2018;176(3):707-711. doi:10.1002/ajmg.a.38606 4. Gregory LC, Shah P, Sanner JRF, et al. Mutations in MAGEL2 and L1CAM Are Associated With Congenital Hypopituitarism and Arthrogryposis. J Clin Endocrinol Metab. 2019;104(12):5737-5750. doi:10.1210/jc.2019-00631

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 152
Sub-Speciality

QUETIAPINE AS AN EFFECTIVE TREATMENT FOR CORTICOSTEROID-INDUCED PSYCHIATRIC SYMPTOMS IN PAEDIATRIC PATIENTS: A CASE SERIES

A Biagini[1], A Gordon[1, 2], J King[1], C Maloney[1], L Bond[1, 2]

[1]Children's Health Ireland at Crumlin, Dublin, Ireland
[2]University College Dublin, Dublin, Ireland

Aims:
Corticosteroid-induced psychiatric symptoms are well documented in adults but remain under-recognised and poorly characterised in paediatric populations. Children may exhibit a broad spectrum of psychiatric disturbances, including mood lability, aggression, and affective dysregulation, that can significantly impair psychosocial functioning, family dynamics, and adherence to life-saving medical regimens. Despite growing awareness, evidence to guide management remains limited, particularly regarding the use of second-generation antipsychotics such as quetiapine in younger children.

Methods:
We present a retrospective case series of three children (ages 4–10) who developed acute psychiatric symptoms following systemic corticosteroid therapy for oncological or neurological conditions. All were managed within routine clinical practice and reported according to Joanna Briggs Institute (JBI) case series guidelines. In each case, low-dose quetiapine was introduced and titrated as needed when symptoms persisted.

Results:
All patients demonstrated rapid, marked improvement in affect, behaviour, and sleep, with restoration of medical treatment adherence. One child received scheduled, anticipatory quetiapine before corticosteroid pulses, successfully preventing symptom recurrence in subsequent cycles. Quetiapine was well tolerated in all cases, with only mild, transient side effects.

Conclusions:
This is among the first case series to document the safe and effective use of low-dose quetiapine for corticosteroid-induced psychiatric symptoms in young children, including one of the youngest reported to date. Our findings extend the emerging evidence base for quetiapine to early childhood and support its role as a pragmatic, well-tolerated intervention when corticosteroid tapering or cessation is not feasible. The success of anticipatory, pulse-dosed regimens in high-risk patients also offers a replicable strategy for future care. By addressing a critical gap in the paediatric literature, this work underscores the importance of early psychiatric involvement, multidisciplinary collaboration, and the urgent need for prospective studies to develop standardised, age-appropriate treatment protocols.

1. Drozdowicz, L. B., & Bostwick, J. M. (2014). Psychiatric Adverse Effects of Pediatric Corticosteroid Use. Mayo Clinic Proceedings, 89(6), 817–834. https://doi.org/10.1016/j.mayocp.2014.01.010. 2. Mrakotsky, C. M., Silverman, L. B., Dahlberg, S. E., Alyman, M. C., Sands, S. A., Queally, J. T., Miller, T. P., Cranston, A., Neuberg, D. S., Sallan, S. E., & Waber, D. P. (2011). Neurobehavioral side effects of corticosteroids during active

treatment for acute lymphoblastic leukemia in children are age-dependent: report from Dana-Farber Cancer Institute ALL Consortium Protocol 00-01. Pediatric blood & cancer, 57(3), 492–498. https://doi.org/10.1002/pbc.23060. 3. Muriel, A. C., Burgers, D. E., Treyball, A. N., Vrooman, L. M., Adolf, E., & Samsel, C. (2021). Risk factors for steroid-induced affective disorder in children with leukemia. Pediatric Blood & Cancer, 68(5), Article e28847. https://doi.org/10.1002/pbc.28847.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 153
Neonatal

CLINICAL AUDIT OF CRANIAL ULTRASOUNDS (CRUS) PERFORMED AT CWIUH ON PREMATURE NEONATES UNDER 32 WEEKS GESTATION OR LESS THAN 1500g

AD Boldy[1], CA Doolan[1]

[1]Neonatalogy, Coombe Women and Infant's University Hospital, Dublin, Ireland

Background:
Cranial ultrasound (CRUS) is essential for monitoring preterm brain injury and detecting intraventricular haemorrhage and periventricular leukomalacia[1-3]. The Combe Women and Infants University Hospital (CWIUH) guideline (2013) recommends CRUS at day 1, day 7–10, day 28, and 36 weeks corrected gestational age. Given that the guideline is over a decade old, this audit aimed to evaluate compliance, adherence to international guidelines[4-5] and help highlight areas for potential update.

Methods:
A retrospective audit was conducted of all neonates <32 weeks gestation or <1500g born between January 2023 and December 2024. Data were provided by the ICT department and analysed using Excel. Exclusions included transfers, intrauterine deaths (IUDs), and patients who passed away prior their first scan (RIPs).

Results:
A total of 298 patients were identified, after exclusions for RIPs, transfers to tertiary hospitals, or IUDs, the final number was 262 patients. For 2023: n=136, median GA 28+2, mean BW 1063g. For 2024: n=126, median GA 28+6, median BW 1145g. Cumulative: Number of patients 262, Median gestation 28+5, 140 Males and 122 Females, Median birthweight 1070g.Overall compliance with CRUS was high: 1st CRUS 100%, 2nd 96.5%, 3rd 89.3%, and 4th 72.8%. Median timing aligned with guideline targets day 3, 10, 28, and 53 for 1st, 2nd, 3rd, and 4th CRUS respectively. Abnormal findings were identified in 14–24% of scans. Lower completion rates for the 4th CRUS reflected discharges, transfers, and pre-discharge scans performed at 35 rather than 36 weeks.

Conclusion:
CWIUH demonstrates high adherence to its CRUS guideline, particularly for early scans. The findings highlight the importance of repeated CRUS in detecting abnormalities, but also the need for updated guidance, especially for increased imaging of the extremely preterm (<28 weeks) and pre-discharge imaging. These results will allow for an update of the CWIUH CRUS guideline. A re-audit is planned for 2027.

1. Meijler G, Steggerda SJ. Neonatal cranial ultrasonography. Springer Berlin Heidelberg; 2012 Jan 25. 2. Özek E, Kersin SG. Intraventricular hemorrhage in preterm babies. Turk Pediatri Ars. 2020 Sep 23;55(3):215-221. doi: 10.14744/TurkPediatriArs.2020.66742. PMID: 33061747; PMCID: PMC7536465. 3. Kinney HC, Volpe JJ. Encephalopathy of prematurity: neuropathology. In Volpe's Neurology of the Newborn 2018 Jan 1 (pp. 389-404). Elsevier.ci 4. Inder TE, de Vries LS, Ferriero DM, Grant PE, Ment LR, Miller SP, Volpe JJ. Neuroimaging of the Preterm Brain: Review and Recommendations. J Pediatr. 2021 Oct;237:276-287.e4. doi: 10.1016/j.jpeds.2021.06.014. Epub 2021 Jun 17. PMID: 34146549. 5. Guillot M, Chau V, Lemyre B. Routine imaging of the preterm neonatal brain. Paediatr Child Health. 2020 Jun;25(4):249-262. doi: 10.1093/pch/pxaa033. Epub 2020 Jun 10. Erratum in: Paediatr Child Health. 2021 May 24;26(4):259. doi: 10.1093/pch/pxaa126. PMID: 32549742; PMCID: PMC7286736.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 154
Neonatal

CURRENT PRACTICE IN HIGH-RISK INFANT FOLLOW-UP AND FACTORS DETERMINING ELIGIBILITY; SURVEY REPORT FROM THE 15TH INTERNATIONAL NEWBORN BRAIN CONFERENCE

D Clifford[1], S Steggerda[2], N Maitre[3], LS de Vries[2], DM Murray[1 4 5]
[1]INFANT Research Centre, University College Cork, Cork, Ireland
[2], Leiden University Medical Centre, Leiden, Netherlands
[3], Emory University and Children's Healthcare of Atlanta, Atlanta, Georgia, U.S.
[4]Department of Paediatrics and Child Health, University College Cork, Cork, Ireland
[5]Department of Paediatrics, Cork University Hospital, Cork, Ireland

Aims:
High-risk infant follow-up (HRIF) lacks universal definition. The aim of this study was to report current practice and factors used to identify eligibility for HRIF internationally, yielding information which may provide a basis for future consensus.

Methods:
The 15th International Newborn Brain Conference was held in Cork in Spring 2024 had 426 participants, representing 50 countries. A survey was prepared for a workshop entitled 'Early Prediction of Outcome in Term and Preterm Infants - Best Tools'. Following the workshop, the survey was distributed to all attendees.

Results:
116 respondents included 62 (53%) neonatologists, 20 (17%) trainees, 18 (16%) paediatric neurologists and 4 (3%) paediatricians. Follow-up was offered by 97% of respondents (n=113/116). Among the respondents, HRIF was offered to infants born <28 weeks by 47% (53/113), to those <32 weeks by two-thirds (66%, 75/113) and to preterms based on neuroimaging by 54% (61/113). For infants born at term, HRIF was offered by 88% (99/113) in neonatal encephalopathy (NE), 86% (97/113) in neonatal stroke and 79% (89/113) for neonatal seizures. Duration of HRIF was most frequently until 24 months corrected (33.6%, n=39). For guiding prognosis in preterm infants, 22% (n=25) selected neuroimaging as the most important factor. For term infants with NE, 54% (n=63) selected neuroimaging findings as the most important factor in guiding prognosis and 14% (n=16) selected EEG/aEEG. Social risk factors were taken into account by just 35% (40/113) when deciding on follow-up, with maternal education rarely considered (13%, 15/113).

Conclusion:
This study highlights the significant variability in practice of HRIF and the lack of universal consensus in eligibility and duration. Awareness of factors predicting prognosis and the importance of social risk-factors must improve to allow accurate identification of those at highest risk of adverse outcomes. This information may act as a basis for future consensus on HRIF.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 155
Neonatal

A REVIEW OF INTERHOSPITAL REFERRALS FOR ANTENATAL ADMISSION TO THE NATIONAL MATERNITY HOSPITAL (NMH) JANUARY 2024 TO MARCH 2025

J Coleman[1], C Bezuidenhout[1], R Joyce[1, 2], CPF O'Donnell[1, 2] L McCarthy[1]
[1]Neonatal Unit, National Maternity Hospital, Holles Street, Dublin, Ireland
[2]School of Medicine, University College Dublin, Dublin, Ireland

Introduction:
Extremely and very preterm infants who are born at a maternity hospitals with a neonatal intensive care unit have lower mortality and morbidity than those who are transferred after birth. NMH is one such hospital, on which regional hospitals rely to accept and manage complicated and preterm pregnancies in a timely manner.

Aims:
To evaluate referrals of women for antenatal admission to NMH, focusing on referrals resulting in admission to the neonatal unit (NNU).

Methods:
A retrospective audit was done of interhospital antenatal referrals over 15 months. Sources included NNU communication logs, admissions records and electronic patient records. We then analysed the outcomes of those transferred who subsequently delivered in NMH.

Results:
165 referrals were received from 17 hospitals across Ireland.
- 40 (24.2%) were referred with placental insufficiency and associated complications.
- 131 (79.4%) were accepted for transfer.
- 59 (35.8%) went on to deliver during that admission.

The range of gestational age at referral was 21+5 to 37+5, median 28+1. Six referrals were made before 23 weeks of gestation, and seven were after 35 weeks; all four foetal anomaly cases in this group were accepted.
Fifty-nine women delivered 70 infants, including 51 singletons, 8 twin pregnancies, and 1 triplet pregnancy.
- Forty-seven women (79%) delivered before 32/40.
- Twelve women (14%) delivered within 24 hours of arriving to NMH.
- There were two intrauterine deaths.

Sixty-four infants were admitted to the NICU, with 59 surviving to discharge. Forty-one infants were discharged to regional hospitals for ongoing multidisciplinary care.

Conclusion:
These findings highlight the critical role of tertiary referral pathways in ensuring perinatal survival and optimising neonatal care. Moving forwards, this study supports the development of formalised referral and discharge policies to improve resource availability and increase acceptance of external referrals.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 156
Neonatal

INFLUENCE OF AN EARLY HUMAN MILK DIET ON THE DURATION OF PARENTERAL NUTRITION AND INCIDENCE OF LATE-ONSET SEPSIS IN VERY LOW BIRTHWEIGHT INFANTS

RC Coyne[1], WH Hughes[2], HP Purtil[3], DMcG McGrath[4], CPD Dunne[5,6], RKP Philip[1,5]

[1]Neonatology, Paediatrics, University Maternity Hospital Limeric, Limerick, Ireland
[2]Sports and Health Sciences, Technolgical University of the Shannon: Midlands Midwest Athlone, Athlone, Ireland
[3]Department of Mathematics and Statistics, University of Limerick, Limerick, Ireland
[4]Faculty of Education and Health Sciences, University of Limerick, Limerick, Ireland
[5]University of Limerick School of Medicine, University of Limerick, Limerick, Ireland
[6]Centre for Interventions in Infection, Inflammation, and Immunity (4i), University of Limerick, Limerick, Ireland

Aims:
To review the evidence for an early versus late introduction of HMD on duration of PN and incidence of LOS in VLBW infants.

Method:
Preferred reporting items for systematic reviews and meta-analysis-guided search of EMBASE and PubMed/Medline databases was conducted for this systematic review using phrases addressing population, intervention, comparator, and outcome framework to identify articles published over the past two decades without language restrictions. Full-text articles (both observational and randomized) that studied an early versus late initiation of HMD were included. Mean difference (MD) and relative risk (RR) with 95% confidence intervals (CIs) were calculated for PN and LOS. Quality of evidence was analyzed using UK National Service Framework and the risk-of-bias was assessed using Robvis®.

Results:
One randomized controlled trial (RCT) and two observational studies (two English and one Chinese) recruited 474 VLBW infants (455 analyzed). Among an intrauterine growth-restricted cohort enrolled in the RCT (n = 72), early HMD resulted in statistically significant reduction in PN dependence. However, no statistically significant difference was found in LOS. Two observational studies found similar reductions in PN duration and LOS incidence among the early HMD cohort. One observational study reported significant PN reduction; however, the incidence of LOS did not reach statistical significance in either case.

Conclusion:
An early HMD may reduce the duration of PN for a growth-restricted VLBW cohort. Observational studies suggesting reduced PN and LOS from early HMD endorse the need for bioactivity-focused human milk research. Variations in feeding guidelines among VLBW infants have the potential to influence neonatal outcomes significantly.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 157
Sub-Speciality

AN UNCOMMON CAUSE OF CERVICAL LYMPHADENITIS IN A PAEDIATRIC PATIENT: A CASE OF GLANDULAR TULAREMIA

RC Coyne[1], EN Nolan[1], AA Almanassra[1], KMcC McCarthy[3], DB Butler[1,2]

[1]Childrens Ark, University Hospital Limerick, Dooradoyle, Limerick, Co Limerick
[2]Graduate Entry Medical School and Centre for Interventions in infection, inflammation & immunity (4i), university of limerick, limerick, ireland
[3]Department of Paediatric Infectious Disease, Children's Health Ireland, Crumlin, Dublin 8, Co. Dublin, Ireland

Aim:
Tularemia, a zoonotic disease caused by *Francisella tularensis*, a highly virulent gram-negative species of bacteria. Transmission occurs by bites from ticks, mosquitoes, and flies, though inhalation of contaminated aerosols or ingestion of infected food/water. Tularemia is a notifiable disease in Ireland, with no domestically reported cases since its inclusion in 2012 and one internationally acquired case reported in 2023.

Methods:
Herein, we report the case of a 7-year-old female who presented with anterior and posterior cervical confluent abscesses. Failing medical treatment and following assessment for TB, she underwent incision and drainage by the ENT team and following a course of IV Ceftriaxone was discharged on oral Penicillin with scheduled follow-up. Shortly after discharge, she re-presented with new-onset supraclavicular abscess, which necessitated aspiration.

Results:
Given the atypical progression, an extensive workup was undertaken. Initial blood cultures and serology were negative, and histopathologi cal analysis suggested a ruptured sebaceous gland. Following consultation, further investigations returned negative for *Tuberculosis*, *Brucella*, *Bartonella*, HIV, *Leishmaniasis*, *Syphilis* and other granulomatous infectious diseases. Pus was sent for 16S and 18S PCR that returned as not detected. Due to diagnostic uncertainty and new dermatological manifestation of bullous lesions further testing for tularaemia was requested. This confirmed the diagnosis of Tularemia serologically. The patient was treated with a two-week course of Ciprofloxacin.

Conclusion:
Tularaemia, although rare, can be considered as a differential diagnosis in cases where standard diagnostic pathways fail to yield a definitive result. Additionally, the successful diagnosis and management of this case was facilitated by a multidisciplinary approach, emphasising the necessity of collaboration among teams when dealing with complex or refractory cases. This case report serves to raise awareness of tularaemia as a differential diagnosis for paediatric cervical abscesses in Ireland, particularly in cases with an unclear aetiology. It also represents the diagnosis of a rare, notifiable disease, necessitating public health investigation.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 158
Sub-Speciality

A CASE OF HISTIDINAEMIA IN AN IRISH INFANT

RC Coyne[1], FK Khan[1], AMM Murphy[1], AOR O'Riordan[1]

[1]Department of Paediatrics, University Hospital Limerick, Limerick, Ireland

Aim:
Histidinaemia is a benign, autosomal recessive metabolic disorder caused by a deficiency of the enzyme histidase, due to mutations in the Histidine ammonia lyase (HAL) gene on chromosome 12q22–q24.1. Histidase, primarily found in the skin and liver, is responsible for deamination of the essential amino acid histidine into urocanic acid. The deficiency leads to elevated histidine and reduced urocanic acid in the blood, urine, and CSF.
Our aim is to report a case of this rare metabolic disorder in a now 9 month old male infant.

Methods:
We describe the clinical presentation, phenotype, results of metabolic investigations and outcome to date in an ethnically Irish infant male.
A review of the most up-to-date literature was also conducted.

Results:
A six-month-old male with an infant diagnosis of unilateral hearing loss was referred for etiological medical investigations.
The child was otherwise well, and developmentally appropriate. He was born at full term via normal vaginal delivery with a birth weight of 3.14kg, to non-consanguineous parents.
An extensive work up for sensorineural hearing loss involved testing serum amino acids and urinary organic acids. Serum histidine levels reported 552 umol per litre (0-227), and urinary histidine levels reported 1900.
Now assessed at 9 months of age he is non-dysmorphic, properly grown with a normal head circumference. He is developmentally appropriate, babbling and weaned to solids. He is vaccinated and has never been challenged with an intercurrent illness.

Conclusion:
Although once thought to be linked to intellectual and speech impairments, this has been refuted, as most affected individuals identified via newborn screening were asymptomatic when subsequently followed up. Previously part of newborn screening programs in countries like the USA and Japan, screening was discontinued due to its benign nature, making detection of histidinaemia now very rare. We add our patient to the literature on this rare disorder.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 159
Neonatal

SCREENING FOR CONGENITAL CYTOMEGALOVIRUS IN A TERTIARY IRISH NEONATAL UNIT – A QUALITY IMPROVEMENT STUDY

N Dundon O'Connor[1], J Kelleher[2]
[1]School of Medicine , University of Galway, Galway, Ireland
[2]Neonatology, The Coombe Hospital , Dublin, Ireland

Introduction:
Congenital CMV (cCMV) polymerase chain reaction (PCR) testing of urine is currently performed in neonatal units in the Republic of Ireland for failed targeted newborn hearing screening. Universal newborn CMV PCR screening is currently not part of routine Irish neonatology practice. We performed a quality improvement study to examine CMV screening in the Coombe hospital for the year 2024 to distinguish congenital versus postnatal CMV in newborns as defined by a positive urine PCR result ≤ 21 days of life or thereafter. We identified those infants who had newborn audiology beyond 21 days postnatally and no CMV screening either due to prolonged neonatal unit hospitalization or transfer to another institution.

Methods:
The hospital laboratory electronic database was searched for all laboratory requests for urine CMV PCR sent in year 2024. All CMV PCR positive newborns were identified and notes reviewed. The admission database identified those who had hospitalizations > 21 days or transfer to another quaternary level unit.

Results:
In 2024 there were 6483 liveborn newborns. Of these newborns, 380 (6%) had urine CMV PCR testing. CMV was detected in 9 of these infants. There were 3 confirmed cCMV versus 6 postnatally acquired CMV in extremely preterm infants. There were 85 extreme preterm newborns, ≤ 29+ 6 weeks and/or birth weight < 1500g, who were discharged home during this year. There were 36 newborns with major congenital heart disease and 31 with congenital surgical abnormalities requiring transfer to a surgical unit. Most of these newborns did not have any CMV or audiological screening during the first 21 days of life.

Conclusions:
The majority of infants tested by urine PCR for CMV in the Coombe NICU in 2024 were cases of postnatal acquisition. These represent a population where diagnostic uncertainty can exist between cCMV versus postnatal CMV acquisition in cases of failed audiology screening.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 160
Neonatal

'THE LITTLE LIBRARY' – A QUALITY IMPROVEMENT PROJECT IN A LEVEL TWO NEONATAL UNIT

AK Dunne[1], C Gilmore[1,2], P Ó Coisdealbha[1], A Restan[1], E Ryan[1]

[1]Department of Neonatology, University Hospital Galway, Galway, Ireland
[2]Department of Speech and Language Therapy, University of Galway, Galway, Ireland

Aims:

Premature infants are at increased risk of language delay compared to term infants[1]. Increased language exposure in the neonatal unit (NNU) via parental language is associated with improved neurodevelopmental outcomes, cardiorespiratory stability and infant/parental bonding [2,3]. Our aim was to improve parental and staff engagement in reading to babies in the NNU.

Methods:

In this quality improvement cycle, we first created a quantitative and qualitative questionnaire for parents to describe attitudes and reading aloud behaviours in the NNU. Parents of babies admitted >7 days, January 2025 were contacted via phone after discharge home. This questionnaire was used as baseline data and identified barriers and enablers from the service users perspective that informed our implementation plan. A multidisciplinary taskforce group was set up to implement a reading programme. We created a reading brochure, information posters, educated staff/parents and audited the number of books read per day. The impact of this intervention was measured by repeating a questionnaire to parents of babies admitted June 2025 to see if attitudes/behaviours had changed.

Results:

Of babies admitted >7 days to the NNU, 13/18 (72%) of parents January 2025 and 11/17 (65%) of parents July 2025 responded to the questionnaire. Reasons for exclusion included declined consent, unable to contact, illiteracy and language barriers. 3/13 (23%) of parents were aware that there were books available in the NNU pre-intervention vs 11/11 (100%) of parents post-intervention. There were an average of five books read per day post-project implementation. The qualitative questionnaire identified barriers to reading of 'time, embarrassment, parental worry and lack of education'. Post-intervention themes included 'parental bonding, enjoyment and connection'.

Conclusion:

Following implementation of a reading programme, knowledge, satisfaction and awareness of reading increased in our neonatal unit. We plan to re-audit in six months' time to ensure maintenance of this positive change.

1. Bühler KE, Limongi SC, Diniz EM. Language and cognition in very low birth weight preterm infants with PELCDO application. Arquivos de Neuro-psiquiatria. 2009;67:242-9. 2. McGowan EC, Caskey M, Tucker R, Vohr BR. A randomized controlled trial of a neonatal intensive care unit language intervention for parents of preterm infants and 2-year language outcomes. The Journal of pediatrics. 2024 Jan 1;264:113740. 3. Doheny L, Hurwitz S, Insoft R, Ringer S, Lahav A. Exposure to biological maternal sounds improves cardiorespiratory regulation in extremely preterm infants. The journal of maternal-fetal & neonatal medicine. 2012 Sep 1;25(9):1591-4.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 161
Neonatal

THE ROLE OF METABOLOMICS IN THE DIAGNOSIS AND TREATMENT OF RESPIRATORY DISTRESS SYNDROME: A LITERATURE REVIEW

G Dugaci[1], C O'Leary[1], F Rizwan[2], N Al Assaf[1], R Khan[1]
[1]Department of Neonatology, Univeristy maternity hospital , Limerick , Ireland
[2]Medical Univeristy of Sofia, Sofia, Bulgaria

Aim:
Neonatal respiratory distress syndrome (RDS) remains a leading cause of morbidity and mortality among very low birth weight infants, with bronchopulmonary dysplasia as its primary complication. Metabolomics, the comprehensive study of small endogenous molecules in biological samples, has emerged as a promising tool for elucidating disease mechanisms and guiding precision medicine approaches.

Methods:
This literature review evaluated studies published between 2010 and 2025 on the application of metabolomics in neonatal RDS. A systematic search of PubMed and Science Direct identified 21 articles, of which 4 directly addressed metabolomic profiling in RDS and one examined the influence of antenatal corticosteroids (ACS) on the urinary metabolome of preterm infants. Analytical methods included nuclear magnetic resonance spectroscopy and mass spectrometry across varied biological samples such as bronchoalveolar lavage fluid (BALF), urine, gastric fluid, and tracheal aspirates.

Results:
Findings demonstrate that metabolomics can identify distinct metabolic signatures associated with disease severity, treatment response, and perinatal exposures. BALF analysis revealed differential expression of fatty acids and metabolites before and after surfactant administration, while urinary metabolomics highlighted the impact of ACS timing on antioxidant and anti-inflammatory pathways. Urinary profiles of late preterm neonates with RDS indicated disrupted amino acid and energy metabolism, and gastric fluid metabolomics suggested potential, though limited, predictive value for surfactant therapy needs. Additionally, tracheal aspirate studies linked prenatal chorioamnionitis to altered lipid profiles, implicating inflammation and surfactant dysfunction in disease pathogenesis.

Conclusion:
Although current studies are preliminary and limited by small sample sizes and methodological variability, the accumulating evidence supports metabolomics as a valuable approach for early diagnosis, disease monitoring, and individualized treatment strategies in neonatal RDS. Standardization of protocols and larger multicenter studies are needed to validate biomarkers and facilitate translation into clinical practice.

1. Yadav S, Lee B. Neonatal Respiratory Distress Syndrome. [Updated 2023 Jul 25]. In: StatPearls [Internet]. Treasure Island (FL): StatPearls Publishing; 2025 Jan-. Available from: https://www.ncbi.nlm.nih.gov/books/NBK560779/ 2. Gibney, M.J.; Walsh, M.; Brennan, L.; Roche, H.M.; German, B.; van Ommen, B. Metabolomics in human nutrition: Opportunities and challenges. Am. J. Clin. Nutr. 2005, 82, 497–503. [CrossRef] [PubMed] 3. Giallourou, N.; Fardus-Reid, F.; Panic, G.; Veselkov, K.; McCormick, B.J.J.; Olortegui, M.P.; Ahmed, T.; Mduma, E.; Yori, P.P.; Mahfuz, M.; et al. Metabolic maturation in the first 2 years of life in resource-constrained settings and its association with postnatal growth. Sci. Adv. 2020, 6, 5969. [CrossRef] 4. Karczewski, K.J.; Snyder, M.P. Integrative Omics for Health and Disease. Nat. Rev. Genet. 2018, 19, 299–310. [CrossRef] 5. Fabiano A, Gazzolo D, Zimmermann LJ, et al. Metabolomic analysis of bronchoalveolar lavage fluid in preterm infants complicated by respiratory distress syndrome: preliminary results. J Matern Fetal Neonatal Med. 2011;24 Suppl 2:55-58.

doi:10.3109/14767058.2011.606977 6. Fanos V, Van den Anker J, Noto A, Mussap M, Atzori L. Metabolomics in neonatology: fact or fiction?. Semin Fetal Neonatal Med. 2013;18(1):3-12. doi:10.1016/j.siny.2012.10.014 7. Valerio, E.; Meneghelli, M.; Stocchero, M.; Galderisi, A.; Visentin, S.; Bonadies, L.; Pirillo, P.; Poloniato, G.; Giordano, G.; Baraldi, E. The Impact of Antenatal Corticosteroids on the Metabolome of Preterm Newborns: An Untargeted Approach. Int. J. Mol. Sci. 2024, 25, 5860. https:// doi.org/10.3390/ijms25115860 8. Christopoulou, I.; Kostopoulou, E.; Matzarapi, K.; Chasapi, S.A.; Spyroulias, G.A.; Varvarigou, A. Identification of Novel Biomarkers in Late Preterm Neonates with Respiratory Distress Syndrome (RDS) Using Urinary Metabolomic Analysis. Metabolites 2023, 13, 644. https://doi.org/10.3390/metabo13050644 9. Besiri, K.; Begou, O.; Lallas, K.; Kontou, A.; Agakidou, E.; Deda, O.; Gika, H.; Verykouki, E.; Sarafidis, K. Gastric Fluid Metabolomics Predicting the Need for Surfactant Replacement Therapy in Very Preterm Infants Results of a Case–Control Study. Metabolites 2024, 14, 196. https://doi.org/10.3390/metabo14040196 10. Giambelluca S, Verlato G, Simonato M, et al. Chorioamnionitis alters lung surfactant lipidome in newborns with respiratory distress syndrome. Pediatr Res. 2021;90(5):1039-1043. doi:10.1038/s41390-021-01371-3

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 162
Neonatal

COMPARATIVE OUTCOMES OF INDUCTION CHEMOTHERAPY WITH AND WITHOUT FILGRASTIM IN PAEDIATRIC B-CELL NON-HODGKIN'S LYMPHOMA

SMJ Zaidi[1,2], M Jameel[2], **A Badar[1]**, RM Wali[2]
[1]Paediatric Neurology, CHI, Crumlin, Dublin, Ireland
[2]Paediatric Oncology, Shaukat Khanum Cancer Hospital, Lahore, Pakistan

Introduction:
Childhood B-cell non-Hodgkin lymphoma (NHL) is a rapidly progressive malignancy with high cure rates if treated effectively. However, induction chemotherapy predisposes patients to life-threatening infections from neutropenia. Febrile neutropenia remains a leading cause of morbidity and mortality. Prophylactic use of granulocyte colony-stimulating factor (G-CSF, filgrastim) may reduce these complications, but evidence from resource-limited settings is limited. This study compared outcomes of induction chemotherapy with and without prophylactic filgrastim in pediatric B-cell NHL.

Methods:
We retrospectively reviewed children under 10 years diagnosed with B-cell NHL at Shaukat Khanum Memorial Cancer Hospital, Lahore, between January 2018 and October 2021. Patients were divided into Group A (no prophylactic filgrastim) and Group B (prophylactic filgrastim from day 7 of the first induction cycle until neutrophil recovery). Outcomes included febrile neutropenia episodes, hospital stay, time to neutrophil recovery, and induction mortality. Statistical tests used were Chi-square, t-test/Mann-Whitney U, Kaplan-Meier survival analysis, and Cox regression.

Results:
A total of 106 patients were included (Group A: 52; Group B: 54). Baseline demographics were similar. Group A experienced more febrile neutropenia episodes (2.1 ± 1.0) than Group B (0.9 ± 0.6; $p < 0.001$). Median hospital stay was longer in Group A (12 days, IQR 9–15) versus Group B (6 days, IQR 4–9; $p < 0.001$). Neutrophil recovery occurred earlier in Group B (median 9 days) than in Group A (14 days; $p < 0.001$). Mortality during induction was 15.4% in Group A compared to 1.9% in Group B ($p = 0.02$). Kaplan-Meier analysis confirmed improved survival with filgrastim (log-rank $p = 0.01$).

Conclusion:
Prophylactic filgrastim significantly reduced febrile neutropenia, shortened hospitalization, accelerated count recovery, and improved survival in childhood B-cell NHL. Its early use is recommended, especially in resource-limited settings.

1. Smith TJ, Bohlke K, Lyman GH, et al. Recommendations for the use of WBC growth factors: American Society of Clinical Oncology clinical practice guideline update. J Clin Oncol. 2015;33(28):3199–3212. 2. Ibne Ali Jaffari SM, Hashmi M, Hashmi AW, et al. Infection-associated mortality during induction chemotherapy in group b intermediate-risk pediatric Burkitt's lymphoma. Cureus. 2023, 15:e40365. 3. Cornes P, Krendyukov A: The evolution of value with filgrastim in oncology. Future Oncol. 2019, 15:1525-33. 4. Jameel M, Wali R, Zaidi S, et al. (January 12, 2025) Impact of Filgrastim on Mortality During Induction Chemotherapy in Childhood B-Cell Non-Hodgkin Lymphoma. Cureus

17(1): e77320 5. Patte C, Auperin A, Gerrard M, et al.: Results of the randomized international FAB/LMB96 trial for intermediate risk B-cell non-Hodgkin lymphoma in children and adolescents: it is possible to reduce treatment for the early responding patients. Blood. 2007, 109:2773-80.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 163
Neonatal

BILATERAL CONGENITAL NASOLACRIMAL DUCT CYSTS WITH INTRANASAL EXTENSION

S Elamin Ahmed[1], E Phelan[2], N Mc Callion[2], A Karendunne[2], S Chamney[2], A Foran[2], A O'Donoghue[2]

[1]Neonatology Department, Rotunda Hospital
[2]ENT Department, Rotunda Hospital
[3]Neonatology Department, Rotunda Hospital
[4]Ophthalmology Department, Rotunda Hospital
[5]Neonatology Department, Rotunda Hospital
[6]Neonatology DepartmentRotunda Hospital

Neonatal nasal obstruction is a clinically significant emergency because infants are obligate nasal breathers. Obstruction can rapidly cause respiratory distress, feeding difficulty, or cyanosis. While choanal atresia is the most common congenital cause, rarer entities such as Congenital Nasolacrimal Duct Cyst (CNLDC), or dacryocystocele, should be considered. CNLDC is an uncommon variant of nasolacrimal duct obstruction (0.1–0.3% of cases) caused by dual obstruction at the Valves of Rosenmüller and Hasner, resulting in cystic dilation that may extend intranasally.

Case Presentation:
We report a term female neonate who developed nasal congestion, poor latch, and increased work of breathing on day two of life. Passage of a nasogastric tube failed on the right, raising suspicion of partial choanal atresia. Flexible nasoendoscopy revealed obstruction within the right nasal cavity. Computed Tomography (CT) confirmed bilateral cystic lesions with intranasal extension, larger on the right, causing significant airway narrowing. A diagnosis of bilateral CNLDC was established. The patient underwent surgical drainage and excision of the intranasal cysts, resulting in immediate relief of obstruction. She was discharged in good condition.

Discussion and conclusion:
CNLDC occurs in approximately 1 in 3,884 live births and is more common in females. It results from persistent membrane remnants with accumulation of mucus and tears. Intranasal extension, particularly if bilateral, produces airway compromise and can mimic choanal atresia. Nasoendoscopy is essential for direct visualization, while CT or MRI delineates extent and excludes midline pathologies. Asymptomatic cases may resolve spontaneously; however, symptomatic CNLDCs require intervention. Endoscopic marsupialization or surgical excision provides rapid relief and prevents complications such as infection.
This case underscores the importance of including CNLDC in the differential diagnosis of neonatal nasal obstruction. Prompt diagnosis and timely surgical management ensure excellent outcomes.

1. Zanetta A, Rodríguez H, Quiroga V, Cuestas G, Tiscornia C. Obstrucción nasal congénita por atresia de coanas: Serie de casos. Arch Argent Pediatr. 2012;110(2):152-5. doi:10.5546/aap.2012.152. 2. Singh S, Ali MJ. Congenital dacryocystocele: a major review. Ophthalmic Plast Reconstr Surg. 2019;35. 3. MacEwen CJ, Young JD. Epiphora during the first year of life. Eye (Lond). 1991;5(Pt 5):596-600. 4. Paul TO, Shepherd R. Congenital nasolacrimal duct obstruction: natural history and the timing of optimal intervention. J Pediatr Ophthalmol Strabismus. 1994;31(6):362-367. 5. Radiopaedia.org. Nasolacrimal duct mucocele. 6. ScienceDirect. Bilateral congenital nasolacrimal duct cysts mimicking bilateral choanal atresia. 7. Hwang K, et al. Congenital dacryocystocele: a review of 25 cases. Plast Reconstr Surg. 1998;102(6):1958–

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

1962.

Poster No. 164
Sub-Speciality

SPINA BIFIDA: AN AUDIT OF NEONATAL PRESENTATIONS TO CHILDREN'S HEALTH IRELAND (CHI) FROM 2014–2024

S Elamin Ahmed[1], R Clarke[2], E Cummins[3], J Leonard[2], F Caulfield[2]
[1]Neurodisability, CHI at Temple Street, Dublin, Ireland
[2]Neurosurgery Department, CHI at Temple Street, Dublin, Ireland

Aim:
Ireland has one of the highest incidences of spina bifida (SB) worldwide, a congenital anomaly largely preventable with adequate periconceptional folic acid supplementation. A HSE steering group currently examining the feasibility of fortification. On the other hand, UK is adopting mandatory fortification policy in October 2025. This audit was conducted to evaluate neonatal presentations of open spina bifida at Children's Health Ireland (CHI) from January 2014 to December 2024. The primary aim was to assess the baseline incidence of spina bifida over this decade which is expected to fall in the coming few years.

Method:
We retrospectively analysed neonates with open spina bifida (OSB) presenting to CHI in the period between 2014 to 2024 using the CHI Spina Bifida Database.

Results:
The audit revealed a fluctuating but overall declining trend in the incidence of spina bifida over decade period. The highest rate was recorded in 2014 with 30 cases. This fluctuated from 17 cases in 2015, 25 cases in 2016, a significant reduction in 2017 to 12 cases and stabilised from 2019 onwards at approximately 10 cases per year. Overall, the incidence declined from 4.5 to 1.85 per 10,000 live births over the audit period.

Conclusion:
The overall incidence of (OSB) presentations to CHI, noting a decline over the audit period. Despite this reduction, the incidence remains high when compared to the European average of 1.59 per 10,000 live births.
The observed decline is potentially attributed to increased public awareness and voluntary supplementation; however, this approach is highlighted as less effective than mandatory folic acid fortification due to inherent challenges with compliance and unplanned pregnancies. The recent stabilization of incidence rates suggests that current strategies have reached a plateau.
We will continue monitoring the incidence post-mandatory fortification to assess whether this policy causes a further reduction as has been seen in other countries.

1. Liptak GS, El Samra A. Spina bifida. Lancet. 2010. 2. MRC Vitamin Study Research Group. Prevention of neural tube defects: results of the MRC Vitamin Study. Lancet. 1991;338:131–7. 3. McDonnell R, et al. Neural tube defects in the Republic of Ireland in 2009–2011. J Public Health (Oxf). 2014;36(1):57–63. 4. Zaganjor I, et al. Global and regional estimates of neural tube defect prevalence in 2015: a systematic analysis. Ann NY Acad Sci. 2016;1389:31–46. 5. Department of Health (Ireland). Folic Acid Supplementation Guidelines. 2020. 6. European Union Rare Disease Platform (EUROCAT). https://eu-rd-

platform.jrc.ec.europa.eu/eurocat/eurocat-data/prevalence

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 165
Neonatal

PARENTERAL NUTRITION IN NEONATES: AN AUDIT OF PRACTICE AGAINST NATIONAL STANDARDS IN A SPECIAL CARE BABY UNIT.

D Elfaki[1], A Leahy[2], A Sheils[3], R McCaughey[4]

[1]Paediatrics , Cavan Generel Hospital, Cavan, Ireland
[2]Paediatrics , Cavan General Hospital , Cavan, Ireland
[3]Clinical Nutrition , Cavan General Hospital , Cavan, Ireland
[4]clinical nutrition , Cavan General Hospital , Cavan, Ireland

Aim:
To assess compliance with the 2023 Irish National Standards for Parenteral Nutrition (PN) in neonates admitted to the Special Care Baby Unit (SCBU) at Cavan General Hospital.

Method:
A retrospective audit was performed on neonates admitted between January–December 2024 who stayed more than 48 hours in SCBU. Data from medical charts included gender, gestation, birth weight, indication, timing, duration, PN type, access route, and age at full enteral feeding. Compliance was measured against national standards.

Results:
Ninety-three neonates were included (48 males, 45 females). Median gestation was 37.2 weeks, and median birth weight was 2745 g. PN was administered to 5 (5.4%). All neonates with absolute indications received PN (100% compliance). Two neonates with relative indications received PN, while 11 did not. PN was initiated at median of 10 hours; duration ranged from 3–10 days, most often 5–7 days. Standard PN was used exclusively; no individualized PN was provided. Long lines were the most common access route. Most neonates reached full enteral feeding by day 7–10.

Conclusion:
All babies who had an absolute need for parenteral nutrition received it, showing that most urgent cases were recognised reliably. However, more borderline situations where PN could have been considered were often missed, and none of the babies required a fully individualized PN plan. Using a simple checklist, involving the nutritional team earlier, and clearly recording the reasons for starting or not starting PN could help ensure decisions are more consistent and ultimately improve outcomes for newborns.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 166
Neonatal

ASSESSMENT OF COMPLIANCE WITH METABOLIC BONE DISEASE OF PREMATURITY GUIDELINES IN LEVEL 3 NEONATAL UNIT.

A Eltoum [1], M Moran

[1]Neonatal Intensive Care Unit , The Rotunda Hospital , Dublin , Ireland

Aim:
To assess the compliance with metabolic bone disease of prematurity guidelines in level 3 neonatal unit.

Methods:
This audit included all neonates born at less than 32 weeks' gestation and/or with a birth weight under 1.5 kilograms between Dec 2024 and March 2025. A total number of 25 infants were included. Data were collected retrospectively from electronic system over a period of 40 days. Data were collated on a Microsoft Excel spreadsheet with 27 pre-defined data entry points and audited against the neonatal unit MBDP guidelines.

Results:
Osteopenia is reported in Xrays in 9 out of 25 patients (36%). Minerals supplementation was required in 44% (n=4) of them. Supplementation with Calcium or Calcium plus Vitamin D were required in 50% of patients. 33% of of radiologically osteopenic infants had abnormal UA doppler. No fractured were reported.

Conclusion:
96% Compliance with MBDP guidelines. 36 % of infants *had radiological evidence of osteopenia.*

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 167
Neonatal

AUDIT OF ADHERENCE TO GUIDELINES FOR MANAGEMENT OF ANTENATALLY DETECTED CONGENITAL ANOMALIES OF THE KIDNEY AND URINARY TRACT

LJ Fletcher[1], MA Boyle[1]

[1]Neonatology, Rotunda Hospital, Dublin, Ireland

Aims:
To assess adherence to Rotunda Hospital guidelines for postnatal management of antenatally detected congenital anomalies of the kidney and urinary tract (CAKUT), compare with a previous audit (2021), and identify areas for quality improvement.

Methods:
This was a retrospective chart review of all antenatally diagnosed CAKUT cases seen at the Rotunda Hospital Fetal Medicine Unit between 01/01/2024 and 01/12/2024. Data were extracted from Powerchart and NIMIS RIS systems and collated using Microsoft Excel based collection tool. Management steps were compared against the hospital's CAKUT guideline to determine adherence.

Results:
Of 49 antenatally diagnosed cases, 30 liveborn infants required postnatal management and were analysed. The overall adherence rate was 73.3% (22/30), with 26.7% (8/30) non-adherence. Hydronephrosis was the most common diagnosis (19/30), with 14 managed in accordance with the guideline and 5 non-adherent. The main causes of non-adherence were incorrect timing of investigations (6 cases), omission of an indicated investigation (1 case), and an unnecessary investigation (1 case). Renal duplication (4 cases) showed 75% adherence; cystic kidneys (2 cases) 50% adherence; bladder anomalies (2 cases) and renal agenesis (2 cases) achieved 100% adherence; ectopic kidney (1 case) was non-adherent. Compared with the 2021 audit (adherence 89.6%), the current rate reflects a decline, with hydronephrosis cases remaining the principal source of non-adherence.

Conclusion:
Adherence to CAKUT management guidelines remains above 70% but has declined compared with 2021. Most non-adherence related to incorrect imaging timing in hydronephrosis. Areas of strong practice include bladder anomalies and renal agenesis, which achieved 100% adherence. Targeted in-service training, improved access to guidelines, and strengthened collaboration with radiology are recommended to address gaps followed by a re-audit within the next 24 months.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 168
Sub-Speciality

DELIVERING PAEDIATRIC CARDIOLOGY LOCALLY: A REVIEW OF PAEDIATRICIAN WITH EXPERTISE IN CARDIOLOGY LED OUTPATIENT CLINICS AT GALWAY UNIVERSITY HOSPITAL, 2024

LJ Fletcher[1], AM Ryan[1]

[1]Department of Paediatrics, Galway University Hospital, Galway, Ireland

Aims:
To evaluate the activity and outcomes of a Paediatrician with Expertise in Cardiology (PEC)-led outpatient service at Galway University Hospital (GUH) in 2024, with particular focus on new referrals and their contribution to integrated paediatric cardiology care.

Methods:
A retrospective review of all patients attending GUH cardiology outpatient clinics between 1 January and 31 December 2024 was undertaken. Electronic clinic records were analysed for appointment activity, referral reasons, waiting times, echocardiography findings, and outcomes. Patients were categorised as review patients or new to GUH cardiology services. The new cohort was subdivided into those new to cardiology services altogether (no prior assessment) and those referred for local care (previously known to other cardiology services with established conditions).

Results:
Of 1,283 scheduled appointments, 1,193 (93%) were attended, with a did not attend rate of 7%. The majority (926, 78%) were review patients, while 267 (22%) were new to GUH cardiology services. Of these, 219 (82%) were entirely new to cardiology and 48 (18%) were referred for local care. Referral reasons varied by age: murmurs predominated in children under 5 years (73–88%), while cardiac symptoms were more frequent in older age groups (31% in 6–12 years; 55% in 12–16 years). Median waiting time was 350 days, with almost half (44%) seen at 12–18 months. Echocardiography revealed no cardiac pathology in 85%, minor pathology in 11%, and significant pathology in 1%, the latter confined to infants. Overall, 73% were discharged and 27% reviewed, with infants having the highest follow-up rate (48%).

Conclusion:
PEC-led paediatric cardiology clinics at GUH provided timely, safe, and local care. The service improved access, reduced travel, and acted as a safety net for significant pathology. However, prolonged waits, low-yield referrals, and increasing follow-up demand remain barriers to fully integrated and sustainable care.

1.A National Model of Care for Paediatric Healthcare Services in Ireland [Internet]. Available from: https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/model-of-care-for-paediatric-healthcare-integrated-care.pdf 2.McMahon CJ, Penny DJ, Kim M, Jacobs JP, Casey F, Kumar RK. Achieving excellence in paediatric cardiac care in resource limited and resource plentiful settings and building successful care networks across different countries. Cardiology in the Young. 2025 Jan 9;1–11. 3.Morrison ML, McCrossan BA, Sands AJ, Craig B, Casey FA, Grant B. Referrals to Pediatric Cardiology Outpatients. Clinical Pediatrics. 2016 Mar 10;55(14):1346–9. 4.Jacob HC, Massey H, Yates RWM, Kelsall AW. Accurate diagnosis of CHD by Paediatricians with Expertise in Cardiology. Cardiology in the Young. 2017 Jun 7;27(6):1140–5. 5.K Pushparajah, Garvie D, Hickey A, Qureshi SA. Managed Care Network for the assessment of cardiac problems in children in a district general hospital: a working model. Archives of Disease in Childhood. 2006 Nov 1;91(11):892–5.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 169
Neonatal

CORD GAS SAMPLE DELAYS IN REGIONAL NEONATAL CARE: ARE WE MISSING THE OPTIMAL WINDOW?

E Flynn [1], H Shahid[1], C Stanciu[1]

[1]Paediatrics, Regional Hospital Mullingar , Mullingar , Ireland

Aims:
Umbilical cord blood gas analysis is an essential component of neonatal assessment, offering critical information on foetal acid-base status and identifying potential intrapartum hypoxia or acidosis. For optimal accuracy, several studies recommend analysis within 15 minutes of sample collection. This audit aimed to assess compliance with this time frame in a regional hospital setting and identify barriers to timely processing.

Methods:
A retrospective audit was conducted of 30 randomly selected neonatal charts from deliveries at Regional Hospital Mullingar from July 2025-September 2025. Inclusion criteria required both umbilical arterial and venous cord gas samples to be taken immediately at birth. Time of birth, time of sample collection, and time of sample analysis were recorded from the delivery and gas analyser records. The primary standard was completion of blood gas analysis within 15 minutes of birth, in line with international best practice recommendations.

Results:
Of the 30 charts reviewed, 18% (n=3) of umbilical cord gas samples were processed more than 15 minutes after birth. The remaining 82% were completed within the optimal window. Reasons for delay were not consistently documented but included logistical issues such as porter availability and delays in transferring samples to the delivery suite where blood gas analysers are stored. All delayed samples still yielded results; however, potential degradation of sample accuracy could not be excluded.

Conclusion:
While the majority of cord gas samples in this audit were processed within the recommended time frame, a notable proportion (18%) exceeded the 15-minute window. Even small delays may affect the reliability of results and therefore subsequent management of a neonate. Interventions such as streamlined transport protocols, better documentation, and staff education may help reduce delays and ensure adherence to best practice.

References: 1. Biochemia Medica (2013) ‘The effect of time, temperature and storage device on umbilical cord blood gas and lactate measurement', Biochemia Medica, 23(1). 2. Butterwegge, M., Kappen, R. & Rath, W. (2011) ‘Changes in umbilical cord blood acid base status after delivery in dependence on time interval—a continuing forensic problem', Z Geburtshilfe Neonatol. 3. ISO (2024) ISO Standard 76677: pre examination processes for samples, etc.. 4. NCBI Bookshelf (2024) Cord Blood Gas, StatPearls – description of sample stability and preanalytical issues. 5. Effect of time, temperature and storage device trial (2020) (‘The effects of time and temperature on umbilical cord gas analysis'), British Journal, etc. 6. Cord and placenta arterial gas analysis (delay sampling) (2006) (as in PMC article) – ‘Effect of delayed sampling on umbilical cord arterial and venous lactate and blood gases' 7. Cord Blood Gas Accuracy of Delayed Sampling (2006) – ‘Cord and placenta arterial gas analysis: the accuracy of delayed sampling', BJOG. 8. Holcroft, C. et al. (2005) ‘Cord Gas Analysis, Decision to Delivery Interval, and the 30 Minute Rule for Emergency Cesareans', Journal of Perinatology, 25, pp. 229–235.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 170
Neonatal

SYSTEMATIC REVIEW OF RCTs OF ANTIBIOTICS IN PRETERM INFANTS

S Gautam[1], A Kilmartin[1], A Wu[1], A Saldanha[1], A Kapoor[1], B Mulligan[1], E Soh[1], F Ali[1], K Milner[1], M Hossain[1], NA Wahaibi[1], S Mohammad[1], S Celli[1], J Trayer[1,2], P Stewart[1,2], R McCarthy[1,7], E Roche[1,3,4], J Meehan[1,2,3], E Malloy[12346], D Mockler[2]

[1]Discipline of Paediatrics, Trinity College Dublin , Dublin, Ireland
[2]Trinity Translational Medicine Institute (TTMI), St James Hospital , Dublin, Ireland
[3]Trinity Research in Childhood Centre (TRiCC), Trinity College Dublin , Dublin, Ireland
[4]Endocrinology and Neurodisability, Trinity College Dublin , Dublin, Ireland
[5]Children's Health Ireland (CHI) at Tallaght , Tallaght University Hospital, Dublin, Ireland
[6]Neonatology , CHI at Crumlin, Dublin, Ireland
[7]Paediatrics , Coombe Women's and Infant's University Hospital, Dublin, Ireland

Background:

Preterm infants (<37 weeks gestation) are at increased risk of severe infections due to their immature immune systems, necessitating the frequent use of antibiotics in neonatal intensive care units (NICUs). Whilst critical for managing such complications, the overuse of antibiotics is associated with adverse outcomes such as necrotizing enterocolitis (NEC), late-onset sepsis (LOS), antimicrobial resistance, and mortality. Further research is needed to address the impact of antibiotic practices on microbiome development and long-term health.

Methods:

Eligible randomized controlled trials (RCTs) on antibiotic use in preterm infants were included, with no restrictions on publication year or type of primary outcome. A systematic search of MEDLINE, EMBASE, CINAHL, and Web of Science was conducted. Abstract and full text reviews were independently screened by two reviewers via Covidence, with disagreements resolved through consensus or a third reviewer. Data extraction was performed in a standardized form adhering to PRISMA 2020 guidelines.

Results:

17 RCTs were included: 14 compared antibiotics with placebo, and 4 compared antibiotic regimens. Piperacillin, Amikacin, and Ampicillin were mostly effective for bacterial prophylaxis, and Erythromycin consistently improved feeding intolerance. Azithromycin showed mixed results for BPD prevention but was effective for Ureaplasma eradication. Prolonged Amikacin improved neonatal sepsis outcomes, while one study found no gut microbiome benefits.

Conclusion:

Antibiotics are commonly used in the NICU for various indications, but dosing and outcomes can vary. Of note, Erythromycin demonstrates positive outcomes for feeding intolerance but lacks uniformity in dosage and duration of use. This systematic review was limited by restricted access to full texts and study design variability; however, it emphasizes the need for future research to optimize dosing, ensure safety, and guide clinical decision-making on antibiotic use in neonatal care.

Keywords: premature, infants, antibiotic, randomised controlled trial

Quinn, J.-A., Munoz, F. M., Gonik, B., Frau, L., Cutland, C., Mallett-Moore, T., Kissou, A., Wittke, F., Das, M. and Nunes, T. (2016) 'Preterm birth: Case definition & guidelines for data collection, analysis, and presentation of immunisation safety data', Vaccine, 34(49), pp. 6047-6056. 2. Simeoli, R., Cairoli, S., Decembrino, N., Campi, F., Dionisi Vici, C., Corona, A. and Goffredo, B. M. (2022) 'Use of antibiotics in preterm newborns', Antibiotics, 11(9), pp. 1142. 3. Clark, R. H., Bloom, B. T., Spitzer, A. R. and Gerstmann, D. R. (2006) 'Reported medication use in the neonatal intensive care unit: data from a large national data set', Pediatrics, 117(6), pp. 1979-1987. 4. Afjeh, S.-A., Sabzehei, M.-K., Fahimzad, S.-A.-R., Shiva, F., Shamshiri, A.-R. and Esmaili, F. (2016) 'Antibiotic Therapy for VLBW Newborns in NICU', Iranian Journal of Pediatrics, In Press(InPress). 5. Morowitz, M. J., Katheria, A. C., Polin, R. A., Pace, E., Huang, D. T., Chang, C.-C. H. and Yabes, J. G. (2022) 'The NICU Antibiotics and Outcomes (NANO) trial: a randomized multicenter clinical trial assessing empiric antibiotics and clinical outcomes in newborn preterm infants', Trials, 23(1). 6. Nuntnarumit, P., Kiatchoosakun, P., Tantiprapa, W. and Boonkasidecha, S. (2006) 'Efficacy of oral erythromycin for treatment of feeding intolerance in preterm infants', The Journal of pediatrics, 148(5), pp. 600-605. 7. PRISMA (2020). Preferred Reporting Items for Systematic

reviews and Meta-Analyses (PRISMA) website. [online] www.prisma-statement.org. Available at: https://www.prisma-statement.org/. 8. Auriti, C., Ravà, L., Di Ciommo, V., Ronchetti, M.P. and Orzalesi, M. (2005). Short antibiotic prophylaxis for bacterial infections in a neonatal intensive care unit: a randomized controlled trial. Journal of Hospital Infection, 59(4), pp.292–298. doi:https://doi.org/10.1016/j.jhin.2004.09.005. 9. Hammerberg, O., C. Kurnitzki, Watts, J. and Rosenbloom, D. (1989). Randomized trial using piperacillin versus ampicillin and amikacin for treatment of premature neonates with risk factors for sepsis. European Journal of Clinical Microbiology & Infectious Diseases, 8(3), pp.241–244. doi:https://doi.org/10.1007/bf01965268. 10. L, H., J, S., J, T., H, W., B, X., J, L., T, X., X, Y., Z, C., L, Z., Z, C., J, Y., D, M. and L, Z. (2021). Observation Versus Prophylactic Antibiotics in Late Preterm Infants with Premature Rupture of Membranes: A Pragmatic Randomized Controlled Trial. Journal of Pediatrics & Child Health Care, 6(1). doi:https://doi.org/10.26420/jpediatrchildhealthcare.2021.1037. 11. Tagare, A., Kadam, S., Vaidya, U. and Pandit, A. (2010). Routine antibiotic use in preterm neonates: a randomised controlled trial. Journal of Hospital Infection, 74(4), pp.332–336. doi:https://doi.org/10.1016/j.jhin.2009.09.010. 12. Ahmad, M., N Pishva, Pour, H. and M Zarkesh (2015). The Efficacy of Oral Erythromycin in Enhancement of Milk Tolerance in Premature Infants: A Randomized Clinical Trial. Iranian journal of medical sciences, 29(1), pp.1–4. 13. Nuntnarumit, P., Kiatchoosakun, P., Tantiprapa, W. and Boonkasidecha, S. (2006). Efficacy of oral erythromycin for treatment of feeding intolerance in preterm infants. The Journal of Pediatrics, 148(5), pp.600–605. doi:https://doi.org/10.1016/j.jpeds.2005.12.026. 14. M Mohammadizadeh, M Ghazinour and R Iranpour (2010). Efficacy of prophylactic oral erythromycin to improve enteral feeding tolerance in preterm infants: a randomised controlled study. Singapore Medical Journal, 51(12), pp.952–6. 15. Armanian, A.-M., Mousavi, A., Mohammadizadeh, M., Salehimehr, N. and Hassanzade, A. (2019). Evaluating the Effect of the Intermediate-Dose Oral Erythromycin on the Treatment of Feeding Intolerance in Premature Neonates: A Randomized Clinical Trial Study. Iranian Red Crescent Medical Journal, 21(9). doi:https://doi.org/10.5812/ircmj.92790. 16. Ruoss, J. L., Bazacliu, C., Russell, J. T., Cruz, D. de la, Li, N., Gurka, M. J., Filipp, S. L., Polin, R. A., Triplett, E. W., & Neu, J. (2021). Routine Early Antibiotic Use in SymptOmatic Preterm Neonates: A Pilot Randomized Controlled Trial. Journal of Pediatrics, 229, 294-298.e3. https://doi.org/10.1016/j.jpeds.2020.09.056 17. Lowe, J., Gillespie, D., Aboklaish, A., Lau, T. M. M., Consoli, C., Babu, M., Goddard, M., Hood, K., Klein, N., Thomas-Jones, E., Turner, M., Hubbard, M., Marchesi, J., Berrington, J., & Kotecha, S. (2024). Azithromycin therapy for prevention of chronic lung disease of prematurity (AZTEC): a multicentre, double-blind, randomised, placebo-controlled trial. The Lancet Respiratory Medicine, 12(8), 608–618. https://doi.org/10.1016/S2213-2600(24)00079-1 18. Gharehbaghi, M. M., Peirovifar, A., Ghojazadeh, M., & Mahallei, M. (2012). Efficacy of azithromycin for prevention of bronchopulmonary dysplasia (BPD). Turkish Journal of Medical Sciences, 42(6), 1070–1075. https://doi.org/10.3906/sag-1107-18 19. Ballard, H. O., Anstead, M. I., & Shook, L. A. (2007). Azithromycin in the extremely low birth weight infant for the prevention of Bronchopulmonary Dysplasia: A pilot study. Respiratory Research, 8(1), 1–9. https://doi.org/10.1186/1465-9921-8-41/TABLES/4 20. Viscardi, R. M., Terrin, M. L., Magder, L. S., Davis, N. L., Dulkerian, S. J., Waites, K. B., Ambalavanan, N., Kaufman, D. A., Donohue, P., Tuttle, D. J., Weitkamp, J. H., Hassan, H. E., & Eddington, N. D. (2020). Randomised trial of azithromycin to eradicate Ureaplasma in preterm infants. Archives of Disease in Childhood - Fetal and Neonatal Edition, 105(6), 615–622. https://doi.org/10.1136/ARCHDISCHILD-2019-318122 21. Viscardi, R. M., Terrin, M. L., Magder, L. S., Davis, N. L., Dulkerian, S. J., Waites, K. B., Allen, M., Ajayi-Akintade, A., Ambalavanan, N., Kaufman, D. A., Donohue, P., Tuttle, D. J., & Weitkamp, J. H. (2021). Randomized trial of azithromycin to eradicate Ureaplasma respiratory colonization in preterm infants: 2-year outcomes. Pediatric Research 2021 91:1, 91(1), 178–187. https://doi.org/10.1038/s41390-021-01437-2 22. Bordbar, A., Mazouri, A., Kashaki, M., Kalani, M., Saboute, M., Hosseini, R., Farhadi, S., & Ghassemian, A. (2017). Standard multiple and single daily dosing of amikacin in premature infants. Iranian Journal of Neonatology, 8(4), 57–64. https://doi.org/10.22038/IJN.2017.21878.1252 23. Pasha, Y. Z., Ahmadpour-Kacho, M., Behmadi, R., & Jahangir, T. (2014). 3-Day versus 5-Day Course of Intravenous Antibiotics for Suspected Early Onset Neonatal Sepsis: A Randomized Controlled Trial. Iranian Journal of Pediatrics, 24(6), 673. https://pmc.ncbi.nlm.nih.gov/articles/PMC4442826/

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 171
Neonatal

MONITORING GROWTH IN SPECIAL CARE BABY UNIT (SCBU) - ARE WE DOING IT WELL?

NS Idris[1], M Zahra[1], S Jennings[1], M Azam[1]

[1]Paediatric, Wexford General Hospital, Wexford, Wexford

Background:
Growth monitoring is an essential element of neonatal care, providing critical information for assessing health, nutrition, and development. According to the National Maternity Hospital guideline, infants admitted to the Special Care Baby Unit (SCBU) should have weight, occipito-frontal circumference (OFC), and length measured on admission. OFC and length should be repeated weekly, weight checked on alternate days, and all values plotted on growth charts. This audit evaluated compliance with these standards in a level 1 SCBU at Wexford General Hospital.

Methods:
A retrospective review of 28 infants admitted to the SCBU was undertaken. Clinical records were examined for documentation of weight, OFC, and length, and whether these were plotted on growth charts. Data were analysed as proportions of the total cohort.

Results:
Admission weight was documented in all infants (28/28, 100%), though only 15/28 (54%) were plotted. Admission OFC was recorded in 22/28 (79%), with 12/28 (43%) plotted, most between the 9th–50th centiles, though four were ≥75th. Weekly OFC monitoring was completed in 10/28 (36%) and plotted in 6/28 (21%). Weekly length was documented in 14/28 (50%), with 7/28 (25%) plotted. No consistent discharge measurements of OFC or length were identified. Twice-weekly weights were documented in 22/28 (79%), but only 1/28 (4%) was plotted. Weight monitoring therefore showed the highest compliance for measurement, although plotting remained inconsistent. OFC and length monitoring were well below recommended standards. Late-preterm infants were more likely to have incomplete documentation. Where plotted, most values clustered between the 25th–50th centiles, with some term infants above the 75th.

Conclusion:
This audit highlights strong compliance with weight measurement on admission and alternate days, but substantial gaps in OFC and length monitoring, with poor adherence to plotting. Staff education and visual reminders are recommended to improve compliance. A re-audit is planned to assess progress following these interventions.

1. Chou, F. S., et al. Postnatal anthropometric growth in very preterm infants. Nature Communications. 2023;14:41069. 2. Villar, J., et al. Monitoring the Postnatal Growth of Preterm Infants. Pediatrics. 2018;141(2):e20172467.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 172
Neonatal

CONGENITAL EPULIS IN A NEONATE: WHEN BIRTH REVEALS UNEXPECTED

Dr Iqbal, Asif , Dr Nolan , Emma, Dr Niazy, Al Assaf , Dr Khan , Rizwan
[1]Neonatology , University Maternity Hospital , Limerick , Ireland

Aims:
Congenital epulis, also known as a congenital granular cell tumour, is a rare lesion of the neonatal gingiva. Although histologically benign, large lesions can pose challenges with feeding and, in rare instances, result in airway obstruction. Prompt recognition and multidisciplinary management are essential.

Methods:
A male infant was born at 37 weeks and 6 days of gestation following a prolonged rupture of membranes. Delivery occurred via forceps, with Apgar scores of 9 and 10 at 1 and 5 minutes, respectively. At birth, a large 4x3pedunculated, hard, non-cystic mass was observed on the maxillary alveolus with normal rest of his physical examination. He was admitted to the neonatal intensive care unit (NICU) for airway/respiratory monitoring and NG feeding support. The infant remained self-ventilating in room air without airway compromise. At 36 hours of life, he was transferred to Children's Health Ireland at Crumlin for surgical evaluation. Baseline investigations were unremarkable, except for hyperbilirubinemia, which required phototherapy. MRI oral cavity has shown overall appearance is consistent with clinical suspicion of epulis/ Granular cell myoblastoma.

Results:
On day 3 of life, the lesion was excised from upper gingiva under general anaesthesia. The infant was extubated immediately after the operation and transferred to the neonatal high dependency unit (HDU), where he began oral feeding. Histopathology confirmed the diagnosis of congenital epulis with no malignant features. He was discharged in good health, and at follow-up, he continued to thrive with no signs of recurrence.

Conclusion:
This case highlights a rare but significant neonatal condition. While small, asymptomatic lesions may regress spontaneously, surgical excision is necessary when feeding is impaired or there is a risk of airway obstruction. The prognosis is excellent, and recurrence has not been reported.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 173
Neonatal

BAYLEY'S ASSESSMENTS OF TODDLERS AT THE COOMBE PAEDIATRIC DEPARTMENT: AUDIT OF YEARS 2021–2022

HY Yousaf[1], **JK Kelleher[1]**

[1]Paediatrics, The Coombe Hospital, Dublin, Ireland
[2]Paediatrics, The Coombe Hospital, Dublin, Ireland

Aims:
The Bayley Scales of Infant and Toddler Development, 4th edition (BSID-IV), is a standardized tool assessing cognitive, motor, and language development in children 1-42 months. This audit evaluated implementation and outcomes of BSID assessments in high risk infants born in 2021-2022 at the Coombe Paediatric Department.

Methods:
Following BSID training in July 2023, regular assessments started in August 2023. Infants born 2021-2022 and followed at Coombe or MRHP were included. Four groups were assessed: (1) VON extreme preterm, (2) HIE treated with therapeutic hypothermia, (3) research infants, and (4) others referred by consultants. Delays classified as: 85-100 normal, 70-84 mild, 55-69 moderate, <55 severe. This audit reports progress after 10 months.

Results:
Among VON infants born in 2021 (n=125 liveborn; 112 alive at discharge/transfer), 71 were selected for BSID, and 36 underwent assessment; 13 declined, 1 died, 3 did not attend, and 9 were uncontactable. Additionally, 1 of 7 HIE infants and 1 of 2 "other" infants were assessed. In the 2022 cohort, 4 of 66 VON infants, 3 of 11 HIE infants, and 1 other infant were assessed. In the 2021 cohort (n=32), 81% demonstrated mild delay, 41% moderate delay, and 28% severe delay. In the 2022 cohort (n=8), 75% had mild delay, 13% moderate delay, and 50% severe delay, mainly affecting cognitive, motor, and language domains. About half of eligible infants did not undergo assessment due to non-attendance, parental refusal, or uncontactable families.

Conclusion:
We have made good progress in starting BSID assessments for high risk infants born in 2021, but follow-up remains a challenge with about half of infants not attending. Discussing BSID with parents before discharge and linking assessments with ongoing quality improvement initiatives such as STRIVE EDI may help improve participation and ensure timely developmental surveillance in 2023-2024.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 174
Neonatal

NEONATAL PRESCRIBING AND MEDICATION ADMINISTRATION PRACTICE – AN AUDIT CYCLE

FX Kyeyune[1], FM Elwathig[1], KNB Rafdhy[1], SE Sunny[1,2], B Murphy[1]

[1]Neonatology Division, Department of Paediatrics, University Maternity Hospital Limerick, Limerick, Ireland
[2]Paediatric Department, , Cork University Hospital, Cork, Ireland

Aims*:*
Prescription writing on the Neonatal Unit (NNU) at UMHL is on a paper-based neonatal medication record (aka 'kardex').
Aim of this study was to re-assess compliance with good prescribing and administration practice within the NNU as per local policy.

Methods*:*
All kardex of neonates admitted to the NNU on arbitrary days 28.06.2024 (n=16) and 10.03.2025 (n=17) were included in the retrospective and concurrent analysis. Blood products prescriptions were excluded. Data was collected on a standardised audit tool, and analysed using Microsoft Excel.

Results*:*
All 17 (100%) kardex in the re-audit showed sustained compliance with 'names', 'MRN', 'birthweight' documentation.
There was improvement with documenting 'date admitted' (100% from 68.8%), 'Consultant' (11 [64.7%] from 50.0%), 'allergy status' (9 [52.9%] from 12.5%).
Less 'date of birth' documentation (14 [82.4%] from 100%). Less name legibility – prescriber (25 [80.6%] of 31, from 88.0%), and nurse – (85 [49.4%] of 172, from 99.2%).
More parenteral nutrition (PN) was prescribed (39 vs 8), and prescribing standard was maintained and improved. More infusions were prescribed (102 vs 42) with several practice improvements.

Conclusion*:*
In general, prescribing and medication administration practice improved over the course of the audit cycle. PN a high-alert medicine was prescribed >4 times, and infusions prescribed >2 times in the re-audit with several practice improvements.
The extra dissemination of the first audit's findings within the neonatal unit, during NCHD induction sessions, audit meetings, and teaching sessions has yielded several improvements and maintained good safe prescribing practice. This will be continued for medical and nursing staff, and the wider sharing of this quality improvement initiative's findings to share learning while improving patient safety.

Electronic prescribing is coming soon to UMHL with potential to reduce errors further, although not all. Paper-based prescribing is a back-up option and a clinical skill worth maintaining as prescription writing remains a high-risk activity.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 175
Neonatal

HIPS ULTRASOUND SCAN REFERRALS FOR DDH AT-RISK NEONATES – A PRACTIC RE-AUDIT

MA Aamir[1], SI Hussain[2], **FX Kyeyune[3]**

[1]Department of Paediatrics, Children's Health Ireland at Crumlin, Dublin, Ireland
[2]Neonatology, The Coombe Hospital, Dublin, Ireland
[3]Neonatology Division, Department of Paediatrics, University Maternity Hospital Limerick, Limerick, Ireland

Aim:
Developmental dysplasia of the hips (DDH) develops anytime at/after birth or early childhood. Newborns 'at risk' with known DDH risk factors – first degree relative treated and breech presentation/birth, are referred for hips ultrasound scan.

Study aim was to re-assess referral process to ascertain challenges to achieving national and local targets indicated in 2023 national report, following induction lectures in July 2024 and January 2025.

Methods:
Data about 'at risk' newborns on the neonatal unit (NNU) and postnatal wards (PNWs) between 27.11.2024 and 01.01.2025 was collected prospectively, entered in and analysed using Microsoft Excel.

Results:
Hips scan referrals were made for 55 babies – 41 (74.5%) were breech and 14 (25.5%) had positive family history. PNWs had 80.0% (44) and NNU had 20.0% (11) of babies. Preterms were 13 (23.6%). Males were 30 (54.5%).

Newborn D2 exam was documented for 53 (96.4%) – 47 (88.7%) had this done ≤72 hours old and 50 (94.3%) exams were normal.

Late referrals (≥2 weeks of age) were 22 (40.0%) in re-audit period versus 113 (21.2%) in 2023.

Scans reported as normal were 53 (96.4%). One had confirmed DDH. Three babies were not taken to their first and second appointments – 1 waits hips x-ray (outside ultrasound scan criteria).

Babies scanned at ≤6 weeks were 21 (70.0%) versus 63.4% in 2023, on excluding 22 late referrals and 3 not taken to first appointment.

Conclusion:
Late hips scan referrals are persisting in our prospective study, indicating a continued need for raising awareness about national KPIs among all medical and non-medical multidisciplinary staff.
DDH risk factors are identifiable earlier when 88.7% of D2 checks were timely done. Late referrals could potentially be reduced further with referrals being made as soon after newborn exam completion as possible – the next focus. This could lead to even more timely scans at ≤6 weeks – another national KPI.

National Targeted Ultrasound Screening for Developmental Dysplasia of the Hip Steering Group (2017) National Selective

Ultrasound Screening Programme for Developmental Dysplasia of the Hip in Infants. Available: https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/radiologyddhimplementaionpack.pdf 2. HSE (2018) The Newborn Clinical Examination Handbook, Version 1, Oct.2018, The National Healthy Childhood Programme. Available: https://www.hse.ie/eng/about/who/healthwellbeing/our-priority-programmes/child-health-and-wellbeing/newborn%20exam.pdf

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 176
Neonatal

ASSESSMENT OF MEDICAL HANDOVER OF PATIENTS TRANSFERRED FROM NEONATAL UNIT TO POSTNATAL WARD: A CLINICAL AUDIT

AAA Mahmoud[1], M McGovern[1], H Mohamed[1]
[1]Department of Neonatology and Perinatal Medicine, The Coombe Hospital, Dublin, Dublin

Aims:
To evaluate the quality and completeness of medical handover for neonates transferred from the neonatal unit to the postnatal ward, identify deficiencies, and propose targeted improvements.

Methods:
A retrospective audit was conducted over a 7-weeks period (Sep to Nov 2023), reviewing all neonatal transfers to the postnatal ward =44 patients (2 patients were not included because of missing charts) in a tertiary maternity hospital in Dublin. Data sources included discharge letters, handover sheets, and patient records. Audit standards were based on national handover guidelines and local protocols.

Results:
Forty-four (44) neonatal transfers were reviewed: medical handover happened in only 5/44 (11%). Discharge letter was missed in 14/44 (31%). One case involved missed follow-up for neonatal jaundice due to a weakly positive DCT result not being communicated, leading to omission of baseline and repeat FBC monitoring.

Conclusion:
This audit revealed significant gaps in the handover process, with one case of missed clinical follow-up. To address these risks, we proposed implementing a standardized handover checklist, mandating discharge letter completion prior to transfer, and enhancing staff education on handover protocols. This audit is currently grown into an ongoing large quality improvement project focused on improving quality of handover on postnatal ward.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 177
Neonatal

RESPIRATORY SYNCYTIAL VIRUS (RSV) IMMUNISATION OF INFANTS WITH NIRSEVIMAB: CROSS-SECTIONAL STUDY OF UPTAKE AND PREDICTORS OF *PATHFINDER PROGRAMME* IN IRELAND

G Masukume[1], A McMorrow[1, 2], I Dawood[1], K Rafdhy[1], F O'Brien[3], C Desmond[3], D O'Connell[3], B Murphy[4], E Ronan[3], H Purtill[5], RK Philip[1,2]

[1]Neonatology, University Maternity Hospital Limerick, Limerick, Ireland
[2]Neonatology, University of Limerick School of Medicine, Limerick, Ireland
[3]Nursing and Midwifery, University Maternity Hospital Limerick, Limerick, Ireland
[4]Pharmacy, University Maternity Hospital Limerick, Limerick, Ireland
[5]Statistics and Mathematics, University of Limerick, Limerick, Ireland

Aims:
To assess uptake of nirsevimab, a long-acting monoclonal antibody for respiratory syncytial virus (RSV) illness prevention, during the first season of Ireland's national pilot universal infant immunisation, *pathfinder programme*, and to identify sociodemographic and perinatal predictors of uptake.

Methods:
A cross-sectional analysis of prospectively collected and anonymised programme data of all infants born between 1st September 2024 and 28th February 2025 from the
University Maternity Hospital Limerick (UMHL), the sole maternity and neonatal provider for Ireland's Mid-West region. The main outcome measure was receipt of nirsevimab prior to hospital discharge.

Results:
Overall uptake was 89.4% (1,600/1,790), did not vary by month (p=0.106), and was similar by sex (male 89.5%, female 89.2%; p=0.898). Preterm infants had higher uptake than term (96.9% vs 88.7%; p=0.002), and neonatal unit admission had higher uptake (93.0% vs 88.4%; p=0.011). In adjusted analyses, maternal age (aOR 1.06 per year, 95% CI 1.03–1.09, p<0.001), preterm birth (aOR 2.89, 95% CI 1.10–7.64, p=0.032) and neonatal unit admission (aOR 1.67, 95% CI 1.06–2.62, p=0.027) predicted uptake. By maternal ethnicity, uptake was 91.5% among White Irish, 53.6% in Irish Traveller (aOR 0.13, 95% CI 0.07–0.22), 79.7% in Other White background (aOR 0.38, 95% CI 0.24–0.61), 98.3% in Asian or Asian Irish, 90.0% in Black or Black Irish, and 84.2% in Other/mixed or non-disclosed. Although uptake among White Irish was high, they contributed the majority of non-recipients, reflecting their birth cohort predominance.

Conclusions
During the first RSV newborn immunisation programme in Ireland, nearly 90% of infants received nirsevimab before discharge from the maternity hospital in Mid-West. Uptake was consistently high across months, indicating effective implementation, but lower among infants of Irish Traveller and Other White background mothers, highlighting need for targeted awareness strategies highlighting safety. These findings support national and international policies offering practical lessons for universal RSV immunisation.

1. RSV Immunisation Pathfinder 2.0 Programme. Health Protection Surveillance Centre, HSE https://www.hpsc.ie/a-

z/respiratory/respiratorysyncytialvirus/immunisation/ (accessed 22-09-2025) 2. Griffin PM, Yuan Y, Takas T, et al for the Nirsevimab Study Group. Single-Dose Nirsevimab for Prevention of RSV in Preterm Infants. NEJM 2020;383:415-425. 3. Hammitt LL, Dagan R, Yuan Y, Cots MB, Bosheva M, et al. for the MELODY Study Group. NEJM 2022;386:837-846. 4. Drysdale SB, Cathie K, Flamein F, Knuf M, Collins AM, et al. for the HARMONIE Study Group. Nirsevimab for Prevention of Hospitalization Due to RSV in Infants. NEJM 2023;389:2425-2435. 5. Azad Z, Romain AS, Aupiais C, Shum M, Schrimpf C, et al. Nirsevimab and Hospitalization for RSV Bronchiolitis. NEJM 2024;391:144-154. 6. Munro APS, Drysdale SB, Cathie K, Flamein F, et al. 180-day efficacy of nirsevimab against hospitalisation for respiratory syncytial virus lower respiratory tract infections in infants (HARMONIE) : a randomised, controlled, phase 3b trial. Lancet Child Adolesc Health 2025 ;9(6) :404-412.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 178
Neonatal

REDEFINING INFANTS AT HIGH RISK OF CEREBRAL PALSY

E Mc Mahon[1], A McCollum[1], BH Walsh[2,3], **E Molloy[1,4]**

[1]Neonatology , Children's Health Ireland, Dublin, Ireland
[2]Neonatology , Cork University Hospital, Cork, Ireland
[3]Early Detection and Intervention for Cerebral Palsy Ireland, infant Centre, Cork, Ireland
[4]Paediatrics , Trinity College Dublin , Dublin, Ireland

Aim:
Cerebral palsy (CP) is the most common physical disability in childhood, affecting around 1 in 500 live births. The Early Detection and Intervention (EDI) group defines high-risk infants as those born <32 weeks gestation, weighing <1500 grams, or with neonatal encephalopathy/hypoxic ischaemic encephalopathy. The reality may be more complex. The risk of neurodevelopmental challenges is influenced by many factors, including prolonged ventilation and peri-operative brain injury. Statistics show that 2-3% of infants born are diagnosed with a congenital anomaly with approximately 5 per 1,000 requiring surgical intervention. Currently, there is no standardised neurodevelopmental follow-up pathway for these infants.
The aim of this project was to review the neurodevelopmental needs of all high-risk babies cared for in a Level 4 neonatal unit. As a starting point to expand the definition of high-risk infants to include non-cardiac congenital anomalies requiring surgery (NCCA) and those with abnormal brain MRI.

Methods:
A retrospective audit was conducted for all infants admitted to the neonatal unit between January and June 2025. Two high infants' cohorts were identified: high-risk infants meeting the EDI criteria and high-risk infants meeting the NCCA criteria.

Results:
Sixty-seven infants were identified as high-risk, n21 EDI and n46 NCCA. Thirteen of the NCCA group also presented with abnormal MRI findings. 95% of cases presented with neurodevelopmental concerns requiring referral to community services including Primary Care or Children's Disability Network Team.

Conclusion:
This audit provides a baseline to identify the factors that influence an infant's classification as high-risk. Both cohorts demonstrated similar needs, requiring onward support from community services, underscoring the importance of the accurate identification of need to ensure access to appropriate care. Expanding definitions of high-risk and implementing integrated care pathways will help ensure timely intervention, reduce missed opportunities, and improve long-term outcomes for both infants and their families.

Aalten, M., Tataranno, M. L., Dudink, J., Lemmers, P. M. A., Lindeboom, M. Y. A. & Benders, M. J. N. L. (2023) 'Brain injury and long-term outcome after neonatal surgery for non-cardiac congenital anomalies', Pediatric Research, 94, pp. 1265–1272. doi: 10.1038/s41390-023-02629-8. EUROCAT (2014) Geographic Inequalities in Public Health

Indicators Related to Congenital Anomalies: EUROCAT Special Report. EUROCAT Central Registry, University of Ulster. Available at: https://eu-rd-platform.jrc.ec.europa.eu/sites/default/files/eurocat-pub-docs/Special-Report-Geographical-Inequalities.pdf (Accessed: 30 September 2025). Novak, I., Morgan, C., Adde, L., Blackman, J., Boyd, R. N., Brunstrom-Hernandez, J., Cioni, G., Damiano, D., Darrah, J., Eliasson, A.-C. et al. (2017) 'Early, Accurate Diagnosis and Early Intervention in Cerebral Palsy: Advances in Diagnosis and Treatment', JAMA Pediatrics, 171(9), pp. 897–907. doi:10.1001/jamapediatrics.2017.1689.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 179
Neonatal

ASSESSING THE FACTORS ASSOCIATED WITH INTRAVENTRICULAR HEMORRHAGES IN PRETERM INFANTS

RM Mital[1], ED Dempsey[2], VL Livingstone[3], CK Keating[1]
[1]Neonatology, University College Cork, Cork, Ireland
[2]Neonatology, Cork University Maternity Hospital, Cork, Ireland
[3]Biostatistics, INFANT Research Centre, Cork, Ireland

Aims:
Intraventricular haemorrhages (IVH) are a major complication of prematurity. Despite advancements in neonatal care, IVH remains prevalent, necessitating targeted interventions. This study aimed to evaluate risk factors associated with different IVH grades and assess the impact of a neonatal IVH care quality improvement bundle at Cork University Maternity Hospital (CUMH).

Methods:
A retrospective cohort study examined data from preterm infants (<30 weeks gestation) admitted to Cork University Maternity Hospital between January 2024 and December 2023. It comprised of two phases: before (2014-2022) and after (2022-2023) the implementation of the quality improvement bundle. Data was extracted using the Vermont Oxford Network (VON) database. Statistical analysis included descriptive analyses, chi-square, Kruskal wallis, logistic regression, and two way anova testing.

Results:
In a cohort of ~840 preterm infants <30 weeks GA, the mean birth weight was 1,061g (SD 318g) and the mean gestational age was 28 weeks. Lower gestational age, birth weight, and APGAR scores at 1 and 5 minutes were significantly associated with higher IVH severity ($p < 0.05$). Among all the significant categorical variables, maternal hypertension and vaginal delivery were most strongly associated with higher IVH risk, while inhaled nitric oxide appeared protective. The quality improvement bundle has not yet resulted in a statistically significant reduction in IVH incidence, however limitations primarily stem from the small sample size and one selected centre.

Conclusion:
These findings underscore the impact of perinatal and neonatal factors on IVH risk and the importance of ongoing evaluation of targeted strategies to improve outcomes in this high-risk group. By identifying key IVH risk factors and assessing a targeted intervention, this study has the potential to drive meaningful improvements in neonatal care and offer critical evidence to refine clinical practices to reduce IVH-related morbidity and mortality in preterm infants.

1. Ballabh P. Intraventricular hemorrhage in premature infants: Mechanism of disease [Internet]. U.S. National Library of Medicine; 2010 [cited 2023 Nov 15]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2799187/ 2. Afsharkhas L, Khalessi N, Karimi Panah M. Intraventricular hemorrhage in term neonates: Sources, severity and outcome [Internet]. U.S. National Library of Medicine; 2015 [cited 2023 Nov 18]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4577696/ 3. Stanford Medicine Children's Health. Intraventricular hemorrhage in babies [Internet]. [cited 2024 Apr 2]. Available from: https://www.stanfordchildrens.org//en/topic/default?id=intraventricular-hemorrhage-in-babies-90-P02608 4. Basiri B, Sabzehei MK, Shokouhi Solgi M, Khanlarzadeh E, Mosheiri M. The frequency of intraventricular hemorrhage and its risk factors in premature neonates in a hospital's nicu [Internet]. U.S. National Library of Medicine; 2021 [cited 2023 Nov 15]. Available from:

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8272544/#:~:text=Several%20studies%20conducted%20worldwide%20during,%25%2D40%25%20in%20preterm%20infants. 5. Hong J, Rha D-W. The long-term outcome and rehabilitative approach of intraventricular hemorrhage at preterm birth [Internet]. U.S. National Library of Medicine; 2023 [cited 2023 Nov 17]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10183259/ 6. Gross M, Engel C, Trotter A. Evaluating the effect of a neonatal care bundle for the prevention of Intraventricular hemorrhage in preterm infants [Internet]. U.S. National Library of Medicine; 2021 [cited 2024 Apr 3]. Available from: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8064449/ 7. Zhao Y, Zhang W, Tian X. Analysis of risk factors of early intraventricular hemorrhage in very-low-birth-weight premature infants: A single center retrospective study – BMC pregnancy and childbirth [Internet]. BioMed Central; 2022 [cited 2024 Jun 12]. Available from: https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/s12884-022-05245-2 8. Mojaveri MH, Omran FA, Khafri S, Mehraein R, Hejazian E, Akbarian-Rad Z. The frequency of intraventricular hemorrhage and its risk factors [Internet]. U.S. National Library of Medicine; 2024 [cited 2024 Jun 17]. Available from: https://pubmed.ncbi.nlm.nih.gov/38275024/#:~:text=Gestational%20age%20less%20than%2028,significantly%20associated%20with%20increased%20risk

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 180
Neonatal

IMPACT OF A NATIONAL NIRSEVIMAB PROGRAMME ON NEONATAL CRITICAL CARE TRANSPORT

T Moore[1,2], H Fucikova[1,4], N Aminudin[1,2], CM Moore[1,3]

[1]NNTP, National Neonatal Transport Programme, Dublin, Ireland
[2], Rotunda Hospital , Dublin 1, Ireland
[3], National Maternity Hospital, Dublin 2, Ireland
[4], Coombe Hospital, Dublin 8, Ireland

Aims and Background:
To explore impact of a national nirsevimab programme on neonatal critical care transport. Respiratory Syncytial Virus (RSV) is one of the leading causes of bronchiolitis, triggering annual epidemics, peaking in autumn and winter months, resulting in 3 million hospitalisations globally. More than half of the admissions to PICU in Ireland in 2023 were transferred into PICU from another hospital. In Ireland, critical care transports of babies less that 28 days corrected age are performed by the National Neonatal Transport Programme, operating 24/7. Nirsevimab is a monoclonal antibody that prevents RSV LRTI and has 150 days of protection against RSV for neonates. It was recommended for administration to all infants from September 2024-February 2025 in the Republic of Ireland.

Methods:
We retrospectively reviewed all neonatal transport records for the pre- and post-Nirsevimab epochs September 2023- February 2024 and September 2024-February 2025. We retrieved all records with a diagnosis of 'Bronchiolitis' in both epochs. We recorded age, weight and type of respiratory support, as well as microbiological diagnosis and if Nirsevimab had been administered.

Results:
35 records in epoch 1 (pre-Nirsevimab) and 11 records in epoch 2 (post-Nirsevimab) were identified. Pre-Nirsevimab 35 babies were transferred with bronchiolitis and 30 babies were RSV-positive. Post-Nirsevimab 11 babies were transferred with bronchiolitis and five babies were RSV-positive. Of the five babies with RSV-positive bronchiolitis in the post-Nirsevimab epoch, four of them had not received Nirsevimab as their parents had declined immunisation.

Conclusion:
There was a 70% reduction in the total number of neonates with bronchiolitis who were transferred by this national critical care transport service, and an 83% reduction in the number of babies with RSV positive bronchiolitis. Of note, 80% of the neonates who were transferred with RSV positive bronchiolitis had not received Nirsevimab at parental request. Barriers to parental acceptance of Nirsevimab need to be explored.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 181
Neonatal

A REVIEW OF UNSCHEDULED NEONATAL PRESENTATIONS TO A MATERNITY HOSPITAL EMERGENCY ROOM AND OUTPATIENT DEPARTMENT.

JM Morgan[1], AF Foran[1]

[1]Rotunda hospital, neonatal department, Dublin 1, Ireland

Aims:
To assess the number and type of presentations, the ages of patients and the interventions and outcomes of neonatal presentations to the Rotunda for unscheduled care.

Methods:
Retrospective analysis of patients who presented to the Rotunda between April 1st 2025 and June 30th 2025. The data was collected from the electronic health care record and analysed using Excel software. We audited the data against a standard, which is the hospital policy of accepting neonates for review up to their 14th day of life.

Results:
Over the three month period we had 100 patients present to the emergency room and 50 patients present to the paediatric outpatients. This means that they didn't have a scheduled appointment. Of the 150 patients 88% were within the 14-day age limit. Of the 200 patients only 5 were admitted to the rotunda and only 5 were advised to attend the nearby emergency department in CHI at Temple Street. There were two instances of resuscitation. The remaining patients were either discharged to the GP or followed up in the rotunda paediatric outpatients. The majority of patients were discharged with reassurance to the GP without any investigations or interventions. 3 babies received prescriptions. These were for creams or laxative medications.

Discussion:
I believe that with further discharge information we could prevent many of these representations as many were discharged with reassurance. Adding further resources to the discharge pack for parents could prevent some of these patient encounters by signposting and providing simple explanations on common neonatal issues.

Neonatal discharge planning: could unscheduled reviews be reduced in the first six weeks of life? Forman, E; Cathin, N; Sills, A; Cronin, S; Foran, A; McCallion, N 2. A Review of Out-of-hours Outpatient Neonatal Presentations to a Standalone Tertiary Neonatal Centre S. Coyne1, L. Flynn1, M. McGovern1,2, J. Miletin1,3,4,5

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 182
Neonatal

ANAEMIA OF PREMATURITY, IRON DEFICIENCY AND FERRITIN LEVELS IN LOW BIRTH WEIGHT PREMATURE NEONATES

JM Morgan[1], IF Farombi [1]

[1]OLOLH Drogheda, HSE north east, Drogheda, Ireland

Aims:
To identify the prevalence of anaemia of prematurity, specifically iron deficiency anaemia in a level two neonatal unit. Analyse the effect of ferritin on the haemoglobin levels of neonates under 2.5kg and under 37 weeks gestational age at birth. Assess for the need for iron supplementation and check adherence to the ESPGHAN guideline.

Methods:
This was a prospective study from 1st January 2025 to 31st May 2025. We measured ferritin levels and FBC at day of life 14, or on the day of discharge from the neonatal unit. We repeated these two tests 4 weeks later. Our inclusion criteria are birth weight less than 2.5 kg and a gestational age of less than 37 weeks. Our exclusion criteria were a birth weight greater than 2.5kg or a gestational age of 37 weeks or later.

Results:
There were 55 babies in total with gestational age at birth ranging from 27+1 to 36+6 and birth weight ranged from 995 grams to 2495 grams. 42 babies had the required investigations. 97.6% of babies were on iron containing formula or iron supplementation and of the 42, 37 (88.1%) babies had adequate ferritin and haemoglobin levels. 5 babies had low haemoglobin (11.9%), only 2 babies had low ferritins (4.7%). 1 baby (2.4%) had an elevated ferritin; galfer was discontinued.

Conclusion:
97.6% of patients who required iron supplementation or iron-containing formula received this and as such we are in line with the ESPGHAN guideline. Our current guidelines have resulted in a high adherence to the ESPGHAN guideline. As such a change to using the ESPGHAN guideline is reasonable and then we can re-audit.

Enteral Nutrition in Preterm Infants (2022): A Position Paper from the ESPGHAN Committee on Nutrition and invited experts 2. Christensen RD, Bahr TM, Ward DM. Iron Deficiency in Newborn Infants: Global Rewards for Recognizing and Treating This Silent Malady. Newborn 2022;1(1):97–103. 3. MacQueen BC, Christensen RD, Ward DM, Bennett ST, O'Brien EA, Sheffield MJ, Baer VL, Snow GL, Weaver Lewis KA, Fleming RE, Kaplan J. The iron status at birth of neonates with risk factors for developing iron deficiency: a pilot study. J Perinatol. 2017 Apr;37(4):436-440. doi: 10.1038/jp.2016.234. Epub 2016 Dec 15. PMID: 27977019; PMCID: PMC5389916.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 183
Neonatal

AUDIT OF ADHERENCE TO THE NEONATAL HYPOGLYCAEMIA GUIDELINE IN INFANTS WITH RISK FACTORS ON THE POSTNATAL WARD

SL Naidu, H Saadeldeen, E Ryan

[1]Neonatology, Galway University Hospital, Galway, Ireland

Aim:
To assess adherence to the local hypoglycaemia guideline on the postnatal ward for neonates with risk factors such as infants of diabetic mothers, hypothermia, maternal beta-blocker use, low birth weight, large for gestational age, and preterm infants.

Methods:
A retrospective audit of 50 at-risk neonates on Galway University Hospital's postnatal ward from June–July 2025 was performed. Records were reviewed against the hypoglycaemia protocol for glucose monitoring frequency, blood sugar levels, feeding method, glucogel administration, and NICU admissions.

Results:
All infants were >35 weeks gestation and <48 hours old. Gestational diabetes was the most common risk factor (92%). Sixteen percent required NICU admission; all had multiple risk factors, received glucogel, and had blood sugars <1.9 mmol/L before transfer. Among NICU cases, 63% were hypothermic (<36.5), highlighting the hypoglycaemia–hypothermia link. Average low and high blood sugar levels were 2.8 mmol/L and 3.9 mmol/L, respectively. Most infants (63%) needed two or fewer glucose checks, reducing invasive procedures. However, 30% had no documented blood sugar levels. Feeding was predominantly breastfeeding (88%) over formula (12%).

Conclusion:
Adherence to hypoglycaemia guidelines is suboptimal, particularly regarding documentation of blood glucose measurements. Limiting blood tests to two or fewer reduces neonatal discomfort. Enhanced staff education on documentation and the association between hypoglycaemia and hypothermia may improve guideline compliance and neonatal outcomes.

1. Cornblath, M. et al., 2000. Controversies regarding definition of neonatal hypoglycemia: suggested operational thresholds. Pediatrics, 105(5), pp.1141-1145. 2. Adamkin, D.H., 2011. Postnatal glucose homeostasis in late-preterm and term infants. Pediatrics, 127(3), pp.575-579. 3. World Health Organization, 2011. Guidelines on the management of neonatal hypoglycaemia. Geneva: WHO Press. 4. Hay, W.W., Raju, T.N.K., Higgins, R.D., Kalhan, S.C. and Devaskar, S.U., 2009. Knowledge gaps and research needs for understanding and treating neonatal hypoglycemia: workshop report from Eunice Kennedy Shriver National Institute of Child Health and Human Development. Journal of Pediatrics, 155(5), pp.612-617. 5. National Institute for Health and Care Excellence (NICE), 2010. Neonatal hypoglycaemia: clinical guideline [CG149]. 6. Galway University Hospitals, 2024. Local Neonatal Hypoglycaemia Protocol. Galway University Hospital: Internal document.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 184
Neonatal

HYPOGLYCAEMIA AT 48 HOURS: WHEN BETTER DETECTION LEADS TO MORE ADMISSIONS

A Naughton[1], M Breathnach[1], B Murphy[1]

[1]Department of Neonatology, University Hospital Waterford, Waterford, Ireland

Background:

Neonatal hypoglycaemia is a common metabolic concern in the immediate postnatal period. Prompt recognition and management are essential to prevent complications, though local guidelines can influence patterns of NICU admissions.

Methods:

We reviewed admissions to the NICU in University Hospital Waterford at 48 hours of life for hypoglycaemia over four years (2022–2025). Data were collated following changes to the postnatal ward hypoglycaemia guideline in 2023 and information sessions delivered to midwifery staff from mid-2024 to early 2025 which emphasised the importance of blood glucose monitoring at 48h.

Results:

The percentage of babies having blood sugar checked on the PNW at 48hrs rose from 7% in late 2024 to 96% in mid 2025. There were two NICU admissions for hypoglycaemia at 48 hours in each of 2022, 2023, and 2024. In contrast, there have been 12 admissions recorded in 2025 to date. The majority of these infants were re-admissions – they either had a prior history of early hypoglycaemia or were initially admitted at birth in line with unit policy for infants of insulin-dependent mothers. Notably, none of the infants admitted beyond 48 hours required intravenous dextrose therapy; all were successfully managed with enteral supplementation.

Conclusions:

The introduction of a revised hypoglycaemia guideline, combined with targeted staff education, has inadvertently led to an increased rate of 48-hour hypoglycaemia admissions to NICU. While this reflects improved detection practices, the absence of need for intravenous therapy raises questions about the necessity of NICU admission in such cases. Consideration should be given to whether these infants could be safely managed on the postnatal ward with enhanced feeding support. The next step in this audit is further investment of time and education into management of hypoglycaemia on the PNW, with the ultimate aim of keeping mothers and babies together.

UHW Neonatal Hypoglycaemia Guideline, Dr B Murphy, 2023

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 185
Neonatal

MANAGEMENT OF NEONATES BORN TO MOTHERS WITH GRAVES' DISEASE: AN AUDIT FROM THE ROTUNDA HOSPITAL

D Omer[1], D Corcoran[1], S Campbell[2]

[1]Neonatology department, Rotunda Hospital, Dublin, Ireland
[2]Biochemistry department, Rotunda hospital , Dublin, Ireland

Background and Aim:
Thyroid hormones are essential for foetal growth and neurodevelopment. This audit evaluated the identification, follow-up, and management of at-risk neonates in Rotunda Hospital against local guidelines.

Methods:
This retrospective audit included neonates born between July 2022–July 2025 to mothers with positive thyroid-stimulating hormone receptor antibodies (TSHRAb). Exclusion criteria were maternal hypothyroidism, negative TSHRAb, neonatal death, loss to follow-up, or ongoing pregnancy. Data were analysed using descriptive statistics in Excel and compared with Rotunda Hospital guidelines.

Results:
Fifty mothers with positive TSHRAb were identified; 31 neonates met inclusion criteria. All mothers had TRAb >0.8 (mean 10.2). Antibody status was consistently documented, and the paediatric team was informed in all cases. No infant showed clinical hyperthyroidism. Documentation of parental counselling was present in only 48%.

All neonates were classified as high risk and referred for outpatient follow-up, except one infant. Thyroid function tests (TFTs) at day 5–7 were performed in 28/31; two were delayed until day 10 based on consultant decision. One infant attended clinic at day 7 but did not have TFTs. Overall, 61.3% were normal, 25.8% abnormal, and 12.9% had no TFTs. One neonate required admission with thyrotoxicosis.

At the second outpatient review (day 10–14), 21 infants attended, including 11 with previously normal TFTs; two of these showed new abnormalities. Overall, 58% had normal results, 9.6% abnormal, and 32.2% no TFTs performed. All infants with abnormal results had appropriate follow-up, including endocrine referral or structured review.

Conclusion:
At-risk neonates were consistently identified and appropriately observed. However, gaps remain in documentation of parental counselling, timely follow-up, and consistency in performing TFTs. Addressing these issues may improve early detection and management of neonatal thyroid dysfunction.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 186
Neonatal

TIMING AND OUTCOMES OF INFANTS' PRESENTATIONS TO THE ROTUNDA HOSPITAL EMERGENCY ROOM: EVIDENCE TO SUPPORT PATHWAY TRANSITION

A Osman, S Tamgumus, M Boyle

[1]Neonatal Unite, The Rotunda Hospital, Dublin, Ireland

Background:
Emergency room in Rotunda Hospital increasingly receive unscheduled paediatric presentations, especially outside routine hours. These may not always align with the service's design or resources.

Methods:
A retrospective review of 364 presentations over the audit period (January 2024 – December 2024) was undertaken. Data on presentation type, arrival time, investigations, admissions, discharges, and follow-up were extracted. Presentations were mapped by hour of arrival to visualise demand patterns and analysed against outcomes.

Results:
Out-of-hours presentations (17:00–09:00) accounted for 62% of attendances. The busiest period was 16:00–21:00, dominated by jaundice, umbilical concerns, and respiratory problems. High-acuity categories such as head injury and abnormal movements clustered at night. Daytime cases were largely low acuity with structured follow-up; night-time cases had higher admission and transfer rates. Overall, 71.2% of cases were discharged with no follow-up required.

Conclusion:
The majority of out-of-hours attendances to our neonatal unit could be more appropriately managed in tertiary paediatric EDs, particularly higher-acuity presentations. Service redesign, public education, and strengthened referral pathways are needed to optimise care quality and resource use.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 187
Neonatal

NECROTISING ENTEROCOLITIS IN CONGENITAL HEART DISEASE: A SYSTEMATIC REVIEW.

AK Panse[1], S Sharma[1], ZM Khan[1], R Webb[1], T O'Connell[1], B Culluoglu[1], A Nash[1], T Lim[1], E Bennis[1], D Poon[1], E Ong[1], M Elsayed[1], O Franklin[1], S Duignan[1], J Trayer[1,2], P Stewart[1,2], R McCarthy[1,6], J Meehan[1,2,3], EF Roche[1,3,4], EJ Molloy[1,2,3]

[1]Discipline of Paediatrics, Trinity College Dublin, The University of Dublin, Dublin, Ireland
[2]Trinity Translational Medicine Institute (TTMI), St James Hospital, Dublin, Ireland
[3]Trinity Research in Childhood Centre (TRiCC), St James Hospital, Dublin, Ireland
[4]Endocrinology, Children's Health Ireland (CHI) at Tallaght, Dublin, Ireland
[5]Neonatology, CHI at Crumlin, Dublin, Ireland
[6]Paediatrics, Coombe Women's and Infant's University Hospital, Dublin, Ireland

Aim:
Cardiogenic necrotising enterocolitis (cNEC) is a unique diagnosis encompassing necrotising enterocolitis in patients with congenital heart disease. This systematic review aims to consolidate the data under 3 key pillars: morbidity/mortality, risk factors, and prevention/management strategies.

Methods:
Covidence facilitated data extraction from Embase, PubMed, Google Scholar and Cochrane following PRISMA guidelines. Studies were selected for inclusion using Cochrane guidelines.

Results:
Morbidity and mortality rates were increased in infants with cNEC, compared to classical NEC. Significant risk factors included cardiac lesions, compromised mesenteric perfusion, prolonged ventilation and inhaled nitric oxide therapy. Medical management should be prioritised on a case-by-case basis over surgical management, and combination feeding with breast milk and formula may be protective against cNEC compared to classical NEC. Faecal calprotectin is significantly raised in cNEC compared to classical NEC.

Conclusion:
A thorough understanding of cNEC and the particular risk factors associated with its development and preventative strategies, is essential in aiding clinicians to care for this vulnerable population.

1.Ginglen JG, Butki N. Necrotizing Enterocolitis. PubMed. Published August 8, 2023. doi:https://www.ncbi.nlm.nih.gov/books/NBK513357/ 2.Gowland K, Ban S. Congenital heart disease in children. British Journal of Nursing. 2021;30(2):102-105. doi: https://doi.org/10.12968/bjon.2021.30.2.102 3.Institute of Medicine (US) Committee on Social Security Cardiovascular Disability. Congenital Heart Disease. National Academies Press (US); 2010. doi: https://www.ncbi.nlm.nih.gov/books/NBK209965/ 4.Siano E, Lauriti G, Ceccanti S, Zani A. Cardiogenic Necrotizing Enterocolitis: A Clinically Distinct Entity from Classical Necrotizing Enterocolitis. European Journal of Pediatric Surgery. 2018;29(01):014-022. doi:https://doi.org/10.1055/s-0038-1668144 5.Asztalos IB, Hill SN, Nash DB, Schachtner SK, Palm KJ. Cardiogenic Necrotizing Enterocolitis in Infants with Congenital Heart Disease: A Systematic Review and Meta-analysis. Pediatric Cardiology. 2024;35(1). doi:https://doi.org/10.1007/s00246-024-03686-4 6.Kashif H, Abuelgasim E, Hussain N, Luyt J, Harky A. Necrotizing enterocolitis and congenital heart disease. Annals of Pediatric Cardiology. 2021;14(4):507. doi:https://doi.org/10.4103/apc.apc_30_21 7.Kelleher, S.T., McMahon, C.J. & James, A. Necrotizing Enterocolitis in Children with Congenital Heart Disease: A Literature Review. Pediatr Cardiol 42, 1688–1699 (2021). doi:https://doi.org/10.1007/s00246-021-02691-1 8.Kataria-Hale J, Roddy D, Vogel AM, Heinle J, Hair A. Managing the Congenital Heart Disease Patient With Suspected or Confirmed Necrotizing Enterocolitis. Current Treatment Options in Pediatrics. 2021;7(3):109-118. doi:https://doi.org/10.1007/s40746-021-00225-8 9.Kashif H, Abuelgasim E, Hussain N, Luyt J, Harky A. Necrotizing enterocolitis and congenital heart disease. Annals of Pediatric Cardiology. 2021;14(4):507. doi:https://doi.org/10.4103/apc.apc_30_21 10. Cozzi C, Aldrink J, Nicol K, Nicholson L, Cua C. Intestinal location of necrotizing enterocolitis among infants with congenital heart disease. Journal of Perinatology. 2013;33(10):783-785. doi:https://doi.org/10.1038/jp.2013.49 11.Kessler U, Hau EM, Kordasz M, et al. Congenital Heart Disease Increases Mortality in Neonates With Necrotizing Enterocolitis. Frontiers in Pediatrics. 2018;6(312). doi:https://doi.org/10.3389/fped.2018.00312 12.Williamson CG, Rook JM, Curry J, Gollin G, Benharash P, Wagner JP. Necrotizing enterocolitis vs bowel ischemia of congenital heart disease: Apples and oranges. The American Journal of Surgery. 2025;242(116201):116201. doi:https://doi.org/10.1016/j.amjsurg.2025.116201 13.Öztaş T, Bilici S, Okur NM. Comparison of cardiogenic NEC and classical NEC in the fourth level neonatal intensive care center. Annals of Pediatric Surgery. 2023;19(1). doi:https://doi.org/10.1186/s43159-023-00249-9 14.ElHassan NO, Tang X, Gossett J, et al. Necrotizing Enterocolitis in Infants with Hypoplastic Left Heart Syndrome Following Stage 1 Palliation or Heart Transplant. Pediatric Cardiology. 2018;39(4):774-785. doi:https://doi.org/10.1007/s00246-018-1820-0 15.Mena Marcos R, Guillén Burrieza G, Castrillo Arias A, et al. Necrotizing enterocolitis and congenital heart disease: differences in management and prognosis. Cirugía Pediátrica. 2024;37(4):152-156. doi:https://doi.org/10.54847/cp.2024.04.11 16.Menchaca AD, Style CC, Kyhl TA, Chawla M, Texter KM, Olutoye OO. Inhaled Nitric Oxide and Higher Necrotizing Enterocolitis Rates in Congenital Heart Disease Patients. Journal of Surgical Research. 2023;288(166-171):166-171. doi:https://doi.org/10.1016/j.jss.2023.02.020 17.Cheng W, Leung MP, Tam PKH. Surgical intervention in necrotizing enterocolitis in neonates with symptomatic congenital heart disease. Pediatric Surgery International. 1999;15(7):492-495. doi:https://doi.org/10.1007/s003830050647 18.Becker K, Hornik C, Cotten C, et al. Necrotizing Enterocolitis in Infants with Ductal-Dependent Congenital Heart Disease. American Journal of Perinatology. 2014;32(07):633-638. doi:https://doi.org/10.1055/s-0034-1390349 19.Deitch AM, Moynihan K, Przybylski R, et al. Risk Factors for Adverse Outcomes in Term Infants with CHD and Definitive Necrotising Enterocolitis. Cardiology in the Young. 2023;34(1):92-100. doi:https://doi.org/10.1017/s104795112300121x 20.Chin S, Supervisor O, Nijman J, Daily R, Bosch. Risk Factors and Outcomes of NEC in Preterm and Low Birth Weight Infants with a Congenital Heart Defect.; 2022. Accessed April 24, 2025. https://studentttheses.uu.nl/bitstream/handle/20.500.12932/45434/ChinOn_6717187_OP3.pdf?sequence=1&isAllowed=y 21.Carlo WF, Kimball TR, Michelfelder EC, Border WL. Persistent Diastolic Flow Reversal in Abdominal Aortic Doppler-Flow Profiles Is Associated With an Increased Risk of Necrotizing Enterocolitis in Term Infants With Congenital Heart Disease. Pediatrics. 2007;119(2):330-335. doi:https://doi.org/10.1542/peds.2006-2640 22.Van der Heide M, Mebius MJ, Bos AF, et al. Hypoxic/ischemic hits predispose to necrotizing enterocolitis in (near) term infants with congenital heart disease: a case control study. BMC Pediatrics. 2020;20(1). doi:https://doi.org/10.1186/s12887-020-02446-6 23.Diez S, Tielesch L, Weiss C, Halbfass J, Müller H, Besendörfer M. Clinical Characteristics of Necrotizing Enterocolitis in Preterm Patients With and Without Persistent Ductus Arteriosus and in Patients With Congenital Heart Disease. Frontiers in Pediatrics. 2020;8(257). doi:https://doi.org/10.3389/fped.2020.00257 24.Pham M, Dean P, McCulloch M, Vergales J. Association Between Pulsatility Index and the Development of Necrotizing Enterocolitis in Infants with Congenital Heart Disease. Pediatric Cardiology. 2022;5(1156-1162). doi:https://doi.org/10.1007/s00246-022-02839-7 25.Van de Beeten T. et al. Mother milk use in the perioperative period, is there an association with NEC? A retrospective cohort study. Studentthesesuunl. Published online 2023.

doi:https://studenttheses.uu.nl/handle/20.500.12932/43942 26.Canesin W.C., Volpe F, Walusa Assad Gonçalves-Ferri, Paulo Henrique Manso, Davi Casale Aragon, Sbragia L. Primary peritoneal drainage in neonates with necrotizing enterocolitis associated with congenital heart disease: a single experience in a Brazilian tertiary center. Brazilian Journal of Medical and Biological Research. 2021;54(9). doi:https://doi.org/10.1590/1414-431x2020e10220 27.O'Connor G, Brown KL, Taylor AM. Faecal calprotectin concentrations in neonates with CHD: pilot study. Cardiology in the Young. 2020;30(5):624-628. doi:https://doi.org/10.1017/s1047951120000645 28.Choi GJ, Song J, Kim H, et al. Development of necrotizing enterocolitis in full-term infants with duct dependent congenital heart disease. BMC Pediatrics. 2022;22(1). doi:https://doi.org/10.1186/s12887-022-03186-5 29.Motta, C., Scott, W., Mahony, L. et al. The association of congenital heart disease with necrotizing enterocolitis in preterm infants: a birth cohort study. J Perinatol 35, 949–953 (2015). doi:https://doi.org/10.1038/jp.2015.96 30.Bubberman JM, van Zoonen A, Bruggink JLM, et al. Necrotizing Enterocolitis Associated with Congenital Heart Disease: a Different Entity? Journal of pediatric surgery. 2019;54(9):1755-1760. doi:https://doi.org/10.1016/j.jpedsurg.2018.11.012 31.Morgan LJ, Shochat SJ, Hartman GE. Peritoneal drainage as primary management of perforated NEC in the very low birth weight infant. J Pediatr Surg. 1994 Feb;29(2):310-4; discussion 314-5. doi: 10.1016/0022-3468(94)90338-7. PMID: 8176608. 32.Maheshwari A, Roychaudhuri S, Grewal G, Vijayashankar SS, Lavoie P. Necrotizing Enterocolitis Associated with Congenital Heart Disease—A Review Article. Newborn. 2022;1(1):170-176. doi:https://doi.org/10.5005/jp-journals-11002-0016 33.Cognata A, Kataria-Hale J, Griffiths P, et al. Human Milk Use in the Preoperative Period Is Associated with a Lower Risk for Necrotizing Enterocolitis in Neonates with Complex Congenital Heart Disease. The Journal of Pediatrics. 2019;215(I-292):11-16.e2. doi:https://doi.org/10.1016/j.jpeds.2019.08.009 34.Vasilios Pergialiotis, Konstantopoulos P, Nikoleta Karampetsou, et al. Calprotectin levels in necrotizing enterocolitis: a systematic review of the literature. Inflammation Research. 2016;65(11):847-852. doi:https://doi.org/10.1007/s00011-016-0963-9 35.Isaksen B, Fagerhol MK. Calprotectin inhibits matrix metalloproteinases by sequestration of zinc. Mol Pathol. 2001 Oct;54(5):289-92. doi:10.1136/mp.54.5.289. PMID: 11577169; PMCID: PMC1187084. 36.Shoji H. Suppressive effects of breast milk on oxidative DNA damage in very low birthweight infants. Archives of Disease in Childhood Fetal & Neonatal. 2004;89(2):136F138. doi:https://doi.org/10.1136/adc.2002.018390 37.Al Tawil K, Sumaily H, Ahmed IA, et al. Risk factors, characteristics and outcomes of necrotizing enterocolitis in late preterm and term infants. Journal of neonatal-perinatal medicine. 2013;6(2):125-130. doi:https://doi.org/10.3233/NPM-136591

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 188
Neonatal

NOT JUST THE ABCS OF NEONATAL HYPOGLYCAEMIA

T Raouf[1], M Horgan[2], I Banerjee[3], S Maingard[1], SM O'Connell[2,4]

[1]Department of Neonatology, Children's Health Ireland at Crumlin, Dublin, Ireland
[2]Department of Diabetes and Endocrinology, Children's Health Ireland at Crumlin, Dublin, Ireland
[3]Department of Paediatric Endocrinology, Royal Manchester Children's Hospital, Manchester, United Kingdom
[4]Department of Paediatrics, Royal College of Surgeons of Ireland, Dublin, Ireland

Aims:
To present a case of neonatal Congenital Hyperinsulinism (CHI) caused by two pathogenic variants in the *ABCC8* gene, unresponsive to standard medical therapy and successfully managed with a subtotal pancreatectomy.

Methods:
We report a case review of a full-term, appropriate-for-gestational-age female transferred to the Neonatal Unit at Children's Health Ireland at Crumlin, for further investigation of bilious vomiting. Incidentally she was found to have significant and recurrent episodes of symptomatic hypoglycaemia. Initial critical samples revealed inappropriately elevated insulin 118.7pmol/L (21-175) and C-peptide levels (1220 pmol/L) with suppressed beta-hydroxybutyrate (<0.10 mmol/L) and free fatty acids during hypoglycaemia (1.4 mmol/L), consistent with CHI. Genetic testing confirmed two pathogenic variants in *ABCC8* gene, *c.4545+1G>C; p.? and c.4178G>T; p.Arg1393Leu.* Despite slowly maximizing doses of diazoxide, hydrochlorothiazide, and octreotide, her hypoglycemia remained refractory. A multidisciplinary team elected surgical management, and a 95% subtotal pancreatectomy was performed at 15 weeks of age.

Results:
Histopathology confirmed active islets with occasionally large nuclei consistent with diffuse CHI. Postoperatively, the patient was initially stable in terms of blood glucose levels however on day 11 post operative she required insulin to control hyperglycaemia. The patient is being closely followed to ensure maintenance of euglycemia, achievement of neurodevelopmental milestones, and appropriate growth.

Conclusion:
Congenital Hyperinsulinism can present as severe recurrent hypoglycaemia in the neonatal period and may be life-threatening if unrecognized. In cases of persistent hypoglycaemia unresponsive to medical therapy, following genetic workup, surgical intervention is often required for definitive management. Genetic testing and multidisciplinary team involvement are critical for diagnosis and management planning. This case highlights the importance of considering CHI in the differential diagnosis of neonatal hypoglycaemia and reinforces the need for thorough metabolic and genetic evaluation and early endocrine input during neonatal workups.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 189
Neonatal

A CASE OF SEVERE RH HAEMOLYTIC DISEASE IN A PRETERM INFANT

AR Restan[1], DOD O'Donovan [1]

[1]Department of Neonatology , University Hospital Galway , Galway , Ireland

Introduction:

Haemolytic disease of the newborn (HDN) due to maternal-fetal Rh incompatibility remains a significant cause of neonatal morbidity. The introduction of anti-D immunoprophylaxis in the 1960s has dramatically reduced its incidence; yet rare severe cases still occur. Despite advances in antenatal screening and management, these cases may present with profound anaemia and haemolysis in alloimmunised pregnancies requiring intensive neonatal intervention. I present a case of severe Rh HDN in a preterm infant managed in Galway University Hospital.

Clinical Case Presentation:

A female infant was delivered via emergency caesarean section at 33 weeks gestation due to rising maternal anti-D titres and evolving hydrops fetalis. The mother was a 32-year-old multiparous woman (G4P2), who was monitored in the high-risk fetal medicine clinic. Antibody titres rose rapidly during pregnancy. Once maternal titres exceeded the critical threshold (>4 IU/ml), serial ultrasound surveillance was undertaken. At 33+0 weeks, ultrasound demonstrated an elevated middle cerebral artery peak systolic velocity (MCA-PSV >1.5 MoM) and mild ascites, suggestive of significant fetal anaemia, prompting urgent delivery. At birth, the infant received 60 seconds of delayed cord clamping and was stabilised on CPAP. Her birth weight was 2.18kg, she was jaundiced and pale with abdominal distention. Cord blood haemoglobin was critically low (Hb 3.1g/dL), necessitating central umbilical catheters and emergency red cell concentrate (RCC) transfusions. Her clinical course was complicated by severe haemolytic jaundice which required nine days of intensive phototherapy and adjunctive intravenous immunoglobulin (IVIG). She received a further blood transfusion prior to discharge home on day 25.

Clinical Lessons:

This case highlights the importance of rigorous antenatal monitoring, particularly maternal anti-D titres and MCA-PSV doppler studies to detect fetal anaemia. Timely intervention, and aggressive neonatal management in severe Rh HDN are essential. Early recognition and rapid resuscitation are critical to optimising outcomes and preventing exchange transfusion.

1. Royal College of Obstetricians and Gynaecologists. The management of women with red cell antibodies during pregnancy (Green-top Guideline No. 65). London: RCOG; 2014. 2. Saolta University Health Care Group. Neonatal jaundice guideline: management of neonatal unconjugated hyperbilirubinaemia. 2024. 3. American Academy of Pediatrics. Clinical practice guideline revision: management of hyperbilirubinemia in the newborn infant 35 or more weeks of gestation. Pediatrics. 2022;150(3):e2022058859.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 190
Neonatal

DEFINITIONS OF NEONATAL ACUTE KIDNEY INJURY (AKI): A SYSTEMATIC REVIEW OF RANDOMISED CONTROLLED TRIALS

A Santhosh[1], C Heaney[1], CM Murray[1], YXD Lim[1], DY Yong[1], H Abukhadir[1], HYB Chau[1], L Cordos[1], NS Kanagasingam[1], OE Ayibiowu[1], R Kenny[1], S Zaidi[1], J Trayer[1,2], P Stewart[1,2], R McCarthy[1,7], E Roche[1,3,4], J Meehan[1,2,3], EJ Molloy[1,2,3]

[1]Discipline of Paediatrics, Trinity College Dublin, the University of Dublin, Dublin, Ireland
[2]Trinity Translational Medicine Institute (TTMI), St James Hospital , Dublin, Ireland
[4]Endocrinology, Children's Health Ireland (CHI) at Tallaght, Dublin, Ireland
[5]Neurodisability, Children's Health Ireland (CHI) at Tallaght, Dublin, Ireland
[6]Neonatology, CHI at Crumlin, Dublin, Ireland
[7]Paediatrics, Coombe Women's and Infant's University Hospital, Dublin, Ireland

Introduction And Objectives:
There are various scoring systems, criteria and biomarkers used to diagnose or predict neonatal Acute Kidney Injury (AKI). This study primarily aims to evaluate definitions of neonatal AKI across the literature and determine which are most used.

Methods:
This systematic review was conducted by medical students in Ireland. Randomized controlled trials (RCTs) published after 2004 were included, focusing on neonates diagnosed with or evaluated for acute kidney injury (AKI). The chosen studies utilised a specific definition of neonatal AKI including clinical or biochemical criteria. The studies chosen had diagnosis, criteria or classification of AKI in neonates as the primary or secondary focus. Papers from databases such as Medline, Embase, CINAHL, and Web of Science were screened using Covidence in January 2025. Following the inclusion and exclusion criteria, the data extraction process identified eight RCTs.

Results:
Of the 8 RCTs selected, the KDIGO criteria were most frequently used to define AKI, used by 5 trials. pRIFLE and AKIN were each used once. GFR<26cc/min, β2M>3.8mg/l and NAG >0.36mg/dl were used to define AKI in one study.

Discussion:
Emphasising having standardised criteria is vital to advance patient safety in AKI. Standardised definitions improve research comparability and support tailored treatment regimens. Reviews indicate a significant variance in the incidence of neonatal AKI based on the definition used, highlighting the importance of having one universally accepted definition. The KDIGO criteria are the gold standard, having broader applicability and enhanced clarity than other frameworks and providing comprehensive assessments of renal function.

Conclusion:
This study reaffirms KDIGO's position as the leading AKI classification system. However, using only RCTs in this study may be a limitation to the scope of AKI definitions available.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 191
Neonatal

CAFFEINE CITRATE USE IN VERY LOW BIRTH WEIGHT INFANTS IN THE COOMBE HOSPITAL

SA Saraswathi, JM MILETIN

[1]The Coombe Hospital, Dublin IRELAND
[2]UCD, Dublin, IRELAND

Aims:
Caffeine Citrate (CC) has been shown to have many benefits in preterm infants. The current recommended maintenance dose of CC in the Coombe Hospital (Dublin, Ireland) is 10mg/kg/day (with a 20mg/kg loading dose). Anecdotally, higher doses are frequently used in the neonatal intensive care setting.
Our audit aimed to explore the current usage of CC in the Coombe Hospital and the potential effect of higher doses on Apnoea of Prematurity in Very Low Birth Weight Infants (VLBW, birth weight less than 1500g).

Methods:
A retrospective chart review was conducted in 57 premature babies admitted to the Neonatal Intensive Care Unit (NICU). Inclusion criteria: VLBW infants admitted to NICU in 2024, with a gestational age of less than 32 weeks. Exclusion criteria: infants postnatally transferred to the NICU. Loading and maintenance CC doses were recorded, and if a higher maintenance dose was used, all episodes of bradycardias, apnoeas and desaturations were noted for a total of 96 hours, the 48 hours before and after the higher dose of CC administration.

Results: All infants included in our audit received a loading dose of CC, 20 mg/kg. This was followed by maintenance CC therapy (10mg/kg) in all but one infant (in one infant, the initial maintenance dose used was 15mg/kg/day). In nine infants (16%), the maintenance dose of CC was increased by the clinician during their stay in NICU (to 20mg/kg/day). Three (33%) of them showed improvement, documented by a decrease in bradycardias, apnoeas and desaturations.

Conclusions:
The initial dosing of Caffeine Citrate is in line with the local guidelines. It is not uncommon to increase the maintenance dose with observed effect in one-third of audited infants.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 192
Sub-Speciality

CUSHING'S and CYCLICAL CUSHING'S SYNDROME DUE TO PRIMARY BILATERAL MICRONODULAR ADRENAL HYPERPLASIA

SA SARASWATHI, DC CODY

[1]Endocrinology, CHI/Crumlin, Dublin, Ireland

Introduction:
We present 2 cases of non-ACTH-dependent Cushing syndrome, both requiring bilateral adrenalectomy.

Background:
Carney complex(CC) can present with lentiginosis, cardiac myxomas, myxoid neurofibromas in association with multiple endocrine neoplasia, and malignancies, which include sertoli cell tumour in adolescent boys. CC is commonly caused by mutations in the PRKAR1A gene on chromosome 17. It is associated with non-ACTH-dependent endogenous cortisol hypersecretion.
Cyclical Cushing Syndrome(CCS): is characterized by repeated episodes of cortisol excess interspread by periods of normal cortisol secretion. The cycles of hypercortisolism can occur regularly or irregularly, with intercyclic phases ranging from days to years. To formally diagnose the cyclic CCS, three peaks and two troughs of cortisol production should be demonstrated.
Case report 1:
14 A 14-year-old boy presented with Hypertension, poor growth and increasing central obesity. His examination reveals Cushingoid facies, bilateral gynaecomastia and dorsal fat pad. His cortisol profiling and dexamethasone suppression tests were compatible with ACTH-independent Cushing syndrome. Further investigations confirmed bilateral micronodular hyperplasia. He improved significantly after starting on Metyrapone and subsequently underwent bilateral adrenalectomy.
Case report 2:
A 5-year-old boy presented with recurrent yet intermittent episodes of profound lethargy and weight gain. Initially, he exhibited Cushingoid features, characterised by marked freckling around the nose and mouth. Two time periods of cortisol profiling were regular (but he was asymptomatic during both of these elective admissions). A subsequent admission during which he had typical symptoms revealed a Cortisol morning level of 1037nmol/l, and a midnight level of 471nmol/l. Low-dose dexamethasone suppression testing failed to suppress the high cortisol levels. He is diagnosed as PPNAD (Primary Pigmented Nodular Adrenocortical disease) associated with cyclical Cushing syndrome as part of his underlying diagnosis of Carney Complex. He underwent bilateral adrenalectomy at 7 years of age.

Conclusions:
ACTH-independent Cushing is rare in paediatrics and can be challenging to diagnose. The treatment is bilateral adrenalectomy, which results in lifelong glucocorticoid and mineralocorticoid replacement.
https://www.cancer.org/cancer/risk-prevention/genetics/family-cancer-syndromes/carney-syndrome.html
https://pmc.ncbi.nlm.nih.gov/articles/PMC9382287/

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 193
Neonatal

AUDIT OF INPATIENT PRESCRIBING QUALITY IN THE NEONATOLOGY DEPARTMENT, CHI CRUMLIN (JANUARY–MAY 2025)

RA Arif , AI Iftikhar , **SAS Shaikh**
[1]Neonatology, Children's Health Ireland, Crumlin , Dublin, Ireland

Aims:
This audit aimed to critically evaluate inpatient prescribing practices within a tertiary neonatal unit, quantify the prevalence and types of prescribing errors, benchmark performance against the Paediatric Prescribing Pocket Guide (2014), and generate recommendations to strengthen medication safety and support sustained improvement. Medication errors are among the most frequent in neonatal care and pose a high risk of harm due to physiological immaturity, narrow therapeutic margins, and widespread off-label prescribing. Even minor deviations may result in significant morbidity or mortality, making systematic evaluation of prescribing practices essential.

Methods:
A retrospective review was undertaken of prescriptions for 50 neonates admitted between January and May 2025. Data from the electronic health record were systematically assessed for accuracy, completeness, and compliance with audit standards. Parameters examined included patient identifiers, allergy documentation, consultant details, prescriber name and signature, patient weight, contact number, drug dose, route, units, timings, and indication. Errors were categorised by type and frequency to generate a compliance profile.

Results:
Compliance was consistently high across several domains: all prescriptions (100%) included patient identifiers, dosage, route, units, and timings, and were written in black ink. Allergy documentation appeared in 94%, consultant name in 90%, and prescriber details with patient weight in 80%. Prescriber contact information was present in only 64%. Most notably, no prescriptions (0%) documented the clinical indication for prescribed medicines, representing the most significant omission.

Conclusion:
The audit demonstrated high compliance with core prescribing standards but revealed systemic omissions in documenting indications and prescriber contact details. These gaps risk undermining clinical reasoning, continuity of care, and medicolegal protection, echoing patterns reported in wider paediatric literature. Addressing them will require structured education, strengthened induction, peer-supported review, and sustained consultant oversight. A repeat audit within 6–12 months is planned to evaluate whether these interventions achieve measurable and sustainable improvement.

Paediatric Prescribing Pocket Guide (2014)

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 194
Neonatal

CHONDRODYSPLASIA PUNCTATA IN A NEONATE

SAS Shaikh, PC Chang, KC Cunningham
[1]Neonatology, Children's Health Ireland, Crumlin, Dublin 12

Aims:
To describe the presentation, diagnostic evaluation, and management of a neonate with chondrodysplasia punctata, with emphasis on the challenges of early recognition and the importance of multidisciplinary input. Chondrodysplasia punctata is a rare and heterogeneous skeletal dysplasia characterised by punctate epiphyseal calcifications, craniofacial anomalies, and airway involvement. Antenatal imaging and genetic investigations are frequently non-diagnostic, making careful postnatal evaluation essential for diagnosis and management.

Methods:
A retrospective review of the neonatal course, investigations, and management was undertaken. Information was obtained from discharge documentation and correlated with radiological, endoscopic, and genetic findings. The case was interpreted in the context of published literature to highlight diagnostic complexity and management strategies.

Results:
A term male infant (birth weight 3.25 kg) was delivered by emergency caesarean section for unstable lie. Antenatal scans showed polyhydramnios and macrocephaly, while prenatal genetic testing was negative. On day 2, he developed progressive respiratory distress requiring CPAP and transfer to a tertiary neonatal unit. Examination revealed mid-facial hypoplasia and nasal narrowing. A skeletal survey showed punctate calcifications in vertebrae, distal phalanges, calcanei, and larynx. Nasolaryngoscopy confirmed obstruction. Respiratory support was gradually weaned, and by day 9 he was stable in room air. A sleep study was reassuring. Feeding progressed from nasogastric to full oral intake with good weight gain. The infant was reviewed by endocrinology, which excluded pituitary dysfunction; orthopaedics, which advised long-term follow-up; and genetics, which identified a heterozygous 17p12 microdeletion of uncertain significance and a mosaic Y-chromosome gain. Cardiac and abdominal imaging were normal. At discharge, he was stable, feeding orally, and without respiratory support.

Conclusion:
This case highlights the diagnostic complexity of chondrodysplasia punctata when antenatal testing is inconclusive. Early recognition with imaging and endoscopy enabled stabilisation. Multidisciplinary input was central to diagnosis, discharge planning, and follow-up, while genetic evaluation remains essential to clarify prognosis.

1. Mortier GR, Cohn DH, Cormier-Daire V, et al. Nosology and classification of genetic skeletal disorders: 2019 revision. Am J Med Genet A. 2019;179(12):2393–2419. 2. Nino M, Pappas J, Jenkins J. Chondrodysplasia punctata: A review of clinical findings and genetics. Pediatr Radiol. 3. White KK, Bompadre V, Goldberg MJ. Chondrodysplasia punctata: Clinical spectrum and management considerations.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 195
Neonatal

AUDIT OF OVERHEAD PHOTOTHERAPY ON THE POSTNATAL WARD

Dr. Crystal Toolsie ; Prof. Breda Hayes, Rotunda Hospital, Dublin.
CT Toolsie[1], BH Hayes[1,2]

[1]Neonatology , The Rotunda Hospital, Dublin, Ireland
[2]Neonatology , The Rotunda Hospital, Dublin, Ireland

Aims:
Jaundice affects up to 60% of term and 80% of preterm infants[1]. While effective, unnecessary phototherapy may disrupt feeding and bonding and prolong hospital stay. This audit aimed to:

1. Assess if phototherapy was initiated appropriately (NICE Neonatal Jaundice Guidelines[2] [CG98] and Management of Jaundice in near term and term infants[3] [Rotunda Guidelines].
2. Examine timeliness of bilirubin monitoring
3. Assess impact on feeding practices
4.

Methods:
Retrospective review of overhead phototherapy use on the postnatal ward, May – July 2025.

Results:
82 Infants were identified as receiving overhead phototherapy on the postnatal ward. Only 12% of infants met the NICE phototherapy threshold, 70% were within 10% of the treatment threshold (Rotunda Guideline). Inpatient referrals accounted for 63% while 37% were admitted from home. Median LOS was 3 days for inpatient versus 2 days for outpatient referrals. Median phototherapy duration was 19 hours. Earlier (6-12hrs) versus later (>12hrs) bilirubin check following phototherapy commencement was associated with earlier discharge and shorter duration of phototherapy. 31% of neonates treated with phototherapy changed feeding type during admission with 51% reduction in exclusive breast-feeding at discharge. In 41% of cases, the infant was retained as inpatient for rebound bilirubin check. Readmission occurred in 17%.

Conclusion:
The majority were below NICE treatment thresholds and 30% were >10% below the treatment threshold; Feeding practices were significantly altered during admission without evidence of significant weight loss or augmented lactation support. These are areas for quality improvement. In this cohort, early bilirubin sampling (6-12hours) after phototherapy initiation facilitates a shorter period of phototherapy and earlier discharge. Low risk infants (i.e. ≥ 37 weeks, DCT negative and weight loss < 10%) formed the majority of admissions, occupying two-thirds of bed days, suggesting scope for community phototherapy through neonatal community outreach teams.

References 1. NICE. Jaundice in Newborn Babies under 28 days: NICE Guideline 2016 (CG98). Archives of Disease in Childhood - Education & Practice Edition [Internet]. 2017 Feb 8;102(4):207–9. Available from: https://www.nice.org.uk/guidance/cg98/resources/jaundice- in-newborn-babies-under-28-days-pdf-975756073669 2. NICE. Jaundice in Newborn Babies under 28 days: NICE Guideline 2016 (CG98). Archives of Disease in Childhood - Education & Practice Edition [Internet]. 2017 Feb 8;102(4):207–9. Available from: https://www.nice.org.uk/guidance/cg98/resources/jaundice- in-newborn-babies-under-28-days-pdf-975756073669 3. Bell V, Corcoran D. Management of Jaundice in Near

Term and Term Infants . Rotunda Hospital: Neonatology Guidelines Group; 2024.Management of Jaundice in Near Term and Term Infants (4).docx

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 196
Neonatal

A RE-AUDIT OF THE TIMING OF MRI IN COOLED INFANTS WITH HYPOXIC ISCHAEMIC ENCEPHALOPATHY

L Tully[1], A Pereira[1], B Hayes[1], A Smith[1]

[1]Neonatology Dept, Rotunda Hospital, Dublin, Ireland

Aim:
This audit aims to examine the timing of MRI in neonates who underwent therapeutic hypothermia in the Rotunda Hospital and to compare this data to a previous audit completed in 2022/23.

Methods:
This audit included 31 infants who were born between January 2024 and June 2025 in the Rotunda Hospital, Dublin who underwent therapeutic hypothermia. Patient charts and MRI reports were reviewed using an electronic chart system (MN-CMS). Audit parameters were recorded in the audit tool. Data was entered into an excel spreadsheet and was analysed using Microsoft Excel. Approval was sought and granted from the Rotunda Hospital Audit Committee.

Results:
From January 1st 2024 to June 30th 2025, a total of 31 infants underwent therapeutic hypothermia for hypoxic-ischaemic encephalopathy (HIE). Of the 31 patients, 30 (96%) had an MRI Brain. One baby died prior to MRI Brain being performed. At time of MRI, 12 (41%) were intubated, 16 (53%) were performed using a feed and wrap technique. The MRI Brains were carried out between days of age 4 to 19, with a median day 6. Of these, 19 (63%) had MRI performed between days 5-7 of age, 6 (20%) had MRI between day 8-9 of age. In comparison to a local audit performed in the Rotunda Hospital in January 2024 (78%) infants had MRI Brain performed between day 5-7. In this current audit, 4 infants (13%) had MRI brain performed on day 4 of age.

Conclusion:
In our neonatal unit, MRI investigation of neonates undergoing therapeutic hypothermia is being completed between 5-7 days of life in 66% of infants. It remains a challenge to perform MRI Brain imaging post TH within recommended timeframes without on-site access to MRI facilities. This requires ongoing evaluation to ensure compliance to recommended timeframes as much as possible.

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 197
Neonatal

EARLY-ONSET FOCAL SEIZURES IN A NEONATE ASSOCIATED WITH LARGE FRONTAL INTRACRANIAL HEMORRHAGE: A RARE CASE REPORT

SHEIK FAREED[1], SUM BASHIR[2], FOU SALEEM[3], ALIM MIHAELA

[1]PAEDIATRIC DEPARTMENT, TIPPERARY UNIVERSITY HOSPITAL, CLONMEL, IRELAND

Aims:
Neonatal seizures represent a common neurological emergency and often indicate significant underlying pathology. We describe a rare case of a term neonate presenting with early-onset focal seizures, subsequently found to have a large frontal intracranial hemorrhage.

Methods:
A 2-day-old term neonate, delivered via uncomplicated vaginal birth with no antenatal or perinatal risk factors, presented with unilateral seizures involving the left arm and leg. The infant had been discharged home 24 hours postnatally but was readmitted within 6 hours with a prolonged seizure episode, controlled with phenobarbital. Neuroimaging (cranial ultrasound and MRI brain) revealed a large right frontal intracranial hemorrhage with associated mass effect but no midline shift. EEG demonstrated focal epileptic activity. Laboratory evaluation excluded coagulopathy and infectious etiologies.

Results:
The case highlights the role of prompt neuroimaging in neonates with focal seizures. The frontal intracranial hemorrhage was presumed to result from perinatal vascular injury. Management included anticonvulsant therapy (phenobarbital and subsequently levetiracetam), supportive care, and multidisciplinary follow-up with neonatology, neurology, and radiology. Serial imaging demonstrated gradual resolution of the hemorrhage. The infant remained seizure-free, levetiracetam was successfully weaned, and neurodevelopmental milestones were age-appropriate. Coagulopathy studies remained normal throughout.

Conclusion:
This case emphasizes the diagnostic challenges and importance of early neuroimaging in neonatal seizures. A multidisciplinary approach facilitated optimal seizure control and neurodevelopmental outcomes. Awareness of rare presentations such as isolated large frontal intracranial hemorrhage is essential for timely recognition, intervention, and prognosis.

https://www.ncbi.nlm.nih.gov/books/NBK2599/ https://pubmed.ncbi.nlm.nih.gov/9039506/

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 198
Neonatal

ENHANCING NEONATAL RESUSCITATION AT ST. LUKE'S HOSPITAL KILKENNY: STANDARDISING DOCUMENTATION AND STRENGTHENING NRP ADHERENCE

E Yousaf (Paediatric Consultant), M Byrne (Clinical Skill Facilitator)

[1]Neonatal Unit, Department of Paediatrics, St Luke's General hospital, Kilkenny, Ireland

Aims:

Effective neonatal resuscitation is essential for safe perinatal care and directly impacts neonatal morbidity and mortality. Local reviews at St. Luke's Hospital, Kilkenny identified variability in documentation quality and inconsistent adherence to standard recording practices. This Quality Improvement Project (QIP) aimed to:

1. Reinforce adherence to the Neonatal Resuscitation Programme (NRP).
2. Standardise documentation through a single, comprehensive resuscitation record signed by all team members.

Methods:

Between January and July 2025, interventions were implemented using the Neo-GRA 10-step framework:

1. Introduction of a unified neonatal resuscitation record sheet for doctors, nurses, and midwives, with signatures from all team members.
2. Development of a structured completion guide to support accurate and consistent documentation.
3. Reinforcement of NRP protocol adherence, without introducing new guidelines.
4. Distribution of lanyard prompt cards for NCHDs with stepwise NRP references.
5. Competency-based orientation for new SHOs/trainees, including supervised deliveries with registrars and participation in neonatal resuscitation simulations.
6. Training sessions to familiarise staff with documentation tools.
7. Planned audit and feedback cycles to monitor progress and guide further improvement.

Results:

- Staff feedback indicated improved clarity and accountability in record-keeping.
- NCHDs reported lanyard prompt cards as practical aids in high-pressure situations.
- Early observations suggest a shift towards more systematic documentation and increased awareness of NRP adherence.
- Formal audits and competency assessments are planned but have not yet commenced.

Conclusion:

This QIP established a foundation for improving neonatal resuscitation practices at St. Luke's Hospital. Embedding a unified documentation sheet, structured completion guidance, and simple educational tools provides a practical and sustainable framework to enhance team accountability, trainee confidence, and adherence to NRP protocols. Future audits and assessments will evaluate long-term impact, refine interventions, and support continuous improvement in neonatal care.

1- Foglia EE, et al. Neo-GRA 10-Step Framework for In-Facility Neonatal Resuscitation Improvement. Resuscitation. 2025;175:10–15. doi:10.1016/j.resuscitation.2025.02.003 2- Sukthong M, et al. Assessment of

Adherence to the Neonatal Resuscitation Program Using Video Recording: A Prospective Observational Study. Resuscitation. 2025;175:10–15. doi:10.1016/j.resuscitation.2025.02.003 3- Nelin S, et al. Does the Use of an Automated Resuscitation Recorder Improve Adherence to NRP Algorithms and Code Documentation? Children. 2024;11(9):1137. doi:10.3390/children11091137

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 199
Neonatal

TREATMENT OF IATROGENIC CALCINOSIS CUTIS – A RARE COMPLICATION OF INTRAVENOUS CALCIUM SUPPLEMENTATION THERAPY IN NEONATES

P Zmuda[1], S Khan[1], E Mohamed[1], E Fitzgerald[2], P Barrett[2], M Lynch[3], O Neylon[1]

[1]Department of Paediatrics, University Hospital Limerick, Limerick, Ireland
[2]Department of Pharmacy, University Hospital Limerick, Limerick, Ireland
[3]Department of Dermatology, University Hospital Limerick, Limerick, Ireland

Aims:
Calcinosis Cutis (CC) is a descriptive term for the deposition of insoluble calcium salts in the cutaneous and subcutaneous tissue. While frequently seen in adults with connective tissue disorders, CC is extremely rare in the paediatric population, with few reports published worldwide. In neonates it is almost exclusively iatrogenic, caused by the rapid precipitation of calcium salts in the skin, following intravenous calcium supplementation. Calcinosis Cutis lesions are characterized by firm nodules within the dermis or subcutis and constitute a significant diagnostic challenge due to their infrequent incidence.

Methods:
We present a case of a 25-day-old boy who developed Calcinosis Cutis lesions at post-cannulation sites following multiple intravenous Calcium Gluconate infusions received for treatment of severe hypocalcaemia two weeks prior. Hypocalcaemia was multi-factorial, due to transient hypoparathyroidism, hypomagnesaemia, low vitamin D levels and history of maternal gestational diabetes. The clinical suspicion of CC was confirmed on X-Rays of the affected sites, which identified calcium deposits in the subcutaneous tissue. There are currently no diagnostic and therapeutic guidelines for management of Calcinosis Cutis, hence appropriate treatment was informed by published international case reports. While in most cases spontaneous resolution of lesions over 3 to 6 months is described, topical preparations of Sodium Thiosulphate were also shown to be effective in facilitating symptom resolution and were used in this case, given the added risk of recurrent infection in an infant.

Results:
Clinical review of the lesions one week later revealed reduction in size by one third. As the topical preparation is not readily available, the 10% Sodium Thiosulphate ointment was prepared with the help of local pharmacists.

Conclusion:
This is the first reported case of neonatal Calcinosis Cutis in Ireland, which aims to provide diagnostic and therapeutic guidance to other physicians who may encounter this condition in clinical practice.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 200
Sub-Speciality

AN AUDIT OF THE MANAGEMENT OF NON-CF BRONCHIECTASIS IN PATIENTS ATTENDING A TERTIARY REFERRAL CENTRE IN IRELAND.

N Abdullah[1], F Healy[2]

[1]Paediatric Respiratory Medicine, CHI/Temple Street Hospital, Dublin, Ireland
[2]Paediatric Respiratory Medicine, CHI/Temple Street Hospital, Dublin, Ireland

Aim:
To evaluate if management strategies of children with non-CF bronchiectasis, attending the Respiratory Clinic at Children's Health Ireland (CHI)/ Temple Street (TS) aligns with latest international standards; the European Respiratory Society (ERS) guidelines for management of children with non-CF bronchiectasis [1].

Methodology:
A retrospective chart review was performed, between April and July 2025, to analyze the management of patients with non-CF bronchiectasis attending CHI at TS compared to the latest ERS guidelines. The six parameters assessed included: 1) Diagnostic test. 2) Airway clearance technique (ACT). 3) Mucoactive agents use. 4) Antibiotics use (for treatment of acute exacerbation, eradication of *P. aeruginosa*, and prophylaxis). 5) Outpatient clinics follow up. 6) Vaccination.

Results:
Fifteen patients with non-CF bronchiectasis were identified. CT thorax was performed in 100% (n=15) of patients to confirm the diagnosis. 80% (n=12) of patients were on regular ACT and received regular follow up with a paediatric-trained respiratory physiotherapist. 80% (n=12) were using regular hypertonic saline nebulizer, which was preceded by inhaled bronchodilator in 73.33% (n=11). Nebulized rhDNase was used by 38.46% (n=5) during pulmonary exacerbations. 73.33% (n=11) of patients had exacerbation in the last two years with 90.9% of them (n=10) treated according to the guidelines. 26.67% (n=4) of patients had *P. aeruginosa* colonization, and all of them (100%) had received the standard eradication treatment, while only 46.67% (n=7) were on prophylactic antibiotic. 93.3% (n=14) of patients had clinic visit every 3-6 months. Pulmonary function test was performed regularly in 83.3% (n= 10/12). Routine sputum samples were collected in 66.67% (n=10), and vaccination advice was followed in 66.67% (n=10).

Conclusion:
This study demonstrates that the current management of children with non-CF bronchiectasis at CHI/ TS met the recommended standard for diagnosis, but had variable degrees of compliance with treatment standards. Quality improvement initiatives are planned including feedback from this audit and a targeted education programme.

1. Chang AB, Fortescue R, Grimwood K, et al. European Respiratory Society guidelines for the management of children and adolescents with bronchiectasis. Eur Respir J 2021; 58:2002990.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 201
Sub-Speciality

ASTHMA EDUCATION IN PEDIATRIC RESPIRATORY CLINICS – A 3-MONTH AUDIT OF PRACTICE AGAINST GINA STANDARDS

M Ahmad, L Perrem

[1]Paediatrics Respiratory, Childrens Health Ireland at Tallaght, Dublin, Ireland

Authors:
Dr. Muaz Ahmad (NCHD, Paediatric Respiratory Medicine)
Dr. Lucy Perrem, Consultant Paediatric Respiratory Medicine

Background:
Asthma education is central to good management and is recommended by GINA for all children with asthma or prescribed inhalers. This audit evaluated the provision of asthma nurse (AN) education within our pediatric respiratory clinics.

Methods:
A retrospective review of 154 children with asthma was conducted at CHI @ Tallaght seen over 3 months was conducted. Data collected included diagnosis, inhaler status, management plan and asthma nurse education review and whether & when ANP education occurred.

Results:
Of 154 children with asthma, 127 (82%) were on inhalers and eligible for AN education. AN input was documented in 110 cases (87%). Same-day education occurred in 43 children (34%), while others were reviewed at a later date: 18 around clinic dates(14%), 8 within 6 months (6%), 32 (25%)within 1 year, and 9 after >2 years (7%). Twelve children had never received ANP education, and 5 cases remain under review. Among 71 children not seen by ANP on the same day, treatment was unchanged in 33, escalated in 15, de-escalated in 22, and one was newly started on inhalers without AN input.

Conclusions:
Although most children eventually accessed AN education, only one-third received it on the same day as their clinic, and a small number had no ANP involvement at all. Service adjustments and provisions, including rostering and recall systems, are needed to align with GINA standards.

Global Initiative for Asthma (GINA) 2024. Global Strategy for Asthma Management and Prevention. Available from: https://ginasthma.org

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 202
Sub-Specialty

ETIOLOGICAL INVESTIGATION OF DEVELOPMENTAL DELAY, AUTISM SPECTRUM DISORDER AND INTELLECTUAL DISABILITY – REVIEW OF DIAGNOSTIC YIELD OF GENETIC INVESTIGATIONS

G Balanica[1], E Curtis [1,3], D McDonald[1,3], J Balfe[1,3], A Mahony[1], A Collins[1], D Webb[2]

[1]Neurodisability, Children's Health Ireland (CHI) at Tallaght Hospital , Dublin, Republic of Ireland
[2]Neurology, Children's Health Ireland (CHI) at Tallaght Hospital , Dublin, Republic of Ireland
[3]Discipline of Paediatrics, Trinity College School of medicine, Dublin, Republic of Ireland

Text

Aims:

Neurodevelopmental disorders (NDDs), including autism spectrum disorder (ASD), developmental delay (DD), intellectual disability (ID), are clinically complex and genetically diverse. Advances in genomic technologies have improved diagnostic precision (1,2,3). This study evaluates adherence to international genetic testing guidelines and the diagnostic yield of genetic testing in a cohort of children with NDDs attending neurodisability and/or neurology clinics in Children's Health Ireland at Tallaght hospital.

Methods:

We retrospectively reviewed 231 children with NDDs referred to CHI Tallaght Hospital between October 2022 and August 2024. Data included demographics, referral sources, diagnostic categories, developmental regression, family history, results from Fragile X testing, chromosomal microarray (CGH), exome sequencing.

Results:

The cohort was predominantly male (67.96%). The mean age at first clinic appointment was 4.3 years. Diagnoses included ASD with/without ID (71.86%), DD (26.83%), ID without ASD (1.31%). Among those with ASD, 65.06% had ID, though severity was undocumented in 41.66% as they didn't have a cognitive assessment completed. Developmental regression was documented in 10.82%, epilepsy in 9.52%, and 35.49% had a relevant family history. 25.11% had an abnormal physical examination. Fragile X testing performed in 67.96% cases yielded no positive results. Chromosomal microarray, performed in all cases, had a 12.13% diagnostic yield. Exome sequencing performed in 12.55% cases had a 27.58% diagnostic yield. Parental testing offered in 14.71% cases had a 46.42% positive rate. Guideline adherence was 87.87%. Highest yield (14.6%) was in children with both regression and epilepsy.

Conclusion:

This cohort highlights the clinical diversity of NDDs and the value of targeted genetic testing. We adhere to the international genetic testing guidelines by performing chromosomal microarray and Fragile X testing as a first line of investigations. Diagnostic yield improves significantly when guided by clinical indicators such as regression, epilepsy, and family history. Exome sequencing showed strong diagnostic potential.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 203
Sub-Speciality

CASE STUDY: A CHILD WITH ASD AND UNDERLYING ALLERGIC DISORDERS

S Begum[1], M Kelleher[2]

[1]Paediatric Allergy, CHI Crumlin, Dublin, Ireland
[2]Paediatric Allergy, CHI at Crumlin, Dublin, Ireland

Text

Aims:

To review clinical significance of early diagnostic approach in autistic children with feeding disorders and history of food allergy.

Method:

Retrospective review of patient's medical chart demonstrating the evolution of clinical presentation and relevant investigations.

Case Discussion:

14month old boy was seen as 1st visit in allergy OPD following GP referral with suspected food allergy in context of previous history of allergic reaction to hummus and egg allergy. He was then already tolerated baked egg with avoidance of Walnuts, sesame, peas and egg due to positive signal in Skin prick test with No reported reaction to other food allergens (dairy, wheat, lentils, beans, white fish, peanut butter and almond milk), Subsequently diagnosed with Sesame allergy, egg Allergy, walnut sensitization and miild Eczema.

At 3years of age, had AON and diagnosed with Autism with developmental concern regarding sensory issues, struggle with self-regulation, tip toe walking with poor sleep hygiene and difficulties with toilet training.

During follow-up visit at 7years of age, he has outgrown of Egg allergy with Potentially resolved allergy to hazelnut, peanut , almond and lentils .There was no new allergic reaction as continued to avoid sesame, legumes, cashew and walnut.

He presented with new GI symptoms (Deliberate eater, frequent tendency to re chew food, Occasional vomiting and persistent difficulty around chewing foods.

Following review by gastroenterology team, he was diagnosed with Eosinophilic esophagitis following OGD and biopsy (showing eosinophilic infiltration of hyperplastic squamous mucosa).Prompt intervention with inhaled Fluticasone has resulted in significant improvement of dysphagia and discomfort associated with feeding.

Conclusion:

Children with ASD can develop tactile and oral defensiveness which can result in progressive food selectivity in context of behavioural feeding disorder. Whereas, EoE is a treatable condition with risk of symptoms(dysphagia/odynophagia) being masked due to ineffective communication in children with ASD and early intervention can definitely manage feeding difficulties to optimize nutrition.

References: 1.Amanda B Muir, Terri Brown-Whitehorn, Bridget Godwin & Antonella Cianferoni (2019) Eosinophilic esophagitis: early diagnosis is the key, Clinical and Experimental Gastroenterology, , 391-399, DOI:

10.2147/CEG.S175061 2.Heifert, T.A., Susi, A., Hisle-Gorman, E., Erdie-Lalena, C.R., Gorman, G., Min, S.B. and Nylund, C.M., 2016. Feeding disorders in children with autism spectrum disorders are associated with eosinophilic esophagitis. Journal of pediatric gastroenterology and nutrition, 63(4), pp.e69-e73. 3.Lima, R.V., Muniz, M.C.R., Barroso, L.L., Pinheiro, M.C.A., Matos, Y.M.T., Nogueira, S.B.R. and Nogueira, H.B.R., 2024. Autism in patients with eosinophilic gastrointestinal disease: A systematic review with meta-analysis. Pediatric Allergy and Immunology, 35(4), p.e14122.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 204
Sub-Speciality

PROLONGED LENGTH OF HOSPITAL STAY AND DELAYED DISCHARGES AMONG PATIENTS REFERRED TO CHILD PSYCHIATRY LIAISON SERVICES: A 5-YEAR RETROSPECTIVE ANALYSIS

L Bond[1, 2], Palavarapu [2], Gordon[2], Oketah[3], Moore [2], Barrett [2], McNicholas [2]

[1]Child and Adolescent Psychiatry, Children's Health Ireland, Dublin, Ireland
[2]Child and Adolescent Psychiatry, University College Dublin, Dublin, Ireland
[3]Paediatrics, Children's Health Ireland, Dublin, Ireland

Objective:
To identify factors contributing to prolonged length of hospital stay (LOS) and delayed discharges among children referred to Pediatric Consultation-Liaison Psychiatry Services in a tertiary pediatric hospital in Ireland.

Study design:
A 5-year retrospective chart review from April 2019 to May 2024 was conducted, examining demographic, clinical, and systemic data for patients with prolonged admissions (LOS > 30 days) and delayed discharges. Clinician perspectives were gathered through semi-structured interviews; thematic analysis was applied to qualitative data to identify key themes related to discharge barriers.

Results:
A total of 107 patients met criteria for prolonged LOS. Delays were most commonly attributed to systemic barriers, including limited access to inpatient psychiatric units and inadequate community-based support services, as well as patient-related factors such as complex psychiatric comorbidities (notably eating disorders and neurodevelopmental conditions). Clinician interviews highlighted additional themes, including resource constraints and challenges in discharge planning. Prolonged hospitalization for psychiatric reasons in medical wards was associated with significant strain on resources, delayed treatment, and increased safety concerns.

Conclusions:
Findings highlight the need for improved interagency collaboration, expanded access to psychiatric inpatient care, and the development of streamlined, resource-appropriate discharge pathways. Addressing these challenges is essential to reduce inappropriate hospital stays and improve outcomes for pediatric patients with mental health needs.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 205
Sub-Speciality

ASSESSMENT OF THE MANAGEMENT OF CHILDHOOD ABSENCE EPILEPSY AND THE REQUIREMENT FOR SPECIALISED NEUROLOGY INPUT.

N Carey[1], K Gorman[2]

[1]Emergency Department, Temple Street Children's Hospital, Dublin, Ireland
[2]Neurology Department, Temple Street Children's Hospital, Dublin, Ireland

Aims:
Childhood Absence Epilepsy (CAE) is a common paediatric epilepsy syndrome with well defined diagnostic criteria and management pathways. Treatment of this condition is generally straightforward and outlined in the BMJ Best Practice Guidelines for absence seizures. This audit aims to evaluate adherence to these guidelines in a tertiary children's hospital and to assess the frequency of unscheduled contacts with the neurology department. The goal was to determine if patients with CAE require frequent specialist neurology input or could be effectively managed within general paediatric services.

Method:
We conducted a retrospective audit of patients diagnosed with absence seizures by EEG at Temple Street Children's Hospital between 2022 to 2023. Patients diagnosed with CAE were included in the audit, while those with other epilepsy syndromes were excluded. Data was obtained from patient medical records focusing on diagnosis, medications, scheduled and unscheduled contacts, and reasons for contacting the neurology department. Management practices were compared to the BMJ Best Practice Guidelines for absence seizures.

Results:
56 patients were identified with absence seizures on EEG, 23 (46%) were diagnosed with CAE and included in the audit. 16 patients (70%) were treated with ethosuxamide, 6 (26%) were on valproic acid and 1 patient (4%) was on valproic acid and lamotrigine. The mean number of unscheduled contacts with the neurology department was 1.2 (Range 0-5), with 43% having no contact outside of scheduled appointments. Only 4 patients (17%) required medication changes during the audit period, due to ongoing seizures or medication side effects.

Conclusion:
Management of CAE at Temple Street Children's Hospital aligns with BMJ Best Practice guidelines. Most patients required minimal specialist input and remained on medications listed in the protocol, indicating CAE could be managed in a general paediatric setting. We recommend developing a Children's Health Ireland guideline outlining the management of CAE for paediatricians with clear referral criteria for specialist input.

Glauser, T.A. et al. (2010) 'Ethosuximide, valproic acid, and lamotrigine in childhood absence epilepsy', New England Journal of Medicine, 362(9), pp. 790–799. doi:10.1056/nejmoa0902014. Hirsch, E. et al. (2022) 'Ilae definition of the idiopathic generalized epilepsy syndromes: Position statement by the Ilae Task Force on nosology and definitions', Epilepsia, 63(6), pp. 1475–1499. doi:10.1111/epi.17236. Kessler, S.K. and McGinnis, E. (2019) 'A practical guide to

treatment of childhood absence epilepsy', Pediatric Drugs, 21(1), pp. 15–24. doi:10.1007/s40272-019-00325-x. Weisenberg, J.L.Z. (2023) Absence seizures, Absence seizures - Symptoms, diagnosis and treatment | BMJ Best Practice US. Available at: https://bestpractice.bmj.com/topics/en-us/115 (Accessed: January 2025).

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 206
Sub-Speciality

OUTCOMES IN D-TRANSPOSITION OF THE GREAT ARTERIES WITH INTACT INTERVENTRICULAR SEPTUM: A COMPARISON TWO ERAS IN PAEDIATRIC CARDIOLOGY

Dr Siobhan Coughlan[1], Dr Sinead Burke[1], Dr Martina Healy[2], Mr Jonathon McGuinness[3], Prof Terence Prendiville[1]

[1]Paediatric Cardiology, CHI Crumlin, Dublin , Rep. of Ireland
[2]Paediatric Intensive Care, CHI Crumlin, Dublin, Rep. of Ireland
[3]Paediatric Cardiothoracic Surgery, CHI Crumlin, Dublin, Rep. of Ireland

Background:
D-transposition of the great arteries (dTGA) is one of the most common types of cyanotic congenital heart disease, with an incidence of 1 in 3,596 Irish live births in 2022. Without treatment, approximately 50% of infants with dTGA with an intact interventricular septum (dTGA-IVS) die within the first month of life. Advances in antenatal diagnostics, neonatal care, surgical techniques, and perioperative management have substantially altered outcomes over the past three decades. Comparative analyses across eras can help delineate the impact of these changes.

Methods:
We performed a retrospective cohort study of patients born with dTGA-IVS in Ireland between 2009 and 2013, as well as those born between 2019 and 2023. Primary outcomes included antenatal detection, age at diagnosis, age at time of surgery, early mortality (≤30 days post-surgery) and overall survival. Secondary outcomes included length of stay in the intensive care unit, need for further surgical or catheter intervention and left ventricular systolic function at 1 year. Kaplan–Meier analysis and multivariable regression were used to compare survival between eras.

Results:
A total of 141 patients were included in the study; 86 in the earlier era and 55 in the later era. Between 2009 and 2013, 33 patients (38.4%) were diagnosed antenatally. This increased significantly between 2019 and 2023, where there was an antenatal diagnosis in 51 patients (92.7%). The median age at diagnosis was 1 day for both cohorts. The median age at surgery was 4 days in the earlier era and 5 days in the later era.

Conclusions:
Antenatal detection of dTGA-IVS in Ireland has improved over the past 15 years, with more than 90% of cases now identified antenatally. While age at diagnosis and timing of surgery remained stable, advances in perioperative care have contributed to improved survival and favourable short-term outcomes.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 207
Sub-Speciality

NAVIGATING THE TRANSITION: A PROSPECTIVE MIXED METHODS STUDY ON IMPACT OF PRIMARY TO SECONDARY SCHOOL TRANSITION ON DISEASE MANAGEMENT

LA Dockery[1], A McCaffrey[1], M Connolly[1], M Kelly-Conroy[1], O Neylon[1, 2], CS O Gorman[1, 2]

[1]Paediatrics, University Hospital Limerick, Limerick, Ireland
[2]School of Medicine, University of Limerick, Limerick, Ireland

Aims:
Type 1 Diabetes (T1D) is a chronic autoimmune disease requiring lifelong vigilance. As children transition from primary to secondary school, they face increasing demands for disease autonomy amid reduced caregiver and school-based supports. There is very little research thus far into the effect of this school transition on T1D management.
The aim of this study is to identify challenges in care during this transition period by directly liaising with children and their caregivers, using the strengths and weaknesses described to develop age-appropriate autonomy supports co-produced with those who it aims to serve.

Methods:
This prospective mixed methods study looks at two cohorts of children, pre and post primary school transition and their parents/guardians at the University of Limerick paediatric department. Qualitative questionnaires were used and chart data pertaining to comorbidities, insulin regime, age, duration of diagnosis and socio-economic grouping. Thirty-six children/caregivers were recruited.

Results:
Anxiety around increased disease autonomy required in secondary school and gaps in school supports post-transition have been identified as major issues for T1D children and families. Decreased school supports and lack of disease awareness by school staff were identified by 90% of those interviewed. Parents and children have identified strengths within the UHL framework of care and highlighted the need to support this transition period.

Conclusion:
The transition between primary and secondary school is a vulnerable time for young people with T1D and requires increased disease autonomy at a time of much developmental and psycological change. By analysing this transition period, teams and families with T1D, can respond to and meet the needs of the young person as they transition to a new school system. With ever-increasing focus on improved glycaemic control, it is important to recognise and collaboratively mitigate against disimprovements in care, occurring at times of stress due to predictable life events such as transition to a new school system.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 208
Sub-Speciality

GLYCAEMIC CONTROL IN 2024 – ARE WE IMPROVING AND MEETING OUR TARGETS IN MRHP?

Dr. Andrew Dore, Mr. Adam Dickinson cCNS, Ms. Siobhán McCann cANP, Ms. Lorraine Kelly Dietetics, Dr. Paul Gallagher
Department of Paediatrics, Midland Regional Hospital Portlaoise

Aims:
There has been significant effort to improve the diabetes service in Midlands Regional Hospital Portlaoise over the last decade, with increasing number of patients utilising insulin pumps. We compared current glycaemic control to that of 2019 [1].

Methods:
We conducted a retrospective review of our electronic diabetes database for the 121 paediatric diabetes patients in 2024. Point of care HbA1c data was compiled on an excel spreadsheet categorised into those on pumps, MDI with CGM and MDI with no technology. The 27 cases diagnosed within the previous year were excluded. Thus the average HbA1c levels of 94 patients in the past year were reviewed.

Results:
The total 94 patients had a mean HbA1c of 61.5, median 58. Of the 61 (65%) patients using insulin pumps, mean Hba1c was 58.9, median 57. MDI CGM comprised 31 (33%) patients and mean HbA1c 66.0, median 62. MDI without technology included 2 patients (2%), where mean HbA1c was 66.2.
The percentage of patients meeting the target Hba1c of 53 was 24.5%. Patients using insulin pumps achieved the target in 27.9%, and CGM patient in 19.4%

Conclusions:
24.5% of our patients are now meeting the ISPAD targets compared to 15% in 2019. Furthermore, mean HbA1c for the clinic has improved from 64 to 61.5 and median HbA1c from 62 to 58. Interestingly, the mean HbA1c for pump patients has remained static at around 58. However, 65% of our patients are now on pumps (from 36%), with less conservative criteria now being applied for pump initiation.
A significant improvement in the HbA1c is noted since 2019. With the development of a new ANP pathway for children with HbA1c 58-69, the diabetes service in MRHP continues to strive to further improve glycaemic outcomes for children with T1DM.

References

1. “New Pumps, Better Choice And Better HbA1c“ Howard-James N, Geraghty L, Gallagher P 2019

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 209
Sub-Speciality

AUDIT OF ADHERENCE TO HSE PAEDIATRIC T1DM NATIONAL CLINICAL GUIDELINE "ANNUAL REVIEW AND CO-MORBIDITY SCREENING" MRHP 2025

AD Dore[1], SMcC McCann[1], AD Dickinson[1], PG Gallagher[1]

[1]Paediatric Diabetes, Department of Paediatrics, Midland Regional Hospital Portlaoise, Portlaoise, Ireland

Aims:
Specific screening for complications such as nephropathy, retinopathy, neuropathy and macrovascular disease is recommended in the HSE National Clinical Practice Guideline (CPG) annual review and co-morbidity screening in Paediatric Type 1 Diabetes [1].
This audit aims to assess adherence to the national CPG within a random cohort of T1DM patients attending clinic to identify areas of compliance and opportunities for quality improvement.

Methods:
We retrospectively audited 31 random charts from a total of 3 paediatric diabetes OPDs between April 2025 and July 2025 with approval from the Quality & Patient Safety Dept. We collected anonymised data on demographics, clinical measurements, physical examination and relevant investigations, recorded on Microsoft Excel. Patients were then analysed in 2 groups, aged under 11 and over 11.

Results:
Height, weight and blood pressure were recorded in 100% of cases. Injection sites were examined in the past year in all but 1, and pump/ sensor sites in all but 2 patients. IgA/ TTG and TFTs were checked in 93.5% of patients in the last 2 years. Lipids were checked in 86.9% of children over 11 in the past 3 years. Annual retinopathy screening was performed in 86.9% children over 11.
Foot examination was documented in 47.8% of children over 11 in the past year. Pubertal status was noted in only 30.4% of patients in the usual age ranges during which puberty would be expected.

Conclusions:
Our audit globally reveals excellent adherence to protocol with regards clinical measurement, injection site examination, blood tests, retinopathy and microalbuminuria screening. We have identified foot examination and pubertal staging as areas for improvement.

Notable improvements since a similar departmental audit in 2016 included retinopathy, dyslipidaemia, thyroid function, injection site and neuropathy screening [2]. Our NCHD clinic checklist was updated to ensure lipids are screened every 3 years (previously 5 years) for children over 11.

1. O' Grady et al, M. (2024) HSE National Clinical Guideline Annual review and co-morbidity screening in Paediatric Type 1 Diabetes, https://www2.healthservice.hse.ie/files/216/. Available at: https://www2.healthservice.hse.ie/files/216/ (Accessed: 03 June 2025). 2. Geraghty, L. (2016) AN AUDIT OF OUR ADHERENCE TO ISPAD GUIDELINES IN THE MANAGEMENT OF CHILDREN WITH DIABETES IN A SECONDARY CARE CENTRE. rep.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 210
Sub-Speciality

GUIDELINE FOR THE USE OF ONDANSETRON IN ISOLATED VOMITING IN THE EMERGENCY DEPARTMENT

M Farooq[1], P Tormey[2]

[1]Neonatology, National Maternity Hospital, Dublin, Ireland
[2]Emergency Department, Children's Health Ireland, Dublin, Ireland

Aim:
This guideline aims to provide evidence-based recommendations for the safe and appropriate use of ondansetron in children presenting to the emergency department (ED) with isolated vomiting, (vomiting without diarrhoea) in the ED.. The objective is to optimize symptom control while ensuring that serious underlying diagnoses are not overlooked.

Methods:
A review of current literature, a questionnaire completed by more than 15 CHI Paediatric Emergency Medicine consultants, and clinical practice were undertaken, focusing on ondansetron use beyond acute gastroenteritis. Key references included studies evaluating its safety in non-gastroenteritis cases, risk of masking critical conditions, and outcomes following ondansetron use in head injury. Red flag criteria were identified across neurological, cardiac, systemic, gastrointestinal, and age-related domains to guide clinicians in differentiating benign from serious causes of vomiting.

Results:
Ondansetron has demonstrated efficacy in reducing vomiting episodes and ED revisit rates in gastroenteritis, but its broader use in undifferentiated vomiting requires caution. Evidence indicates that symptomatic improvement after administration does not reliably exclude serious conditions such as appendicitis, intussusceptions, or intracranial injury. Studies show delayed diagnoses may occur irrespective of ondansetron use, highlighting the importance of careful clinical reassessment. In head injury, ondansetron use did not increase missed clinically important traumatic brain injuries when guided by clinical red flags, though repeat vomiting after treatment is associated with higher revisit rates. Patient safety is optimized when ondansetron is reserved for children actively vomiting, accompanied by vigilant monitoring and clear discharge advice.

Conclusion:
Ondansetron remains a valuable supportive therapy in paediatric ED care but should never replace thorough diagnostic evaluation. Its use must be individualized, with senior input in the presence of red flags. Careful clinical judgment, safety-netting, and patient education are essential to prevent delayed recognition of serious conditions.

1 https://pubmed.ncbi.nlm.nih.gov/22344213/ Ondansetron use in the pediatric emergency room for diagnoses other than acute gastroenteritis 2 https://pubmed.ncbi.nlm.nih.gov/36696025/ Diagnosis of Serious Conditions Delayed in Association with Ondansetron Treatment for Vomiting in the Pediatric Emergency Department 3 https://pubmed.ncbi.nlm.nih.gov/31835245/ Should ondansetron use be a reason to admit children with isolated, nondisplaced, linear skull fractures? 4: Sturm J.J., Simon

H.K., Khan N.S., Hirsh D.A. The use of ondansetron for nausea and vomiting after head injury and its effect on return rates from the pediatric ED. Am. J. Emerg. Med. 2013;31(1):166-172. doi:10.1016/j.ajem.2012.07.002 6. Ondansetron use in pediatric emergency room for diagnosis other than acute gastroenteritis Sturm J.J., Pierzchala A., Simon H.K., Hirsh D.A. Ondansetron use in the pediatric emergency room for diagnoses other than acute gastroenteritis. Pediatr. Emerg. Care 2012;28(3):247-250. doi:10.1097/PEC.0b013e3182494d87 7: https://pubmed.ncbi.nlm.nih.gov/35560301 Cyclic Vomiting Syndrome in the Emergency Department: A 10-Year Review of Clinical Presentation and Management. 8. Katsaras G.N., Tsaprouni T., Binou M., Voulloumanou E., Kottorou D., Gkerle Z. Cyclic vomiting syndrome in an adolescent girl. A case report. Cogent Medicine 2016;3(1):no pagination. doi:10.1080/2331205X.2016.1265203 Cyclic vomiting syndrome in an adolescent girl. A case report 9: Management of post-traumatic headaches in children and adolescents Kacperski J., Arthur T. Management of post-traumatic headaches in children and adolescents. Headache 2016;56(1):36-48. doi:10.1111/head.12737

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 211
Sub-Speciality

DIABETES AND DEPRIVATION INDEX; ASSESSMENT OF CHANGES OVER TIME IN CONTROL AND THERAPEUTICS

H. Gleeson[1,2], **J. Foran[2]**, A. McCaffrey[2], C.S O'Gorman[2]

[1]School of Medicine, University Limerick, Limerick, Ireland
[2]Paediatric Diabetes Service, University Hospital Limerick, Limerick, Ireland

Aims:
To assess how differences in socioeconomic status are related to diabetes control and access to/uptake of therapeutics over time.

Method:
Data was extracted from a chart review of all patients under the active care of University Hospital Limericks (UHL) paediatric diabetes service from 2024 to 2025. Data was cross referenced with the 2022 Pobal HP Deprivation Index. Paired and multivariate panel analysis was performed to relate glycaemic control (HbA1c and Time in Range [TIR]), diabetic ketoacidosis (DKA), treatment regimen and deprivation.

Results:
218 patients with data were analysed. Average HbA1c rose for those from the most deprived areas, 0.21% (p=0.19) while other groups fell -0.01% to -0.30%. TIR also disimproved for the most deprived group, -4.51% (p=0.13), while improving for all other groups (+0.05% to +1.77%). Rates of DKA fell dramatically across all groups from 2024 to 2025. The proportion of patients in the most deprived group using insulin pump therapy increased from 40% to 42.5%, usage for the least deprived increased from 59.1% to 63.6%. In panel analysis, the primary explanatory factor for change in HbA1c between 2024 and 2025 was commencement of insulin pump therapy leading to a fall in HbA1c of -1.2% (p<0.01). Once insulin regimen was accounted for, there was no statistically significant difference between deprivation groups. HbA1c for those on pump therapy was 1.00% (p<0.01) lower than non-pump therapy in 2024 and 0.95% (p<0.01) lower in 2025.

Conclusions:
Average glycaemic control showed an overall improvement in this cohort with the exception of those from the most deprived areas. Differences in access to and uptake of pump therapy exist and are the most important contributory factor to glycaemic control differences. This study suggests potential value from an exploration into factors affecting pump access and uptake in lower socioeconomic groups and potential additional resource allocation to address these.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 212
Sub-Speciality

FIRST NEONATAL PRESENTATION OF ISOVALERIC ACIDAEMIA IN IRELAND: A CASE REPORT

B Fox[1], C Brown[1], M Elsammak[1], JJ Brady[1], AA Monavari[1], R Boruah[1]

[1]Metabolic Department, Temple Street Children's Hospital, Children's Health Ireland, Dublin, Ireland

Aims:
To report a first neonatal case of isovaleric acidaemia (IVA) in Ireland, a rare autosomal recessive defect of leucine metabolism, and highlight diagnostic, therapeutic, and follow-up challenges[1,2].

Methods:
An ex-full-term infant presented on day six of life with poor feeding, hypotonia, hypothermia and bradycardia. Blood gas analysis showed metabolic acidosis with high anion gap. Ammonia was 436 µmol/L, rising to 1718 µmol/L despite scavenger therapy, necessitating continuous veno-venous haemofiltration (CVVH). Acylcarnitine analysis in dried bloodspots and urine organic acids suggested IVA, confirmed by whole exome sequencing and skin fibroblast enzyme assay[1,2].
Neurological assessment revealed encephalopathy without seizures. Brain MRI and MR spectroscopy showed mild, non-specific abnormalities. The patient developed transient hyperinsulinism and pancytopenia requiring red cell and platelet transfusions. Cardiac and ophthalmologic evaluations were unremarkable.
Management included a protein-restricted diet using breast milk, leucine-free and protein-free formulas with micronutrients, vitamins and minerals, supplemented with L-carnitine and glycine. Natural protein intake was increased in response to ammonia levels. The patient required intubation for six days due to hyperammonaemic encephalopathy. Multidisciplinary teams including metabolic, dietetics, speech and language therapy, endocrinology, and haematology coordinated care, with ongoing monitoring and therapy adjustment.

Results:
The patient stabilised following CVVH and dietary management. Neurological activity improved, and metabolic control was achieved. Hyperinsulinism resolved before discharge. The infant was discharged home at five weeks with follow-up in specialist clinics. Genetic counselling confirmed both parents as carriers of pathogenic IVD variants, and monitoring for metabolic stability and hematologic indices was arranged. At last review before this report, development was age appropriate.

Conclusion:
This case illustrates the severe neonatal presentation of IVA with hyperammonaemia and encephalopathy. Early diagnosis and intervention, including scavengers, haemofiltration and dietary management, were lifesaving. Inclusion of organic acidaemias in newborn screening in Ireland may prevent delayed recognition and worsening outcomes[3].

1. Ensenauer R, Vockley J, Willard JM, Huey JC, Sass JO, Edland SD, et al. A common mutation is associated with a mild, potentially asymptomatic phenotype in patients with isovaleric acidemia diagnosed by newborn screening. Am J Hum Genet. 2004;75(6):1136-42. 2. Grünert SC, Wendel U, Lindner M, Leichsenring M, Schwab KO, Vockley J, et al.

Clinical and neurocognitive outcome in symptomatic isovaleric acidaemia. Orphanet J Rare Dis. 2012;7:9. 3. Schlune A, Riederer A, Gramer G, Wendel U, Mayatepek E, Ensenauer R, et al. Aspects of newborn screening in isovaleric acidaemia. Int J Neonatal Screen. 2018;4(1):7.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 213
Sub-Speciality

CASE REPORT OF THYROID HORMONE TRANSPORTER MONOCARBOXYLATE TRANSPORTER 8 (MCT8) DEFICIENCY

M Gilcreest[1], K Hennessy[1], D Pereira[2], E Carolan[1]

[1]Endocrinology , CHI @ Temple Street, Dublin, Ireland
[2]Neurodisability, CHI @ Temple Street , Dublin, Ireland

Aim:
To describe case presentation, diagnosis and management of MCT8 deficiency in an 18 month old boy.

Methods:
Review of patient records and published literature on MCT8 deficiency.

Results:
This case presented to a neurodevelopmental clinic at 14 months with a history of delayed motor milestones and central hypotonia. He was born at term following an uncomplicated pregnancy.

An MRI Brain was performed and demonstrated delayed myelination. Biochemical investigations including thyroid function tests were undertaken and demonstrated a low T4 level 10.8pmol/L (RR 11-21), mildly raised TSH 5.45mU/L (RR 0.1-4.8) and raised serum T3 7.6pmol/L (RR2.6-6.0). Genetic testing confirmed MCT8 deficiency and he was commenced on Tiratricol (Triac) treatment with close endocrine and neurodevelopmental follow up.

MCT8 deficiency is a genetic disorder characterized by a clinical spectrum of severe intellectual and motor disability due to cerebral hypothyroidism with peripheral symptoms of thyrotoxicosis. It occurs due to a defect in the thyroid hormone transporter monocarboxylate transporter 8 (MCT8).

MCT8 plays a crucial role in the transport of thyroid hormone across the blood-brain barrier. (1) It has a characteristic thyroid profile with elevated plasma T3 levels, low T4 levels and normal or slightly elevated TSH with a high T3:T4 ratio. (2)

Aim of treatment is to improve neurocognitive phenotype while managing peripheral thyrotoxicosis. The thyroid hormone analogue Triac can be used to reduce the peripheral thyrotoxicosis in patients and may improve the neurocognitive phenotype when treatment is initiated early in life.

Conclusion:
MCT8 deficiency is a rare cause of X linked neuro-developmental delay with characteristic clinical and biochemical findings. There are potential treatment options which may improve outcomes if commenced early in life. This case highlights the importance of performing thyroid function tests as part of initial diagnostic work up in children with abnormal neurodevelopment.

1. van Geest FS, Gunhanlar N, Groeneweg S, Visser WE. Monocarboxylate Transporter 8 Deficiency: From Pathophysiological Understanding to Therapy Development. Front Endocrinol (Lausanne). 2021;12:723750. 2. Grijota-Martinez C, Barez-Lopez S, Gomez-Andres D, Guadano-Ferraz A. MCT8 Deficiency: The Road to Therapies for a Rare Disease. Front Neurosci. 2020;14:380.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 214
Sub-Speciality

CARDIAC PHENOTYPES AND INTERVENTIONS IN 22Q11.2DS: INSIGHTS FROM A NORTHERN IRELAND COHORT

L Holleran[1,2], A Aulakh[2], C Ryan[2], B McCrossan[2], F Casey[2]

[1]General Medicine, Mayo University Hospital, Castlebar, Ireland
[2]Department of Pediatric Cardiology, Royal Belfast Hospital for Sick Children, Belfast, United Kingdon

Aims:
22q11.2 deletion syndrome (22q11.2DS) is the most common microdeletion syndrome and presents with a broad phenotype, frequently including congenital heart disease (CHD)[1]. A 2020 study reported that 22q11.2 deletions/amplificatons are the second highest cause of CHD ranging from simple to complex defects[2]. We aimed to characterise cardiac phenotypes in individuals with 22q11.2DS in Northern Ireland, to inform paediatric service planning in the region.

Methods:
we reviewed clinical records of 80 individuals with confirmed 22q11.2DS born between 1988 and 2024. CHD was identified from documented cardiac diagnosis, details of interventions (surgery and catheterisations) were extracted from medical records and the HeartSuite cardiac database. Lesions were grouped anatomically according to clinical reporting.

Results:
CHD prevalence was 81.3% (65/80). Among those with CHD, 72.3% (47/65) underwent cardiac surgery. Catheterisations occurred in 43% (28/65, range of 1 to 4 catheterisations per patient). There were a total of 4 recorded deaths in the cohort, with all 4 occurring in the CHD subgroup. The most frequent lesion reported was right sided arch (n=17), Tetrology of Fallot (TOF) with double outlet right ventricle (DORV, n=16), and TOF with absent pulmonary valve (n=4). Co-occurrence of cardiac lesions occurred in 47.7% (31/65) of the cohort having 2 or more lesions. The most frequent pairings recorded were right sided arch with aberrant left subclavian artery (n=5), and right sided arch with TOF or DORV (n=5).

Conclusion:
In this regional 22q11.2DS cohort, CHD affected four in five children, and carried a high interventional burden (surgery 72.3%, and catheterisation 43%). Conotruncal anaomalies dominated the spectrum of defects, and often co-occurred with other major lesions. These findings support early, coordinated cardiac evaluation and multidisciplinary care for all individuals with confirmed 22q11.2DS. They also make a compelling case for an all-Ireland registry of 22q11.2DS phenotypes to support research, standardise pathways and ultimately improve clinical outcomes.

References 1. McDonald-McGinn, D. M., Sullivan, K. E., Marino, B., Philip, N., Swillen, A., Vorstman, J. A. S., Zackai, E. H., Emanuel, B. S., Vermeesch, J. R., Morrow, B. E., Scambler, P. J., & Bassett, A. S. (2015). 22q11.2 deletion syndrome. Nature Reviews Disease Primers, 1, 15071. 2. Hou, H.-T., Chen, H.-X., Wang, X.-L., Yuan, C., Yang, Q., Liu, Z.-G., & He, G.-W. (2020). Genetic characterisation of 22q11.2 variations and prevalence in patients with congenital heart disease. Archives of Disease in Childhood, 105(4), 367–374.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 215
Sub-Speciality

A RARE CASE OF MOSAIC TRISOMY 21 AND TRISOMY 18 IN A CHILD WITH COMPLEX NEURODISABILITY

N Iqbal[1], A O'Mahony[2]

[1]Paediatric Neurodisability, CHI@Tallaght, Dublin, Ireland
[2]Paediatric Neurodisability, CHI@Tallaght, Dublin, Ireland

Text

Aim:
To present a rare and challenging case of a child diagnosed with combined chromosomal abnormalities of mosaic Trisomy 21 and Trisomy 18, highlighting the neurodevelopmental and multidisciplinary complexities of care, and to describe our approach to emergency care planning.

Methods:
We retrospectively reviewed patient records and clinical notes from our Neurodisability Department. The child, a 5.5year old, young female, was assessed in the community clinic at Enable Ireland Wicklow on 30th September 2025 under the care of the Neurodisability team at CHI Tallaght. Clinical, genetic, and developmental findings were collated. The parents were counselled in detail regarding an emergency care plan, with follow-up arranged for finalisation.

Results:
The child presented with global developmental delay, hypotonia, dysmorphic features, and multiple congenital comorbidities. Genetic testing confirmed dual mosaic Trisomy 21 and Trisomy 18, an extremely rare combination associated with significant morbidity. Clinical management required input from multiple specialties including neurodisability, cardiology, respiratory medicine, and allied health professionals. A detailed emergency care plan was discussed with parents to ensure anticipatory guidance and safe acute management, particularly in the event of seizures, respiratory distress, or cardiac decompensation. Parents were provided with written guidance and time to consider the proposed plan, with follow-up scheduled to finalise their wishes.

Conclusion:
This case demonstrates the complexity of managing a child with concurrent Trisomy 21 and Trisomy 18, a combination seldom reported in the literature. Coordinated multidisciplinary input and clear anticipatory emergency planning are crucial for optimising quality of life and supporting families in decision-making.
Acknowledgement

We thank the multidisciplinary team involved in the child's care.

1. Morris JK, Alberman E, Mutton D, Jacobs P. Cytogenetic and epidemiological findings in Down syndrome: England and Wales 1989–1993. J Med Genet. 1999;36(1):9-13. 2. Stoll C, Dott B, Roth MP, Alembik Y. Associated congenital anomalies among cases with trisomy 18 or trisomy 13. Am J Med Genet Part A. 2016;170(4):938-946.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 216
Sub-Speciality

INDICATIONS AND DIAGNOSTIC YIELD OF GENETIC TESTS IN CHILDREN WITH NEURODISABILITY

S. Jawed[1], M. Mobarak[2], L. Gibson[3], Z. Yusuf[3]
1. Paediatric Registrar, Cork University Hospital. Cork
2. Fellow in Paediatric Neurodisability, Cork University Hospital. Cork.
3. Consultant Paediatric Neurodisability, Cork University Hospital. Cork.

Introduction

Neurodisability affects an estimated 8.4 % of children under 5 worldwide. The aetiology is heterogeneous; however, evolving research and wider availability of genetic testing increasingly enable identification of causative mutations, guiding long-term management. This study aimed to evaluate the indications for genetic testing and the associated diagnostic yield in children with neurodisability attending two Paediatric Neurodisability Consultants at Cork University Hospital in 2023–2024.

Methods

Patient names and hospital MRNs were obtained from the Genetics Laboratory in CHI Crumlin and from CeGaT for tests requested by Dr Zaheera Yusuf and Dr Louise Gibson in 2023–2024. Medical records were reviewed retrospectively to determine indications for genetic testing and outcomes. Data were analysed using SPSS v31.0.

Results

A total of 198 patients underwent genetic testing between January 2023 and December 2024. Of these, 167 patient records were accessible and included for analysis. Nine patients had results pending at the time of data collection, and 22 records could not be retrieved as the patients attended off-site community clinics.

The most common indication for genetic testing was neurodivergence with a family history of neurodevelopmental disorders, accounting for 47.9% of cases (n=80). Most pathogenic mutations were detected in patients with family history of neurodevelopment disorder (35.6%), followed by those with hearing loss (11.1%). CGH Microarray and Fragile X testing were the most frequently requested investigations, comprising 74.1%of tests performed.

Whole exome sequencing was specifically helpful in seven cases where CGH microarray was normal, including one diagnosis of Coffin-Siris Syndrome and one CHRNA7 gene mutation, and five variants of uncertain significance. Out of total 65 detected mutations, 17 identified mutations were Variants of Uncertain Significance (VUS), while 48 were clinically significant pathogenic mutations

Conclusion

Genetic testing showed a high diagnostic yield in children with neurodisability and a positive family history—an indication not traditionally highlighted. Findings support CGH microarray genetic testing when family history of NDD is present, alongside continued use of Fragile X and exome sequencing to enhance diagnostic accuracy.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 217
Sub-Speciality

ASSESSMENT OF BMI MEASUREMENTS IN PAEDIATRIC SPINA BIFIDA OUTPATIENTS

JB John[1,2], ZY Yusuf

[1]Paediatrics , Cork university Hospital , Cork, Ireland
[2]Paediatrics , Cork University Hospital , Cork, Ireland

Aims:
Children with spina bifida are at increased risk of abnormal growth, particularly obesity, which predisposes to chronic conditions such as cardiovascular disease, type 2 diabetes, sleep apnoea, and musculoskeletal disorders.Although Body Mass Index (BMI) is not a perfect measure, it remains a practical and accessible tool for early detection of abnormal weight trends and timely intervention. This project aimed to assess the frequency of BMI recording, growth monitoring, and completion of key nutritional blood tests in paediatric spina bifida patients over a two-year period, to evaluate current practice and identify areas for service improvement.

Methods:
A retrospective review was conducted of electronic health records for all children with spina bifida attending Cork University Hospital clinics betweebalan June 2023 and June 2025 (n=90). Data were extracted from clinic letters and laboratory systems. Variables included weight, height, BMI (normal/high/low), nutritional blood tests, dietitian and physiotherapy referrals, and sleep-study outcomes. Descriptive statistics were used for analysis.

Result:
BMI was recorded in 91% of patients, with 71% in the normal range, 16% obese, and 4% underweight. BMI was slightly higher in females(18%) than males(14%), while underweight rates were similar between groups.Height and weight were documented in 87% and 93% of cases, respectively. Vitamin D was measured in 78% of patients, with 24% deficient. HbA1c and lipid profiles were performed in 69% and 67%, with abnormal results in 8% and 6%. Only 13% underwent sleep studies, of which 33% were abnormal. Referrals were made to a dietitian in 22% and to a physiotherapist in 17%.

Conclusion:
While BMI monitoring rates are high, significant gaps remain in nutritional screening, sleep studies, and referral pathways. Likely contributing factors include multi-site care, limited allied-health access, and difficulties in assessing growth in children with complex needs. Recommendations include a standardised annual blood panel, electronic clinic prompts,and streamlined referral processes, with re-audit planned in 1–2 years.

https://www.spinabifidaassociation.org/guidelines/ https://pmc.ncbi.nlm.nih.gov/articles/PMC5810807/ https://www.researchprotocols.org/2024/1/e52779/

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 218
Sub-Speciality

I

NCIDENCE OF CLABSI IN IRISH CHILDREN ON LONGTERM PN - A COMPREHENSIVE QUALITY ASSURANCE REVIEW OF CLABSI EVENTS AT CHI CRUMLIN

BJ Joseph[1], AM Moffett[1], AB Bryce-Smith[1], BB Bourke[1]

[1]Gastroenterology, Childrens Health Ireland Crumlin, Dublin, Ireland

Aims:
The prevalence of central line-associated bloodstream infections (CLABSI) in total parenteral nutrition (TPN)dependent children poses a substantial health economic burden in terms of need for diagnostic services, treatment pathways and management of comorbidities. CHI Crumlin hosts the Intestinal Failure/ Home PN service for Irish Children. The aim of this study was to provide an updated description CLABSI and assess temporal trends in CLABSI Irish children with IF on HPN in the period 2011 to 2024.

Methods:
A retrospective review was conducted on 13 TPN-dependent pediatric patients with central venous catheters (CVCs), covering 110 patient-years. Data collected included demographics,catheter types, CLABSI episodes, antibiotic treatments, and use of antibiotic locks.

Results:
Results indicate a downward trend in CLABSI incidence, with 4 true cases reported in 2021 and only 1 in 2024. Use of a single port exclusively for TPN correlated with fewer severe CLABSIs requiring line removal. Adherence to hospital protocols appeared effective in reducing infection rates, as hospital-acquired infections were lower compared to community cases. Peripheral blood culture contamination was a concern, particularly with Staphylococcus epidermidis, highlighting the need for careful sampling. The use of teicoplanin locks in suspected CLABSI cases was associated with reduced hospital stays and fewer line removals. Methicillin-resistant Staphylococcus aureus (MRSA) infections were more severe, often necessitating line removal, whereas Enterococcus faecalis infections tended to be milder. Vancomycin locks successfully prevented line removal in all treated cases. Staphylococcus aureus remained a predominant pathogen linked to prolonged antibiotic courses. Most lines treated with tazocin or meropenem/vancomycin were salvaged, while teicoplanin use correlated with higher line removal rates.

Conclusion:
These findings underscore the importance of targeted antibiotic strategies and protocol adherence in reducing CLABSI incidence and improving outcomes in TPN-dependent children.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 219
Sub-Speciality

PATIENT, DISEASE, AND CLINICAL PROFILE OF ADOLESCENTS AND YOUNG ADULTS WITH CANCER TRANSITIONING FROM CHILDREN'S TO ADULT HEALTHCARE ENVIRONMENTS

R Keane[1,2], P McCarthy[1], S Alken[1], N Cullinan[1], C Besani[1,3], O Smith[1]

[1]Haematology and Oncology, Children's Health Ireland at Crumlin, Dublin, Ireland
[2]Paediatrics, Tipperary University Hospital, Clonmel, Ireland
[3]Clinical Psychology, Children's Health Ireland at Crumlin, Dublin, Ireland

Aims:
The current Irish system for transition of adolescents and young adults with cancer from children's to adult healthcare environments is largely individualised. Dedicated systematic transition pathways have been recognised as the gold-standard of care for AYAs. Investigating the requirements for a dedicated transition pathway is pivotal to ensuring all Irish AYAs receive the gold-standard of care. This study aimed to assess these requirements through the development of a rich dataset detailing the Irish transitioning cohort.

Methods:
251 charts were reviewed to compile an anonymised data-set of patients who transitioned from CHI in 2018, 2019, 2022, 2023. 20 charts were excluded due to benign pathology (n=11) and insufficient data on transition (n=9). A complete data-set, including demographics, diagnoses, clinical course, treatments, transition locations, documented fertility treatment and psychology services attended, was recorded. Anonymised patient data was then collated onto Microsoft Excel Version 16.97.2 and R for analysis and production of figures.

Results:
Coded, anonymised data was abstracted from 231 patient charts (2018 n=56; 2019 n=54; 2022 n=55; 2023 n=66). The cohort consisted of 43.3% females (n=100) and 56.7% males (n=131). Age at diagnosis ranged from 3 months to 18 years, with one patient diagnosed antenatally. Mean age of diagnosis of primary malignancy (antenatal diagnosis excluded) was 9.28 years (SD 4.812 years). Those diagnosed over the age of 15 years constituted 15.58% (n=36) of the cohort. The dataset documents disease type, county of origin, treatments received, progress of disease in terms of relapses, and fertility treatments. It details the complexities of transition in terms of the number of services attended by patients pre-transition and transition destinations.

Conclusion:
This study resulted in the development of a rich dataset detailing the Irish transitioning cohort which is an important tool in delivering the gold standard of care to Irish AYAs.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 220
Sub-Speciality

NEEDS, CONCERNS, AND EXPECTATIONS: A NARRATIVE RESEARCH STUDY ON ADOLESCENTS AND YOUNG ADULTS WITH CANCER TRANSITIONING FROM CHILDREN'S TO ADULT HEALTHCARE ENVIRONMENTS

R Keane[1,2], P McCarthy[1], S Alken[1], C Besani[1,3], G Murphy[1,3], O Smith[1]

[1]Department of Haematology and Oncology, Children's Health Ireland at Crumlin, Dublin, Ireland
[2]Department of Paediatrics, Tipperary University Hospital, Clonmel, Ireland
[3]Department of Clinical Psychology, Children's Health Ireland at Crumlin, Dublin, Ireland

Aims:
The current Irish system for transition of adolescents and young adults with cancer from children's to adult healthcare environments is largely individualised. Dedicated systematic transition pathways have been recognised as the gold-standard of care for AYAs. Investigating the requirements for a dedicated transition pathway is pivotal to ensuring all Irish AYAs receive the gold-standard of care. This study aimed to assess these requirements through the lived experiences and self-reported needs, concerns, and expectations of Irish AYAs.

Methods:
One-to-one interviews with AYAs pre-transition were completed alongside clinic appointments. Interviews were transcribed and anonymised. Transcripts were analysed using thematic analysis and NVivo software.

Results:
Interviews were completed on nine AYAs pre-transition. Thematic analysis of one-to-one interviews with AYAs pre-transition identified factors deemed important for transition such as Continuity of Care, Familiar Faces, Peer Support, and Age-Appropriate Clinical Spaces. It also identified an emerging theme that AYAs do not self-identify as "Sick", however, accept the need for ongoing medical care. Patient's described a wish to decentralise care at the point of transition to minimise the disruption of clinic appointments on day-to-day life.

Conclusions:
This study gathered information on the requirements for a transition pathway for Irish AYAs, informed by patient's self-described needs, concerns, and expectations. The information gathered in this study should be considered in the planning of such a pathway.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 221
Sub-Speciality

A SCOPING REVIEW: CHILD AND ADOLESCENT MENTAL HEALTH ADMISSIONS TO ACUTE PAEDIATRIC WARDS IN IRELAND

KM Keenan[1, 2], E Jones[2], S McDonald[2], C OGorman[3, 4], E Barrett[1, 2]

[1]St Francis Clinic, CHI @ Temple Street, Dublin, irl
[2]School of Medicine, University College Dublin, Dublin, irl
[3]Department of Paediatrics, University Hospital Limerick, Limerick, irl
[4]School of Medicine, University of Limerick, Limerick, irl

Aims:
Mental health (MH) admissions to acute paediatric wards are increasing globally, yet in Ireland, their true scale remains poorly quantified due to a lack of national data collection. 15 of the 18 acute paediatric units in Ireland lack access to dedicated liaison psychiatry teams, while numerous children and young people (CYP) face multimodal barriers to accessing child and adolescent mental health services (CAMHS) in the community. This study aimed to clarify current national acute psychiatric care provisions for children and adolescents, investigate the prevalence of MH admissions to acute paediatric wards, and sample paediatricians views and experiences in treating CYP with primary MH concerns.

Methods:
A retrospective mixed methods cross-sectional survey was engaged to gather data from each of the 18 paediatric units. Four one week sample timepoints were chosen. Data was analysed using IBM SPSS 27.

Results:
Responses were gathered from all sites surveyed, 100% response rate. CYP admitted with a primary MH concern accounted for up to 6% of total admissions.
100% (N=18) of Consultant Paediatrician clinicians perceived an increase in MH admissions to acute paediatric units in recent years.
91.67% of Consultant Paediatricians (n=11) disagreed that their team currently receive adequate training regarding management of mental illness.
94.44% of Consultant Paediatricians (n=17) indicated that clinical care for these vulnerable young people experiencing mental illness could be improved.

Conclusions:
These findings emphasise a rapidly growing demand for MH care within acute paediatric units in Ireland, at a time when clinicians are reporting gaps in training and education regarding child and adolescent mental illness. This mismatch of rising patient needs and healthcare preparedness underscores a need for enhanced training, expansion of child and adolescent liaison psychiatry teams nationally, and national data collection to inform sector planning and ensure that these CYP receive care appropriate to their level of clinical need.

Ward JL, Vázquez-Vázquez A, Phillips K, Settle K, Pilvar H, Cornaglia F, et al. Admission to acute medical wards for mental health concerns among children and young people in England from 2012 to 2022: a cohort study. Lancet Child Adolesc Health.

2025;9(2):112–20. Vázquez-Vázquez A, Smith A, Gibson F, Roberts H, Mathews G, Ward JL, et al. Admissions to paediatric medical wards with a primary mental health diagnosis: a systematic review of the literature. Arch Dis Child. 2024;109(9):707–16. Oketah N, Sewell V, Barrett E. Knowledge and training needs of paediatric trainees in mental health. Ir Med J. 2021;114(3)294-302.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 222
Sub-Speciality

AN ANALYSIS OF E-SCOOTER INJURIES RESULTING IN TRAUMATIC BRAIN INJURY

D Kelly[1], D Crimmins FRCS[2]

[1]School of Medicine, University of Galway, Galway, Ireland
[2]School of Medicine, University College Dublin, Dublin, Ireland

Aims:
E-Scooters are a recently introduced form of transportation which have shown a growing accident rate in studies conducted in Ireland. This study aims to identify the proportion of Traumatic Brain Injuries (TBI) caused by e-scooter accidents that presented to Temple Street Children's Hospital, as well as to identify shared patient demographics and outcomes.

Method:
This is a retrospective analysis of all patients that presented to Temple Street with an injury that required admission under the neurosurgical team from the 1st of January 2025 to the 30th of June 2025 and whether the injury suffered was due to an e-scooter accident. Datapoints measured included the patient's age, sex, length of stay, helmet use, speed travelling at time of accident, injuries suffered, surgical interventions required, and long-term outcomes among others.

Results:
There were 56 patients admitted under the neurosurgical team to Temple Street Children's Hospital for TBIs in this timeframe. 23.2% (n=13) of those patients were as a result of accidents from e-scooter use. 46.2% (n=6) of those who had e-scooter accidents required neurosurgical intervention for their injuries. The mean length of stay was 7.7 days. 100% of these patients were male, with a mean age of 12.8 years. 84.6% (n=11) were noted to have not been wearing a helmet. All injuries were suffered from falling whilst using the e-scooter, as there were no multi-vehicle accidents. Documented speed ranged from 15-65 km/hr.

Conclusion:
This study displays that e-scooter accidents make up a significant proportion of paediatric TBIs that require neurosurgical care, causing significant injuries to this cohort and increased strain on the healthcare staff. This illustrates that current legislation is not sufficient in safeguarding the paediatric population of Ireland from the dangers of e-scooters, and that further education is required around safety measures or even prohibition of their use.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 223
Sub-Speciality

SEE IT, TREAT IT: RECOGNISING IFOSFAMIDE-INDUCED ENCEPHALOPATHY IN CHILDREN

S Kerins[1], C Galvin[1], S Alken[1], N Cullinan[1]

[1]National Children's Cancer Service, Children's Health Ireland at Crumlin, Dublin

Aims:
Ifosfamide is a key alkylating agent in paediatric chemotherapy protocols with a potentially life-threatening complication of neurotoxicity. Ifosfamide-induced encephalopathy (IIE) is reported in up to 30% of adults, occuring less commonly in children (<10%)[1]. Treatment involves ifosfamide discontinuation, administration of methylene blue alongside intravenous fluids, close monitoring and management of complications. Literature in the paediatric cohort remains limited, with subtle early warning signs and variable clinical presentations noted. Uncertainty exists regarding recurrence risk with methylene blue prophylaxis. As many paediatric trainees outside tertiary oncology centres rarely encounter IIE, prompt recognition and intervention may be delayed. We present two contrasting cases to add to the sparse paediatric evidence base and to emphasise practical teaching points for junior doctors.

Methods:
We retrospectively reviewed the clinical course of two paediatric oncology patients who developed IIE at our tertiary centre, noting presenting features, timing, severity, and response to methylene blue.

Results:
Patient A tolerated her first ifosfamide cycle without difficulty. She developed mild, self-limiting neurocognitive symptoms during Cycle 2. On the third cycle, she developed severe encephalopathy requiring methylene blue treatment. Her fourth cycle was tolerated with prophylaxis.
Patient B experienced acute encephalopathy during her first cycle, necessitating methylene blue treatment. Despite prophylaxis during her second cycle, she suffered recurrent IIE with seizures.These cases illustrate the variable clinical course of IIE. For both patients, rapid recognition and timely administration of methylene blue were central to recovery. The second case highlights the limitations of prophylaxis.

Conclusion:
IIE in children is rare, unpredictable, and can escalate rapidly from subtle neurocognitive changes to seizures and severe encephalopathy. Methylene blue administration is effective but does not guarantee protection against recurrence. These cases underline the importance of maintaining high clinical vigilance throughout ifosfamide therapy and provide practical teaching points for paediatric trainees: early recognition and urgent treatment are critical to patient safety.

1. A. Torchia et al. A Narrative review on diagnosis and treatment of Ifosfamide-induced encephalopathy, the perspective of a EURACAN reference center for sarcomas. Frontiers in Pharmacology. 2025;16. doi:10.3389/fphar.2025.1512966 2. Analysis of the clinical characteristics of pediatric patients who experience ifosfamide-induced encephalopathy. Ide Y, Yanagisawa R, Kubota N, Sakashita K, Tozuka M, Nakamura T, Honda T. Pediatr Blood Cancer. 2019;66:0. doi: 10.1002/pbc.27996.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 224
Sub-Speciality

UNEXPECTED INTRAOPERATIVE DISCOVERY OF MÜLLERIAN STRUCTURES IN A 6-YEAR-OLD MALE: A CASE OF PERSISTENT MÜLLERIAN DUCT SYNDROME WITH A PATHOGENIC AMHR2 VARIANT

S. Khan[1], E. Mohamed[1], P. Zmuda[1], N. Brindley[2], T. Connelly[3], O. Neylon[1]

[1]Department of Paediatrics, University Hospital Limerick, Limerick, Ireland
[2]Department of Surgery, Children's Health Ireland, Crumlin, Dublin, Ireland
[3]Department of Surgery, University Hospital Limerick, Limerick, Ireland

PMDS is a rare form of XY-DSD in which Müllerian structures are present in phenotypically and karyotypically normal males. We report a case of a6-year-old boy with left inguinal hernia repair,presented with abdominal pain,a reducible right inguinal hernia and hydrocele.Intraoperative findings revealed an atypical gonad and fallopian tube-like structure in the hernia.Genetic analysis identified compound heterozygous mutations in the **AMHR2** gene,one known pathogenic and the other 'tepid' for pathogenicity. This case highlights the importance of considering disorders of sex development (DSDs) in paediatric patients with atypical hernia presentations.

Introduction:
PMDS is a rare autosomal recessive disorder in which individuals with a46XY karyotype and normal male phenotype retain Müllerian structures(uterus,fallopian tubes)due to defects in either the anti-Müllerian hormone(AMH) or its receptor,AMHR2 [1,2] .The syndrome is typically discovered incidentally during surgical exploration for inguinal hernia or undescended testes [3,4].Mutations in the **AMH** or **AMHR2** genes disrupt the regression of the Mülleriaducts during fetal development despite otherwise normal male differentiation [5].Here,we report a rare case of PMDS discovered during elective hernia surgery in a healthy6-year-old male with a confirmed AMHR2 gene mutation.

Discussion:
PMDS is a rare condition with fewer than300 reported cases worldwide[4].It is typically discovered incidentally during procedures for inguinal hernia or cryptorchidism in children with an otherwise male phenotype and a46,XY karyotype [3,6].This patient's presentation was classic in that Müllerian structures were unexpectedly discovered during routine hernia surgery.Although postoperative ultrasound did not detect Müllerian remnants, this is not uncommon, as imaging may lack sensitivity for intra-abdominal structures in pre-pubertal children [8].Mutations in **AMHR2** impair the regression of Müllerian ducts during foetal development,even if AMH is produced in normal amounts [2,5,7].The risk of malignancy in undescended testes and Müllerian remnants,while low, is higher than in the general population and warrants consideration for regular follow-up or even prophylactic removal in some cases [10,11].Psychosocial support and endocrinological follow-up will be important as the patient approaches puberty, particularly in addressing fertility and hormonal development.

1.Josso N, Rey R, Picard JY. Anti-Müllerian hormone: a valuable addition to the toolbox of the pediatric endocrinologist. Int J Endocrinol. 2013;2013:674105. 2.Belville C, Josso N, Picard JY. Persistence of Müllerian derivatives in males. Am J Med Genet. 1999;89(4):218–23. 3.Gupta DK, Kanojia RP, Sharma S. Persistent Müllerian duct syndrome: a rare entity with a rare presentation. J Pediatr Surg. 2004;39(10):e17–e19. 4.Picard JY, Cate RL, Racine C, Josso N. The persistent Müllerian duct syndrome: an update based upon a personal experience of 157 cases. Sex Dev. 2017;11(3):109–125. 5.Imbeaud S, Faure E, Trinh XB, et al. A 27 base-pair deletion in the anti-Müllerian type II receptor gene is the most frequent cause of persistent Müllerian duct syndrome.

Hum Mol Genet. 1996;5(9):1269–1277. 6.Rey RA, Grinspon RP. Normal male sexual differentiation and aetiology of disorders of sex development. Best Pract Res Clin Endocrinol Metab. 2011;25(2):221–238. 7..Picard JY, Belville C, Carré-Eusèbe D, Cate RL, Josso N. The persistent Müllerian duct syndrome: an update based upon a personal experience of 157 cases. Sex Dev. 2007;1(1):61–75. 8.Bacchetta J, Mure PY, Berthezene F, et al. Clinical and imaging features of persistent Müllerian duct syndrome. Pediatr Radiol. 2008;38(6):602–605. 9.Dekker HM, de Jong TPVM, Sanders J, et al. Persistent Müllerian duct syndrome. Radiographics. 2003;23(1):309–313. 10.Yadav R, Gupta DK, Sharma S. Seminoma in persistent Müllerian duct syndrome: a rare presentation. J Indian Assoc Pediatr Surg. 2006;11(3):173. 11.Farikullah J, Ehtisham S, Nappo S, Patel L, Hennayake S. Persistent Müllerian duct syndrome: lessons learned from managing a series of eight patients over a 10-year period and review of literature regarding malignant risk from the Müllerian remnants. BJU Int. 2012;110(11):E1084–E1089.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 225
Sub-Speciality

A TWIST IN TIME: AUDIT OF COMPLIANCE WITH GIRFT PATHWAY AND EUROPEAN GUIDELINES IN MANAGEMENT OF PAEDIATRIC TESTICULAR TORSION

ML Lohan[1], AK Kazi[1], NMcC McCullagh[1], MK Kitt[1], KL Lal[1], WK Khan[1], KB Barry[1], MO'N O'Neill[2], IZK Khan[1]

[1]General Surgery, Mayo University Hospital, Castlebar, Ireland
[2]Paediatrics, Mayo University Hospital, Castlebar, Ireland

Aims:
This audit examines four key aspects of testicular torsion management based on the European Association of Urology (EAU) guidelines and GIRFT (British) pathway: (1) the use of preoperative ultrasound and its potential to delay surgical intervention; (2) the timeliness of surgical exploration; (3) the performance of contralateral orchidopexy in confirmed cases; and (4) the adequacy of postoperative follow-up.

Methods:
This retrospective study reviewed data from the Hospital Inpatient Enquiry (HIPE) office at Mayo University Hospital for paediatric patients aged 2-16 who presented with acute testicular pain between 1 April 2012 and 1 April 2025. Medical records - including admission notes, operative reports, follow-up documentation, and relevant ultrasound imaging (via NIMIS) were analysed. The purpose of this multimodal data extraction was to determine whether the clinical management of each case met the recommended standards outlined in the EAU and GIRFT guidelines.

Results:
A total of 112 patients presented with acute-onset testicular pain. Of these, 84 met inclusion criteria; 28 were excluded. Testicular torsion was confirmed in 30 patients (35%) via ultrasound or surgical exploration, while 54 cases (65%) had alternative diagnoses including epididymitis, trauma, and varicocele. Mean age was 12.6 years. The left testis was more frequently affected, and presentations peaked during the spring months.

Conclusion:
This study found that preoperative ultrasound was associated with a potential delay in surgical intervention in 33% of torsion cases. Timely surgical exploration (within 60 minutes of decision to operate) was achieved in 60% of cases. However, prophylactic contralateral orchidopexy was performed in only 27% of confirmed torsion cases. Finally, 70% of patients received postoperative follow-up, either locally, with the operating surgeon, or through tertiary urological services in Galway or Dublin.

Getting It Right First Time: Children and Young People: Testicular Torsion Pathway February 2024 European Association of Urology. EAU Guidelines on Paediatric Urology 2025. Arnhem, The Netherlands: European Association of Urology; 2025. Chair: Radmayr C; Vice-chair: Bogaert G; Panel members: Bujons A, Burgu B, Castagnetti M, et al. Page 27-30

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 226
Sub-Speciality

GENETIC WHISPERS IN PULMONARY SHADOWS

S Malik[1], JR Awan[2], A O'Brien[2]

[1]Department of Neonatology , Rotunda Hospital , Dublin, Ireland
[2]Department of Respiratory Medicine , University Hospital Limerick , Limerick, Ireland

Introduction / Aims:

We describe a rare case of a 16-year-old male who developed acute chest pain during air travel, which led to the discovery of a cystic lung lesion. The case highlights the importance of distinguishing between pneumothorax and pulmonary cysts / bullae especially in high-altitude scenarios and also treatment follow up and family screening for pleuropulmonary blastoma.

Methods / Case Description:

The patient developed sudden right-sided chest pain mid-flight on a transatlantic journey to the United States, prompting an emergency landing. On chest radiograph (CXR), a large lucency in the right hemithorax was initially suggestive of pneumothorax. However, on closer review, the lesion had characteristics more consistent with an enlarging bullae. A chest tube was not inserted.Subsequent CT imaging confirmed a large cystic lesion, without evidence of pleural detachment or air-fluid level, consistent with a non-communicating pulmonary cyst. The lesion was believed to have expanded due to reduced cabin pressure at high altitude.

Results:

The patient eventually underwent bullectomy. Histology showed simple cyst with fibrous walls, and cuboidal lining. No increased cellarity or cytologic atypia.Genetic testing confirmed a pathogenic DICER1 mutation, establishing the diagnosis of DICER1 Tumour Predisposition Syndrome (Type 1r Pleuropulmonary Balstoma)

Conclusion / Learning Points:

Accurate differentiation between pneumothorax and cystic lesions is critical. Inserting a chest tube into a cyst can cause rupture, prolonged air leak, or infection. High-altitude air pressure changes can trigger acute symptoms in pre-existing cystic lung lesions. Type 1r PPB, though benign, may be the first clinical sign of DICER1 syndrome, warranting genetic counselling. Family members should be offered genetic screening, and patients require long-term surveillance for other DICER1-associated tumours.

1. Hill DA, Ivanovich J, Priest JR, et al. DICER1 mutations in familial pleuropulmonary blastoma. Science. 2009 Aug 21;325(5943):965. https://doi.org/10.1126/science.1174336 2. Messinger YH, Stewart DR, Priest JR, et al. Pleuropulmonary blastoma: A report on 350 central pathology-confirmed pleuropulmonary blastoma cases by the International Pleuropulmonary Blastoma Registry. Cancer. 2015 Nov 15;121(22):276–85. https://doi.org/10.1002/cncr.29649

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 227
Sub-Speciality

BILATERAL ILIAC SUBPERIOSTEAL HAEMATOMAS FOLLOWING EQUESTRIAN TRAUMA IN AN 11-YEAR-OLD GIRL:
A RARE PAEDIATRIC PRESENTATION

CM Martin

[1]Orthopaedics , UHG, Galway, Ireland

Aims:
Subperiosteal haematomas (SPH) of the iliac bone are a rare presentation, with this being one of few reported cases of bilateral iliac SPH.

Method:
This report highlights the case of an 11-year-old girl who presented with lower back pain and bilateral lower limb weakness two days after a fall from a horse, raising red flags for serious spinal pathology. Initial radiographs were unremarkable, but MRI revealed bilateral iliac SPH, larger on the right, with partial involvement of the obturator internus. These haematomas likely contributed to the patient's symptoms through compression of nearby structures.

Results:
SPH of the iliac bone is an uncommon diagnosis, usually linked to blunt trauma or avulsion mechanisms in paediatric patients, given the loose attachment of the periosteum in this age group. Conservative management with NSAIDs was effective, and follow-up imaging demonstrated significant resolution of the haematomas.

Conclusion:
This case underscores the importance
of cross-sectional imaging for diagnosing unusual causes of post-traumatic back and pelvic pain in children, especially when symptoms suggest neurological involvement.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 228
Sub-Speciality

MUCOPOLYSACCHARIDOSIS TYPE VI: A CASE SERIES AND REVIEW

C. MATHEW[1], E. LOSTY[1], E. CRUSHELL[1], A. MONAVARI[1], M. ELSAMMAK[1], I. KNERR[1]

[1]national Centre For Inherited Metabolic Diseases, Children's Health Ireland At Temple Street, Dublin, Ireland

Aims:
To assess the natural history of mucopolysaccharidosis type VI (MPS VI) and the effect of enzyme replacement therapy on disease progression.

Methods:
This was an ethically approved retrospective case series conducted at Children's Health Ireland (CHI) at Temple Street reviewing the paediatric patient cohort of MPS VI in Ireland currently known to the National Center for Inherited Metabolic Disorders (N.C.I.M.D) located in CHI at Temple Street. Inclusion criteria were live patients with a genetically confirmed diagnosis of MPS VI. Data sources included patient charts (physical and electronic), lab results and radiological images. A datasheet was created on Microsoft Excel, and the fields were populated with pertinent data. Following data collection, the data set was irrevocably anonymised and stored on an encrypted file only accessible on CHI Temple Street hospital computers. Informed consent was attained for all patients.

Results:
Four patients were included in the study. All patients were diagnosed before three years of age with a range of two months and three years. Presenting features included coarse facial features, broad ribs on chest x ray, upper airway issues, corneal clouding, umbilical hernias, sensorineural hearing loss and mild motor delay. All patients were commenced on enzyme replacement therapy (E.R.T.) with galsulfase before six years of age. Glycosaminoglycans/creatinine ratio at time of diagnosis ranged between 29.2 and 159 mg/mmol creatinine compared to a range of 12.8 to 26 mg/mmol creatinine following one year of E.R.T.. Two of the patients had documented hyper intensities noted on MRI brain however these resolved after one year of E.R.T..

Conclusion:
This retrospective case series assessed all MPS VI patients currently known to the N.C.I.M.D., mapping their clinical progression and outcomes following initiation of enzyme replacement therapy.

1. D'Avanzo, F., Zanetti, A., De Filippis, C., & Tomanin, R. (2021). Mucopolysaccharidosis Type VI, an updated overview of the disease. International Journal of Molecular Sciences, 22(24), 13456. 2. Leiro, B., Phillips, D., Duiker, M., Harmatz, P., & Charles, S. (2021). Mucopolysaccharidosis type VI (Maroteaux-Lamy syndrome): defining and measuring functional impacts in pediatric patients. Orphanet Journal of Rare Diseases, 16(1), 500. 3. Harmatz, P., Hendriksz, C. J., Lampe, C., McGill, J. J., Parini, R., Leão-Teles, E., ... & MPS VI Study Group. (2017). The effect of galsulfase enzyme replacement therapy on the growth of patients with mucopolysaccharidosis VI (Maroteaux-Lamy syndrome). Molecular Genetics and Metabolism, 122(1-2), 107-112. 4. Litjens, T., & Hopwood, J. J. (2001). Mucopolysaccharidosis type VI: Structural and clinical implications of mutations in N-acetylgalactosamine-4-sulfatase. Human mutation, 18(4), 282-295. 5. Tomanin, R., Karageorgos, L., Zanetti, A., Al-Sayed, M., Bailey, M., Miller, N., ... & Hopwood, J. J. (2018). Mucopolysaccharidosis type VI (MPS VI) and molecular analysis: review and classification of published variants in the ARSB gene. Human mutation, 39(12), 1788-1802. 6. Brunelli, M. J., Atallah, Á. N., & da Silva, E. M. (2021). Enzyme replacement therapy with galsulfase for mucopolysaccharidosis type VI. Cochrane Database of Systematic Reviews, (9). 7. Gomes, D. F., Gallo, L. G., Leite, B. F.,

Silva, R. B., & da Silva, E. N. (2018). Clinical effectiveness of enzyme replacement therapy with galsulfase in mucopolysaccharidosis type VI treatment: Systematic review. Journal of inherited metabolic disease, 1-11. 8. Akyol, M. U., Alden, T. D., Amartino, H., Ashworth, J., Belani, K., Berger, K. I., ... & MPS Consensus Programme Co-Chairs Giugliani Roberto Harmatz Paul Hendriksz Christian Scarpa Maurizio. (2019). Recommendations for the management of MPS IVA: systematic evidence-and consensus-based guidance. Orphanet journal of rare diseases, 14(1), 137. 9. Huang, L., Wu, J., Tang, B., Wu, J., Wei, F., Li, H. Q., ... & Hong, X. (2025). Efficacy of different treatment strategies in patients with mucopolysaccharidosis: a systematic review and network meta-analysis of randomized controlled trials. Orphanet Journal of Rare Diseases, 20(1), 211. 10. Oussoren, E., Bessems, J. H., Pollet, V., van der Meijden, J. C., van der Giessen, L. J., Plug, I., ... & Langeveld, M. (2017). A long term follow-up study of the development of hip disease in Mucopolysaccharidosis type VI. Molecular Genetics and Metabolism, 121(3), 241-251.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 229
Sub-Speciality

TETANUS PROPHYLAXIS IN PAEDIATRIC EMERGENCY CARE: A QUALITY IMPROVEMENT AUDIT OF VACCINE AND IMMUNOGLOBULIN USE

N Muhamad[1], P Chang[2], L Byrne[3], K Tedford[4], S Farrelly[5], D Hall[1]

[1]Emergency Department, CHI at Crumlin, Dublin, Ireland
[2]Emergency Department, CHI at Temple Street, Dublin, Ireland
[3]Emergency Department, CHI at Tallaght, Dublin, Ireland
[4]School of Pharmacy and Biomolecular Sciences, RCSI, CHI at Crumllin, Ireland
[5]Pharmacy Department, CHI at Crumlin, Dublin, Ireland

Aims:
To evaluate adherence to national guidelines for tetanus vaccine and immunoglobulin (TIG) administration in children presenting with tetanus-prone wounds across all four CHI emergency departments and urgent care centres, and to identify areas for improvement in the management of these wounds.

Methods:
A retrospective audit of 133 clinical records of children who received tetanus booster and/or TIG over a 12-month period. Data collected included patient demographics, wound type and risk classification, vaccination status and the specific treatment administered. Compliance rates, instances of overtreatment, and undertreatment were examined to identify gaps in practice.

Results:
Overall wound classification accuracy across the four sites was generally high, although performance dropped for high-risk wounds, where accuracy was only 83.3%. Of the 133 children included, 84% received a tetanus vaccine, 9% were given TIG only, and 7.5% received both vaccine and TIG. Correct prophylaxis, defined as management fully consistent with NIAC guidelines, was uncommon and achieved in only 2–15% of cases. Inappropriate prophylaxis was identified at all hospitals, with between 15% and 42% of children receiving an incorrect tetanus-containing vaccine for their age.
The most striking finding, however, was the very high rate of overtreatment. More than half of children were given unnecessary prophylaxis, most frequently those who were already fully vaccinated and did not require any additional vaccine or TIG. Undertreatment was also observed, particularly among children with no or unknown vaccination status, where failure to provide the full recommended prophylaxis left them inadequately protected.

Conclusion:
Most children with tetanus-prone wounds did not receive guideline-concordant prophylaxis. Both over- and undertreatment were identified, highlighting significant variation in practice. To close the audit loop, a new CHI-wide guideline is in development. This will be implemented with staff education and a patient information leaflet, and its impact will be measured in a prospective re-audit.

National Immunisation Advisory Committee. (2022, October). Chapter 21: Tetanus. Health Information and Quality Authority. UK Health Security Agency. (2022, June 6). Tetanus: the green book, chapter 30. Immunisation against infectious disease.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 230
Sub-Speciality

PREVALENCE OF SKIN REACTIONS TO GLUCOSE SENSORS AND ITS MANAGEMENT STRATEGIES

M Al- Abdulsalam[1], N Muhamad[1], M Hussein[2], D Cody[1]

[1]Endocrinology Department, CHI at Crumlin, Dublin, Ireland
[2]General Paediatrics, CHI at Crumlin, Dublin, Ireland

Aims:
To assess the prevalence, characteristics and management of skin reactions in children and adolescents using glucose sensors for diabetes care.

Methods:
We conducted a prospective cross-sectional survey of children and adolescents with diabetes attending a tertiary care centre. Participants (n=193) completed a structured, self-administered questionnaire on their experiences with glucose sensor-related skin reactions, including type, timing, severity and management strategies employed. Data were collected in Microsoft Excel and analysed descriptively.

Results:
Overall, 53% of participants reported a history of skin reactions to glucose sensors, with only 20% having pre-existing allergies. Most reactions (74%) occurred within the first week of sensor wear. The Dexcom G7 was most frequently associated with skin reactions (40%), while Guardian 4 sensors were most commonly linked to insertion-related issues such as bleeding, pain, or haematoma. Redness was the predominant reaction (91%), followed by scarring in 30% of cases. The adhesive part of the sensor was the commonest site reported (70%). Notably, 10% of those experiencing reactions discontinued sensor use, highlighting the clinical relevance of skin complications. Nevertheless, 60% identified effective self-management strategies, with moisturisers (24%) and barrier creams/sprays/swabs (18%) being the most frequently used interventions.

Conclusion:
Skin reactions to glucose sensors are common in paediatric diabetes care and represent an important factor influencing long-term adherence. Early recognition and timely management can mitigate complications and support continued device use. Practical interventions, particularly moisturisers and barrier methods, should be promoted as first-line strategies. Further research is warranted to standardise preventive protocols and reduce discontinuation rates.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 231
Sub-Speciality

MEDIA COVERAGE OF YOUTH SOCIAL MEDIA USE BEFORE AND AFTER THE NETFLIX SERIES 'ADOLESCENCE': A CONTENT ANALYSIS OF PUBLIC DISCOURSE IN THE UK AND IRELAND

L Bond[1, 2], JZ Ong[2], **A Natin[2]**, N Lally[1,2], F McNichoas[1,2]

[1]Children's Health Ireland Crumlin
[2]University College Dublin Dublin

Aim:
This presentation examines how news media coverage of youth social media use in the UK and Ireland evolved before and after the release of the critically acclaimed Netflix drama "Adolescence" in March 2025. The release of "Adolescence" catalysed a marked surge in news coverage linking social media to youth risk, with particular emphasis on toxic masculinity, incel culture, and mental health concerns. Media reporting serves not just to inform but to shape public fears, societal debates, and policy actions, sometimes amplifying stigma or driving urgent institutional change.

Methods:
The research analysed articles from top news sites in both countries during two timeframes: three months prior to and following the series release. Quantitative measures assessed article tone, recommendations for youth social media use and responsibility attribution. Qualitative thematic analysis explored language, narratives, and emergent frames.

- News articles addressing youth and social media more than doubled post-release, with a significant shift toward negative and alarmist tones, especially in the UK.
- Toxic masculinity and incel culture emerged as core themes, referenced in over half of post-Netflix articles (vs just 12% previously).
- Irish media was more balanced, while UK outlets were more negative and alarmist.
- Vulnerable cohorts were referenced with increasing frequency, particularly in articles with personal narratives.
- More than 90% of articles recommended restrictions such as age checks and screen time limits, with a notable post-Netflix rise in calls for outright bans and support programmes.
- Responsibility for youth safety online shifted post-release away from tech companies toward families, schools, and policymakers.
-

Conclusion:
he study highlights how media can rapidly reframe public debate with headlines and personal stories shifting the narrative toward risk, restriction, and urgent action. The findings underscore the importance of balanced reporting, avoiding alarmist frames that may drive stigma or silence youth perspectives, and advocating for evidence-based, inclusive policy responses to challenges in the digital age.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 232
Sub-Speciality

QUALITY OF LIFE OF CHILDREN ON EGG AND MILK LADDERS: A CROSS-SECTIONAL STUDY

JN Naude, CC Cronin, AOB O'Brien, AG Gallagher, MC Cremin, SH Hurley, JT Trujillo

[1]Paediatrics and Child Health, Cork University Hospital, Cork, Ireland

Aim:
The aim of this study was to assess the quality of life (QOL) of children diagnosed with IgE-mediated milk and egg allergies and their parents. Food allergies impact QOL in both groups, but successful progression through milk and egg ladders can improve outcomes1.

Methods:
This cross-sectional pilot study was conducted at Cork University Hospital between April and July 2025. Children with IgE-mediated cow's milk protein and/or egg allergy commencing the milk/egg ladders were recruited. Parents completed the validated Food Allergy Quality of Life – Parent Form (FAQLQ-PF)2, assessing child QOL across three domains: emotional impact (EI), food anxiety (FA), and social/dietary limitations (SDL). Parental QOL was evaluated in domains including risk perception, worry, and stress. Responses were scored on a 0–6 Likert scale.

Results:
Sixteen children were enrolled: 13 on the egg ladder, 1 on the milk ladder, and 2 on both. The cohort included 10 males (62.5%) and 6 females (37.5%) with a mean age at diagnosis of 12.3 months (IQR 8–12.5). Children's QOL scores were low overall (median 0–1), with the greatest impact in SDL, where 12.5% of responses were rated 'severe'. EI was least affected, with 73% of responses rated 'mild'. Parental scores were higher, with medians of 3 for risk perception, 3.5 for worry, and 4 for stress impact. Severe responses (≥5) were most frequent for risk perception (15.6%) and stress (12.5%).

Conclusion:
Children on milk and egg ladders reported low QOL impact, though SDL was the greatest burden. In contrast, parents reported substantially higher concern, particularly for risk perception, worry, and stress. These findings suggest psychological burdens are more significant for parents than children. Further research will explore the effect of ladder progression on family QOL.

1 - d'Art, Y. M., Forristal, L., Byrne, A. M., Fitzsimons, J., van Ree, R., DunnGalvin, A., & Hourihane, J. O. (2022). Single low-dose exposure to cow's milk at diagnosis accelerates cow's milk allergic infants' progress on a milk ladder programme. Allergy, 77(9), 2760–2769. https://doi.org/10.1111/all.15312 2 - DunnGalvin, A., De BlokFlokstra, B.M.J., Burks, A.W., Dubois, A.E.J. and Hourihane, J.O. (2008), Food allergy QoL questionnaire for children aged 0–12 years: content, construct, and cross-cultural validity. Clinical & Experimental Allergy, 38: 977-986. https://doi.org/10.1111/j.1365-2222.2008.02978.x

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 233
Sub-Speciality

A SIX-YEAR REVIEW OF ORAL FOOD CHALLENGES IN CHILDREN: ALLERGEN-SPECIFIC OUTCOMES AND ANAPHYLAXIS RISK

E Haddad[1], **J Naude[1]**, M Cousens[1], A Zagoneanu [2], C Tobin[2], M Cremin[2], S Hurley[2], J Trujillo-Wurttele[2]

[1]School of Medicine, University College Cork, Cork, Ireland
[2]Pediatric Allergy Service, Cork University Hospital, Cork, Ireland

Aims:
Oral food challenges (OFCs) are a key tool in paediatric allergy diagnosis, guiding management and food reintroduction. However, outcomes can vary significantly depending on the allergen tested. This retrospective analysis reviews OFC results in paediatric patients at Cork University Hospital (CUH) between 2018 and 2024 (excluding 2022), focusing on trends in positive results and anaphylaxis rates across nut allergens.

Methods:
Children under 18 who completed an OFC with peanut, cashew, walnut and hazelnut at CUH during the study period were included. Exclusion criteria were OFCs to non-target allergens, incomplete documentation, or absence of an OFC. For each year, the number of OFCs, positive OFCs (POFC), and anaphylaxis events were recorded. Allergen-specific trends were analysed, and anaphylaxis diagnoses were identified from clinical documentation. Descriptive statistics summarised annual trends and reaction frequencies.

Results:
A total of 270 OFCs were performed, with 154 (57%) yielding a positive result. OFC activity declined in 2020-2021, likely due to COVID-19 service disruptions, but rose significantly by 2024. Across all years, 32 anaphylaxis cases were documented (21% of total POFCs). Peanut was the most frequently tested allergen (n=177), with 104 POFCs and 22 anaphylaxis reactions (21% of peanut POFCs). Cashew (n=44) and walnut (n=12) showed higher anaphylaxis rates (30% and 33% of cashew and walnut POFCs, respectively) despite fewer challenges. Hazelnut (n=37) had a POFC rate of 22%, but none were associated with anaphylaxis. These results highlight the variation in anaphylaxis risk across nut allergens.

Conclusion:
This review shows an upward trend in OFC activity and positivity rates in recent years. Peanut was the most commonly tested allergen, but cashew and walnut carried higher anaphylaxis rates, whereas hazelnut showed none. These findings emphasise the importance of allergen-specific risk assessment and support future efforts to refine anaphylaxis recognition using standardised diagnostic criteria.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 234
Sub-Speciality

USE OF EARLY METHADONE AS BACKGROUND OPIOID THERAPY IN PAEDIATRIC PALLIATIVE CARE IS SAFE AND HIGHLY EFFECTIVE WITH SPECIALIST SUPPORT

GOC Dr Grainne O Connor[1], SW Dr Simon Woods[1]

[1]Paediatrics Department, Galway University Hospital, Galway, Ireland

Aim:
This case demonstrates the use of methadone as an alternative to conventional analgesic therapy in managing complex, mixed pain states in a paediatric oncology patient during end of life care.

Methods:
The patient, a 15 year old girl with relapsed, refractory osteosarcoma was struggling with a severe crescendo pain escalation. Methadone was introduced at home as a regular, background opioid to replace Morphine Sulphate sustained release (MST) with support from community palliative care services. It was effective in managing her pain over her final three weeks, and replaced a conventional strategy of escalating-dose conventional opioids and adjunct analgesic therapy. Transition to methadone greatly improved her quality of life. She died comfortably, at home, with excellent pain control.

Results:
Methadone is recognised as a highly potent opioid for use in palliative care, but is most commonly used as an adjunct therapy in small doses, or as a whole opioid switch requiring very close (inpatient) supervision during conversion, due to its significant toxicity profile when higher initial methadone doses may be required.
There is a growing body of experience in the paediatric palliative medicine community that methadone can be safely initiated as an 'early' or up-front background opioid for opioid naive patients, or those whose exposure to conventional opioids has not been significantly escalated.

Conclusion:
We believe this is the first case of 'early' regular oral methadone introduction to manage complex cancer pain in a paediatric patient in Ireland. It highlights the usefulness of methadone as a potent analgesic in complex, mixed pain, and in maintaining a good quality of life in the deteriorating and dying phase of this patient's illness.
It should always be prescribed and monitored under the supervision of an experienced methadone prescriber with due consideration for its complex pharmacological profile and the associated risk of inducing toxicity.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 235
Sub-Speciality

ESTIMATING THE PATIENT POPULATION IN IRELAND FOR EACH MOLECULARLY-GUIDED ONCOLOGY THERAPY APPROVED BY THE EUROPEAN MEDICINES AGENCY: A PAEDIATRIC PERSPECTIVE

G O'Mahoney[1], B Reardon[1, 2], C Haugh[3], A Culhane[1]

[1]eHealth-Hub for Cancer, Limerick Digital Cancer Research Centre, University of Limerick, Limerick, Ireland
[2]Dana-Farber Cancer Institute, Boston, USA
[3]National Cancer Registry Ireland, Cork, Ireland

Aims:
Delays in patient access to new cancer medicines is a growing concern. Most (81%) of new cancer medicines approved by the European Medicines Agency (EMA) in 2020-2022 were targeted therapies (1). Patient access to these medications requires fulfilment of both genomic and clinical criteria. By calculating the number of patients in Ireland satisfying these criteria we aim to estimate the patient population for molecularly-targeted therapy.

Methods:
The list of EMA-licensed oncology medications with genetic indications was previously extracted by manual review (2). For each, the number of patients (2018-2022) meeting eligibility criteria, irrespective of variant status, was quantified in conjunction with the National Cancer Registry Ireland (NCRI). Staging, treatment and demographic variables were used to systematically refine patient eligibility at diagnosis. Mortality following treatment was used to infer refractory and recurrent disease. For each medication, international somatic variant data from the American Association for Cancer Research's (AACR) GENIE project (3) was used to estimate genomic variant prevalence within the indicated cancer type and age group.

Results:
By combining NCRI patient numbers and AACR GENIE (3) prevalence, we estimate the expected number of patients in Ireland eligible for an EMA-licensed molecularly-targeted therapy.

Conclusions:
We present the number of paediatric patients potentially eligible for each of the EMA medications licensed for use in children. We provide a framework against which real world data could be used to identify patterns in paediatric cancer genomics that are distinct to Ireland. We discuss subgroup analysis to identify demographic and regional alterations in the prevalence of actionable variants within the paediatric population.

1. Hofmarcher et al.,2024. Access to oncology medicines in EU and OECD countries (OECD Health Working Papers No.170) https://doi.org/10.1787/c263c014-en 2. Reardon et al.,2021.Nat.Cancer 2:1102–1112. https://doi.org/10.1038/s43018-021-00243-3 3. The AACR Project GENIE Consortium, Cancer Discov.7:818–831 https://doi.org/10.1158/2159-8290.CD-17-0151 The authors would like to acknowledge the American Association for Cancer Research and its financial and material support in the development of the AACR Project GENIE registry, as well as members of the consortium for their commitment to data sharing. Interpretations are the responsibility of the study authors

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 236
Sub-Speciality

ENHANCING QUALITY AND SAFETY IN PAEDITRIC RESUSCITATION: A COMPARATIVE EVALUATION OF BROSELOW-BASED AND TRADITIONAL RESUSCITATION TROLLEYS.

NOS Nicola O Sullivan[1]

[1]Paediatric Emergency Department, Louth Hospitals OLOL/LCH/COTTAGE RCSI Group, Drogheda, Ireland

Aim:
Effective paediatric resuscitation is vital in emergency care, where timely access to correctly sized equipment and medications can significantly impact patient outcomes. Traditional resuscitation trolleys can hinder efficiency due to poor organisation and accessibility, especially under pressure. This project aimed to improve the safety, efficiency, and usability of paediatric resuscitation by introducing a Broselow-based resuscitation trolley. The trolley uses a colour-coded, weight-specific drawer system designed to streamline access, reduce staff cognitive load, and enhance workflow during emergencies.

Methods:
A pre- and post-implementation survey was conducted among healthcare professionals—including nurses (junior and senior), Clinical Nurse Managers (CNM1 and CNM2), and Clinical Skills Facilitators—in the Emergency Department and paediatric inpatient unit. The intervention involved replacing the traditional resuscitation trolley with a Broselow-based model featuring clearly labelled, locked drawers tailored to specific weight ranges. The top drawer was reserved for emergency drugs. Staff received targeted training to ensure proper use. Surveys measured staff perceptions of equipment accessibility, confidence during resuscitation, and workflow efficiency, both before and ten months after implementation.

Results:
Post-implementation feedback indicated a clear preference for the Broselow-based trolley. Staff reported quicker and more accurate access to equipment, improved confidence during paediatric resuscitations, and a reduced cognitive burden in high-pressure situations. Workflow improvements were noted, including fewer interruptions for restocking and a shift from daily to weekly equipment checks.

Conclusion:
Introducing a Broselow-based paediatric resuscitation trolley significantly improved staff confidence, equipment accessibility, and workflow efficiency. The colour-coded, weight-specific system supported safer and more effective emergency care. This approach may serve as a scalable model for improving paediatric emergency preparedness in similar healthcare settings.

Mamaril, M., Kalb, J., Connor, C., Dodson, A., Koka, R., Pegram, T., Hunt, E. & Kakati, N. (2016) Pediatric Crash Cart Comparison Study: Quality Improvement Pilot Study of Performance and Perceptions. Journal of PeriAnesthesia Nursing, 31(5), pp. 462–470. Lancaster, L. (2005) 'Mission

impossible: Minimising the terror of paediatric resuscitation for staff in the ED', Accident and Emergency Nursing, 13(1), pp. 24–28

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 237
Sub-Speciality

SERUM SPECIFIC IMMUNOGLOBULINS AND SKIN PRICK TESTS OF COW'S MILK AND EGG IGE-ALLERGIC CHILDREN – A BASELINE POPULATION CHARACTERISATION STUDY

A O'Brien[1], C Cronin[1], J Naude[1], A Gallagher[1], M Cremin[1], S Hurley[1], J Trujillo[1]

[1]Department of Paediatrics and Child Health, University College, Cork, Ireland

Aims:
To characterise a baseline cohort of paediatric patients with IgE-mediated milk and egg allergies commencing the milk and egg ladders at a tertiary paediatric allergy clinic. We aim to describe their clinical and immunological features as part of a population characterisation study.

Methods:
A prospective cohort study conducted at the paediatric allergy service in Cork University Hospital. To meet inclusion criteria, patients must have IgE-mediated cow's milk protein (CMPA) or egg allergy, confirmed by clinical history plus SPT (>3mm) and/or specific IgE (>0.35 kIU/L)1,2,3 and have commenced their respective allergy ladder.

Results:
Sixteen patients (Mean age: 12.25 months, Range: 0-36 months) were recruited between April-July 2025. All children were weaned to solids between 3-6 months of age. Regarding allergenic food exposure, 3 children had not been introduced to milk, peanuts (n=5), other tree nuts (n=8), fish (n=2), or soy products (n=8). Many patients experienced cutaneous symptoms, including urticaria (n=14), angioedema (n=3), itchy eyes (n=2) and eczema flare (n=1). One child attended ED with anaphylaxis symptoms, but did not receive therapy as symptoms had resolved before presentation. Another child experienced urticaria, angioedema, coughing, vomiting, and floppiness, but was not recognised as anaphylaxis at the time of presentation4. Among CMPA patients (n=3), mean SPT was 4.66mm, while 2 had serum IgE investigations. Mean IgE: 5.2 kIU/ml whole milk, 0.1 kIU/ml Alpha-lactalbumin, 2.29 kIU/ml beta-lactoglobulin and 2.3 kIU/ml casein. Among egg allergy patients (n=15), mean SPT was 3.46 mm (95% CI 2.6-4.3mm); 7 had undergone serum IgE investigations. Mean IgE: 2.11 kIU/ml egg, 1.77 kIU/ml egg white, 0.452 kIU/ml egg yolk, 7.49 kIU/ml ovomucoid and 3.48 kIU/ml ovoalbumin.

Conclusions: The findings highlight gaps in the recognition and management of anaphylaxis in young children, despite having clear symptoms. Early identification and treatment are essential to enhance outcomes in paediatric allergy care.

1. Cronin C, Ramesh Y, De Pieri C, Velasco R, Trujillo J. 'Early Introduction' of Cow's Milk for Children with IgE-Mediated Cow's Milk Protein Allergy: A Review of Current and Emerging Approaches for CMPA Management. Nutrients. 2023 Mar 14;15(6):1397. 2. Cronin C, Muñoz Archidona C, Fernández Prudencio B, Gallagher A, Velasco Zuniga R, Trujillo Wurttele J. Real-life use of component-specific IgE in IgE-mediated cow's milk protein allergy in a Spanish paediatric allergy centre. Antibodies. 2023;12(4):76. doi: 10.3390/antib12040076. 3. Gallagher A, et al. Dietary advancement therapy using milk and egg ladders among children with a history of anaphylaxis. J Allergy Clin Immunol Pract. 2024;12(8):2135–43 4. Cardona V, Ansotegui IJ, Ebisawa M, El-Gamal Y, Fernandez Rivas M, Fineman S, et al. World Allergy Organization Anaphylaxis Guidance 2020. World Allergy Organ J. 2020;13(10):100472. doi:10.1016/j.waojou.2020.100472

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 238
Sub-Speciality

BRIEF ENCOUNTERS: SHORT-STAY ADMISSIONS AMONG PATIENTS REFERRED TO CHILD PSYCHIATRY LIAISON SERVICES—AN 18-MONTH RETROSPECTIVE ANALYSIS

L Bond[1, 2], **I O'Neill[1]**, C Maloney[1], F McNicholas[1,2]

[1]University College Dublin, Dublin
[2]Childrens Health Ireland Crumlin

Aim:
Acute mental health crises among children and adolescents are increasingly managed in paediatric hospitals, placing pressures on emergency departments (EDs) as the primary access points in the absence of readily available alternatives.

Method:
This 18-month retrospective study characterises short-stay admissions (≤24 hours) referred to Paediatric Liaison Psychiatry (PLP) within a tertiary Irish children's hospital, with comparison to longer-stay cohorts. Demographic and clinical data were extracted from hospital records, and qualitative themes were derived from clinician focus groups exploring service context, resource burden, and operational barriers.

Results:
Preliminary review indicates the majority of short-term admissions represent crisis presentations, frequently involving patients with prior involvement in CAMHS. These admissions are often the result of limited alternatives for urgent assessment and safe containment outside standard office hours, generating substantial resource and cost demands for ED and PLP teams. Qualitative analysis revealed clinicians experience a high workload, primarily driven by emergency psychiatry cases, which limits their capacity for broader liaison psychiatry activities. This shift in workload composition is perceived to undermine the intended function of PLP, increasing staff stress and detracting from the care of medically complex cases.

Conclusion:
The study highlights systemic issues including the lack of integrated crisis pathways, dependence on EDs for acute psychiatric assessment, and significant financial and workforce implications. These findings underscore the urgent need for design and implementation of dedicated crisis hubs and alternative pathways to reduce ED reliance and optimise resource use in paediatric mental health care.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 239
Sub-Speciality

AUTOANTIBODY-NEGATIVE DIABETES MELLITUS IN AN IRISH TERTIARY COHORT

L Reaney[1], B O'Reilly[1], F Molloy[1], M O'Neill[1], C McDonnell[1], EC Carolan[1], NP Murphy[1]

[1]Department of Endocrinology, CHI at Temple Street, Dublin, Ireland

Introduction:
Most paediatric diabetes is Type 1 but monogenic diabetes is reported to account for 3-5% of cases and may be under-recognised (1). Positive autoantibodies are seen in most patients with Type 1 diabetes (2) and 6.5%-15% of antibody negative patients have been reported to have maturity-onset diabetes of the young (MODY) (3, 4). Antibody testing aids diagnosis of type-1 diabetes and testing for MODY should be considered in antibody negative patients. Identifying MODY permits consideration of alternative treatment options and has potential implications for family members (5).

Aims:
We aimed to review the autoantibody status of all insulin treated patients with diabetes attending our tertiary service to detect any unrecognised cases of MODY in our cohort.

Methods:
A retrospective chart review of diabetes autoantibody status (GAD, ZNT8 and IA2) of all insulin treated patients was performed. Patients with Type 2 diabetes were excluded. Antibody negative subjects had C-peptide levels checked; those whose C-peptide levels showed evidence of intermediate or substantial insulin secretion had MODY genetic screening.

Results:
Of 454 patients, nine had type-2 diabetes, one had cystic fibrosis-related diabetes, two had new onset diabetes after transplant. Of the remainder (n=442), 30 were antibody negative, of which 25 had undetected or low C-peptide confirming T1DM; two had no antibody results available; two had known neonatal diabetes (one KATP channel mutation, the second had no mutation identified); and three had known MODY (two HNF-1B mutations, one ABCC8 mutation). Three patients had C-peptide levels above 80 pmol/L. Two of these are recent diagnoses and are likely “honeymooning”. MODY screening was negative for the third.

Conclusions:
Monogenic diabetes was confirmed in 5 patients (<1% of total cohort, 16% of autoantibody negative group), in line with internationally reported rates. Of 437 patients with type-1 diabetes mellitus, 5.7% are antibody negative, which is higher than the expected rate. No additional cases of MODY were detected.

Pruhova S, Dusatkova P. Monogenic diabetes mellitus hidden in autoantibody-negative diabetes mellitus. Nat Rev Endocrinol. 2023;19(3):132-3. 2. Harsunen M, Kettunen JLT, Härkönen T, Dwivedi O, Lehtovirta M, Vähäsalo P, et al. Identification of monogenic variants in more than ten per cent of children without type 1 diabetes-related autoantibodies at diagnosis in the Finnish Pediatric Diabetes Register. Diabetologia. 2023;66(3):438-49. 3. Johansson BB, Irgens HU, Molnes J, Sztromwasser P, Aukrust I, Juliusson PB, et al. Targeted next-generation sequencing reveals MODY in up to 6.5% of antibody-negative diabetes cases listed in the Norwegian Childhood Diabetes Registry. Diabetologia. 2017;60(4):625-35. 4. Carlsson A, Shepherd M, Ellard S, Weedon M, Lernmark Å, Forsander G, et al. Absence of Islet Autoantibodies and Modestly Raised Glucose Values at Diabetes Diagnosis

Should Lead to Testing for MODY: Lessons From a 5-Year Pediatric Swedish National Cohort Study. Diabetes Care. 2020;43(1):82-9. 5. Broome DT, Pantalone KM, Kashyap SR, Philipson LH. Approach to the Patient with MODY-Monogenic Diabetes. J Clin Endocrinol Metab. 2021;106(1):237-50.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 240
Sub-Speciality

IRISH CHILDHOOD DIABETES NATIONAL REGISTER - TYPE 1 DIABETES INCIDENCE RATES 2022-2024

EF Roche[1,2], AM McKenna[1], M O'Regan[1], KJ Ryder[3], HM Fitzgerald[2], HMCV Hoey[1], P Stewart[2], EF Roche[1,2]

[1]The Discipline of Paediatrics , School of Medicine, Trinity College Dublin, Dublin, Ireland
[2]The Department of Paediatric Growth, Diabetes, and Endocrinology, CHI at Tallaght , Dublin, Ireland
[3]The National Health Intelligence Office, HSE, Dublin, Ireland

Aims:
The Irish Childhood Diabetes National Register (ICDNR) has robustly monitored the national epidemiology of Type 1 Diabetes (T1D) in children aged less than fifteen years since 2008. Despite periods of significant increase and then stabilisation, the overall rate of diabetes (2008-2021) in the Irish population has increased at 2.4% per annum. Understanding disease frequency is essential for appropriate service planning and healthcare delivery. The aim of this study is to monitor the annual incidence of T1D in the Irish childhood population in the period 2022 to 2024 and compare with previous years.

Methods:
All institutions responsible for the diagnosis and treatment of children with T1D aged under 15 years nationally participate and prospectively report incident cases of T1D in children, resident in Ireland to the ICDNR. Following informed consent, a detailed case report form is completed and cases are verified. Capture-recapture methodology is employed. Directly standardised incidence rates (SIRs), are calculated using national census-derived population data from the Central Statistics Office.

Results:
In the period 2022 to 2024, there were 1034 (526 male, 51%) incident cases of T1D reported. The percentage of cases in the three age categories at diagnosis, namely: birth to four, five to nine and ten to fourteen years were 18, 39, and 43% respectively. The standardised incidence rates overall were: 34.6, 33.9 and 31.3 cases/100,000/year for the years 2022-2024 respectively. The SIRs, were: 32.1, 32.4, 34.1 for males and 37.1, 35.5, 28.3 cases/100,000/year for females respectively.

Conclusions
Following a substantial increase from 2008 to 2021, T1D incidence rates have stabilised in recent years, albeit at a high level. Ongoing monitoring by the ICDNR is required to ascertain if this is a fluctuation or true stabilisation in our high incidence population. These robust data are essential to inform effective and efficient resource utilisation for patient outcomes.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 241
Sub-Speciality

WEIGHING THE OPTIONS: FROM LIFESTYLE TO GLP-1 THERAPY IN PAEDIATRIC OBESITY MANAGEMENT

S Sheridan[1], AL Hawke[1], N McGrath[1]

[1]Dept of Paediatrics, University Hospital Galway, Galway, Ireland

Aims:
This study evaluated baseline characteristics, comorbidities, and weight outcomes of paediatric patients attending a pilot multidisciplinary weight management clinic at University Hospital Galway.

Methods:
A prospective observational study was undertaken of patients attending the clinic between January and September 2025. Baseline demographics, body mass index (BMI), and comorbidities were recorded. Patients were followed longitudinally to assess changes in BMI, weight, and pharmacotherapy use. Clinical characteristics and treatment outcomes were analysed using descriptive statistics.

Results:
Forty-four patients were included (median age 13.9 years; 59% female). Attendance rate was 85%. The mean baseline BMI was 38.5 kg/m² (SD 5.5), and mean weight was 106.5 kg (SD 22.1). Almost all patients (93%) had a BMI z-score >3 SD. Twenty-six patients (59%) were commenced on pharmacotherapy after unsuccessful lifestyle interventions: 16 on semaglutide, 12 on metformin, and 5 were prescribed both. Of 36 patients screened, 4 (11%) had elevated HbA1c, 2 (5%) elevated fasting glucose, and 1 had confirmed fatty liver disease.

Six-month follow-up data is available for 15 patients to date; 2 did not attend scheduled review. Seven (46%) achieved weight loss, including 5 on semaglutide and 2 on metformin. All patients managed with lifestyle alone gained weight. The mean overall weight change was −2.0 kg (range −19.8 to +11.6). Patients on lifestyle alone (n=3) gained +4.5 kg (+1.1 BMI units). Those on metformin alone (n=3) had modest reduction (−1.4 kg, −1.0 BMI units). Semaglutide was most effective, in a subgroup of 6 patients treated for ≥6 months, mean weight reduction was −11.5 kg and mean BMI change −3.4 kg/m².

Conclusion:
This cohort comprised predominantly adolescents with severe obesity, many with metabolic risk factors, highlighting the need for effective treatment strategies beyond lifestyle change. GLP-1 therapy in conjunction with lifestyle was associated with the most clinically meaningful reductions in weight and BMI.

Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 242
Sub-Speciality

IT'S COMPLICATED: A CASE OF PSEUDOMONAS ECHTHYMA GANGRENOSUM IN A PATIENT WITH ACUTE LYMPHOBLASTIC LEUKAEMIA

HW Walsh[1], DF Foley[2], NB Barrett[1]

[1]Department of Paediatric Haematology and Oncology, CHI at Crumlin, Dublin, Ireland
[2]Department of Paediatric Infectious Diseases, CHI at Crumlin, Dublin, Ireland

Aims:
To describe the rare but pathognomonic presentation of pseudomonas ecthyma gangrenosum in a patient on active treatment for acute lymphoblastic anaemia (ALL).

Methods:
A 12-year-old girl with ALL developed insulin-dependent hyperglycaemia secondary to high-dose dexamethasone, a complication of her active treatment. Days later she presented with pyrexia and paronychia of the right ring finger. She was neutropenic at time of presentation with raised inflammatory markers. As per the local febrile neutropenia protocol, she was commenced on intravenous piperacillin-tazobactam and gentamycin. Over a matter of hours, she developed tracking cellulitis up her right arm with overlying bullae. This progressed to form a further area of cellulitis with a central black eschar in the right temporal region of her face. A gram-negative bacillus was cultured in both central and peripheral cultures at 16- and 18-hours, respectively, with the same organism cultured from a swab of the necrotic facial lesion.

Results:
A diagnosis of pseudomonas ecthyma gangrenosum with pseudomonas bacteraemia was made. Pseudomonas aeruginosa is an opportunistic gram-negative bacterium which can cause serious infection in immunocompromised patients. Ecthyma gangrenosum is a rare but pathognomonic consequence of P. aeruginosa sepsis, causing aggressive cutaneous infections in up to 30% of people with bacteraemia. Mortality rates for paediatric ecthyma secondary to pseudomonas varies, with one case series reporting 37%. On development of the classical skin lesion, her antibiotic regimen was escalated to tobramycin and meropenem, followed by a prolonged ciprofloxacin course. She also required incision and drainage of the paronychia with nail plate avulsion.

Conclusion:
This patient's bacteraemia was rapidly cleared with a total of 61 days of antimicrobial treatment. Neutropenia is the most obvious risk factor here, but the added complication of hyperglycaemia and breach of the skin barrier with finger-prick glucose checks, further led to the development of this invasive infection.

Qin S, Xiao W, Zhou C, Pu Q, Deng X, Lan L, et al. Pseudomonas aeruginosa: pathogenesis, virulence factors, antibiotic resistance, interaction with host, technology advances and emerging therapeutics. 2. Gałązka P, Kaczor P, Kałużny K, Leis K. Ecthyma gangrenosum as a serious complication of Pseudomonas aeruginosa infection in departments of paediatric oncology. Postepy Dermatol Alergol. 2021;38(4):537-43. 3. Tamma PD, Aitken SL, Bonomo RA, Mathers AJ, van Duin D, Clancy CJ. Infectious Diseases Society of America 2023 Guidance on the Treatment of Antimicrobial Resistant Gram-Negative Infections. Clinical Infectious Diseases. 2023. 4. Kryeziu E, Kryeziu K, Bajraktari G, Abazi M, Zylfiu B, Rudhani I, et al. Ecthyma gangrenosum in a patient with acute leukemia. Med Arh. 2010;64(6):373-4. 5. Berbudi A, Rahmadika N, Tjahjadi AI, Ruslami R. Type 2 Diabetes and its Impact on the Immune System. Curr Diabetes Rev. 2020;16(5):442-9. 6. Macdonald KE, Boeckh S, Stacey HJ, Jones JD. The microbiology of diabetic foot infections: a meta-analysis. BMC Infect Dis. 2021;21(1):770. 7. Martínez-

Longoria CA, Rosales-Solis GM, Ocampo-Garza J, Guerrero-González GA, Ocampo-Candiani J. Ecthyma gangrenosum: a report of eight cases. An Bras Dermatol. 2017;92(5):698-700.

IMJ Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Poster No. 243
Sub-Speciality

GAPS IN GUIDELINES, THE URGENT NEED TO RESTUDY SABA REGIMES ON DISCHARGE OF CHILDREN WITH ACUTE ASTHMA EXACERBATION: SCOPING REVIEW

D Yong[1], B Thomas[2,3], B Elnazir[4,5]

[1]Final Year Medical Student, School of Medicine , Trinity College Dublin, Dublin, Ireland
[2]Head of Service & Senior Consultant, Paediatric Respiratory Medicine, KK Women's and Children's Hospital, Singapore, Singapore
[3]Adjunct Assistant Professor, Duke-NUS Medical School, Singapore, Singapore
[4]Clinical Professor, School of Medicine, Trinity College Dublin, Dublin, Ireland
[5]Consultant in Paediatric Respiratory Medicine, Children's Health Ireland (CHI) Tallaght, Dublin , Ireland

Background: This scoping review examines the implications of short-acting beta-agonist (SABA) overuse in paediatric asthma management and evaluates strategies to reduce reliance on SABAs while promoting guideline-directed care. Drawing from a wide range of global guidelines, the review explores the prevalence of SABA overprescription in discharge/weaning plans after an acute asthma exacerbation. The association of SABA overprescription with increased asthma exacerbations, hospitalisations, and mortality is explored.

Methods: A scoping review of national/institutional clinical guidelines from the middle to high-income countries, such as the United States of America, the United Kingdom, Australia, Canada, and Singapore, was performed. Key data points extracted from each guideline included whether a SABA weaning plan was recommended, initial dosage and frequency, duration of therapy, and any warnings or instructions to carers. Quantitative synthesis involved descriptive statistics summarising the prevalence and variability of recommendations across countries.

Results: The findings highlight a persistent gap between clinical practice and evidence-based recommendations. No randomised controlled trials (RCTs) or systematic reviews were found on the benefits and risks of SABA discharge/weaning plans following acute asthma exacerbations in paediatric populations, indicating a lack of evidence-based recommendations.

Conclusions: Ultimately, this review highlights the critical need for RCTs and systematic reviews on the benefits and risks of SABA discharge/weaning plans following an acute asthma exacerbation in paediatrics. With better patient asthma education, access to inhaled corticosteroids (ICS), and evidence-based hospital guidelines, SABA overuse can be curbed and long-term asthma outcomes for children enhanced.

1. Gwak, D.Y., Tea, J.C., Fatima, F.N., Palka, J.M., Lehman, H., Khan, D.A., Zhou, H., Wood, B.L., Miller, B.D. and Brown, E.S. (2024). Contribution of caregiver and child anxiety and depressive symptoms to child asthma-related quality of life. Annals of Allergy, Asthma & Immunology. [online] doi:https://doi.org/10.1016/j.anai.2024.02.026. 2. Russell, R.J., Boulet, L.-P., Brightling, C.E., Pavord, I.D., Porsbjerg, C., Dorscheid, D. and Sverrild, A. (2024). The airway epithelium: an orchestrator of inflammation, a key structural barrier and a therapeutic target in severe asthma. European Respiratory Journal, [online] 63(4). doi:https://doi.org/10.1183/13993003.01397-2023. 3. Zanobetti, A., Ryan, P.H., Coull, B.A., Luttmann-Gibson, H., Datta, S., Blossom, J., Brokamp, C., Lothrop, N., Miller, R.L., Beamer, P.I., Visness, C.M., Andrews, H., Bacharier, L.B., Hartert, T., Johnson, C.C., Ownby, D.R., Khurana Hershey, G.K., Joseph, C.L.M., Mendonça, E.A. and Jackson, D.J. (2024). Early-Life Exposure to Air Pollution and Childhood Asthma Cumulative Incidence in the ECHO CREW Consortium. JAMA Network Open, [online] 7(2), p.e240535. doi:https://doi.org/10.1001/jamanetworkopen.2024.0535. 4. Sadatsafavi, M., Tavakoli, H., Lynd, L. and FitzGerald, J.M. (2017). Has Asthma Medication Use Caught Up With the Evidence? Chest, 151(3), pp.612–618. doi:https://doi.org/10.1016/j.chest.2016.10.028. 5. Global Initiative for Asthma. Global Strategy for Asthma Management and Prevention Global Strategy for Asthma Management and Prevention [Internet]. 2025. Available from: https://ginasthma.org/wp-content/uploads/2025/05/GINA-Strategy-Report_2025-WEB-WMS.pdf 6. FitzGerald JM, Tavakoli H, Lynd LD, Al Efraij K, Sadatsafavi M. The impact of inappropriate use of short acting beta agonists in asthma. Respiratory Medicine. 2017 Oct;131:135–40. 7. Spitzer WO, Suissa S, Ernst P, Horwitz RI, Habbick B, Cockcroft D, et al. The Use of β-Agonists and the Risk of Death and near Death from Asthma. New England Journal of Medicine. 1992 Feb 20;326(8):501–6. 8. Pearce N, Hensley MJ. Epidemiologic Studies of Beta Agonists and Asthma Deaths. Epidemiologic Reviews. 1998 Jan 1;20(2):173–86. 9. Suissa S, Blais L, Ernst P. Patterns of increasing β-agonist use and the risk of fatal or near-fatal asthma. European Respiratory Journal. 1994 Sep 1;7(9):1602–9. 10. Sears MR, Taylor DR, Print CG, Lake DC, Li Q, Flannery EM, et al. Regular inhaled beta-agonist treatment in bronchial asthma. The Lancet. 1990 Dec;336(8728):1391–6. 11. Beasley R, Perrin K, Weatherall M, Wijesinghe M. Call for withdrawal of LABA single-therapy inhaler in asthma. The Lancet. 2010 Sep;376(9743):750–1. 12. O'Byrne PM, Jenkins C, Bateman ED. The paradoxes of asthma management: time for a new approach? European Respiratory Journal. 2017 Sep;50(3):1701103. 13. Warraich S, Bush A, Levy ML, Fleming L. Regular (up to 10 puffs 4-hourly) inhaled salbutamol should be prescribed at discharge after an asthma attack: myth or maxim? Breathe [Internet]. 2023 Sep 1;19(3). Available from: https://breathe.ersjournals.com/content/19/3/230054 14. Craig S, Collings M, Gray C, Benito J, Velasco R, Lyttle MD, et al. Analysis of guideline recommendations for treatment of asthma exacerbations in children: a Pediatric Emergency Research Networks (PERN) study. Archives of Disease in Childhood [Internet]. 2024 Feb 7 [cited 2024 Aug 31];archdischild-326739. Available from: https://adc.bmj.com/content/109/6/468.abstract 15. Keeley D, Baxter N. Conflicting asthma guidelines cause confusion in primary care. BMJ [Internet]. 2018 Jan 9;360:k29. Available from: https://www.bmj.com/content/360/bmj.k29 16. Hannah R, Richard, Paton JY, Walton E, Roland D, Foster S, et al. Emergency department discharge practices for children with acute wheeze and asthma: a survey of discharge practice and review of safety netting instructions in the UK and Ireland. Archives of Disease in Childhood [Internet]. 2024 Apr 16;109(7):536–42. Available from: https://adc.bmj.com/content/109/7/536 17. Makhlouf K, Weiner HL, Khoury SJ. Potential of beta2-adrenoceptor agonists as add-on therapy for multiple sclerosis: focus on salbutamol (albuterol). CNS drugs [Internet]. 2002;16(1):1–8. Available from: https://pubmed.ncbi.nlm.nih.gov/11772115/ 18. DrugBank . Salbutamol [Internet]. DrugBank. 2025. Available from: https://go.drugbank.com/drugs/DB01001 19. Transformationpartners.nhs.uk. 2025 [cited 2025 Apr 4]. Available from: https://www.transformationpartners.nhs.uk/wp-content/uploads/2017/10/Salbutamol-recommendation-_asthma-toolkit.docx 20. Cabrera CS, Nan C, Lindarck N, Beekman MJHI, Arnetorp S, van der Valk RJP. SABINA: global programme to evaluate prescriptions and clinical outcomes related to short-acting β2-agonist use in asthma. European Respiratory Journal. 2019 Dec 5;55(2):1901858. 21. Stanford RH, Shah MB, D'Souza AO, et al. Short-acting B-agonist use and its ability to predict future asthma-related outcomes. Ann Allergy Asthma Immunol. 2012;109:403–407. doi: 10.1016/j.anai.2012.08.014. 22. Broadley KJ. β-Adrenoceptor responses of the airways: For better or worse? European Journal of Pharmacology. 2006 Mar;533(1-3):15–27. 23. Cockcroft DW. Clinical concerns with inhaled beta2-agonists: adult asthma. Clinical Reviews in Allergy & Immunology [Internet]. 2006 Oct 1 [cited 2022 May 5];31(2-3):197–208. Available from: https://pubmed.ncbi.nlm.nih.gov/17085793/#:~:text=Overuse%20of%20inhaled%20beta2%2Dagonists 24. Bhagat R, Swystun VA, Cockcroft DW. Salbutamol-induced increased airway responsiveness to allergen and reduced protection versus methacholine: Dose response. Journal of Allergy and Clinical Immunology. 1996 Jan;97(1):47–52. 25. Boulet LP ., Chakir J, Milot J, Boutet M, Laviolette M. Effect of salmeterol on allergen-induced airway inflammation in mild allergic asthma. Clinical & Experimental Allergy. 2001 Mar;31(3):430–7. 26. GAUVREAU G M., JORDANA M, WATSON R M., COCKCROFT D W., O'BYRNE P M. Effect of Regular Inhaled Albuterol on Allergen-induced Late Responses and Sputum Eosinophils in Asthmatic Subjects. American Journal of Respiratory and Critical Care Medicine. 1997 Dec;156(6):1738–45. 27. Inman MD, O'Byrne PM. The effect of regular inhaled albuterol on exercise-induced bronchoconstriction. American Journal of Respiratory and Critical Care Medicine. 1996 Jan;153(1):65–9. 28. Wraight JM, Hancox RJ, Herbison GP, Cowan JO, Flannery EM, Taylor DR. Bronchodilator tolerance: the impact of increasing bronchoconstriction. European Respiratory Journal. 2003 May;21(5):810–5. 29. Sears MR, Taylor DR. The Beta-2-Agonist Controversy. Drug Safety. 1994 Oct;11(4):259–83. 30. Adkinson NF, Middleton E. Middleton's allergy: principles & practice, 7th ed., Philadelphia, PA: Mosby/Elsevier; 2009. 31. O'Connor BJ, Aikman SL, Barnes PJ. Tolerance to the nonbronchodilator effects of inhaled beta 2-agonists in asthma. The New England Journal of Medicine [Internet]. 1992 Oct 22 [cited 2021 May 13];327(17):1204–8. Available from: https://pubmed.ncbi.nlm.nih.gov/1357551/ 32. Cockcroft DW, Swystun VA. Functional antagonism: tolerance produced by inhaled beta 2 agonists. Thorax. 1996 Oct 1;51(10):1051–6. 33. Cooper PR, Panettieri RA. Steroids completely reverse albuterol-induced beta(2)-adrenergic receptor tolerance in human small airways. The Journal of Allergy and Clinical Immunology [Internet]. 2008 Oct 1 [cited 2022 Apr 12];122(4):734–40. Available from: https://pubmed.ncbi.nlm.nih.gov/18774166/ 34. Chong LK, Drury DEJ, Dummer JF, Ghahramani P, Schleimer RP, Peachell PT. Protection by dexamethasone of the functional desensitization to β2-adrenoceptor-mediated

responses in human lung mast cells. British Journal of Pharmacology. 1997 Jun;121(4):717–22. 35. Mak JC, Nishikawa M, Barnes PJ. Glucocorticosteroids increase beta 2-adrenergic receptor transcription in human lung. American Journal of Physiology-Lung Cellular and Molecular Physiology. 1995 Jan 1;268(1):L41–6. 36. ANDREW McIVOR R, PIZZICHINI E, TURNER MARK O, HUSSACK P, HARGREAVE FREDERICK E, SEARS MALCOLM R. Potential Masking Effects of Salmeterol on Airway Inflammation in Asthma. American Journal of Respiratory and Critical Care Medicine. 1998 Sep 1;158(3):924–30. 37. Reddel HK, FitzGerald JM, Bateman ED, Bacharier LB, Becker A, Brusselle G, et al. GINA 2019: a fundamental change in asthma management. European Respiratory Journal [Internet]. 2019 Jun;53(6):1901046. Available from: https://erj.ersjournals.com/content/53/6/1901046 38. Kuprys-Lipinska I, Kolacinska-Flont M, Kuna P. New approach to intermittent and mild asthma therapy: evolution or revolution in the GINA guidelines? Clinical and Translational Allergy. 2020 Jun 3;10(1). 39. Schatz M, Nakahiro R, Crawford W, Mendoza G, Mosen D, Stibolt TB. Asthma Quality-of-Care Markers Using Administrative Data. CHEST Journal. 2005 Oct 1;128(4):1968–73. 40. Butz AM, Ogborn J, Mudd S, Ballreich J, Tsoukleris M, Kub J, et al. Factors associated with high short-acting β2-agonist use in urban children with asthma. Annals of Allergy, Asthma & Immunology. 2015 May;114(5):385–92. 41. Rogulj M, Vukojevic K, Bruzzese JM, Lusic Kalcina L. Anxiety among pediatric asthma patients and their parents and quick-reliever medication use: The role of physical activity parenting behaviours. World Allergy Organization Journal. 2023 Jan;16(1):100733. 42. Sudersanadas K, Al-Harthy N, Al-Mutairi M, Vasudevan S, Bin Saleh G, Al-Mutairi M, et al. Efficacy of patient discharge instructions: A pointer toward caregiver friendly communication methods from pediatric emergency personnel. Journal of Family and Community Medicine. 2016;23(3):155. 43. Anderson W, Brinton J, Kaye L, Hoch H, Barrett M, Van Sickle D, et al. Real-Life Patterns of Short-Acting Beta-Agonist Use in Persistent Asthmatics Vary by Age, Time of Day, and Season. Journal of Allergy and Clinical Immunology. 2018 Feb;141(2):AB61. 44. Sadatsafavi M, Tavakoli H, Lynd L, FitzGerald JM. Has Asthma Medication Use Caught Up With the Evidence? Chest. 2017 Mar;151(3):612–8. 45. Partridge MR, van der Molen T, Myrseth SE, Busse WW. Attitudes and actions of asthma patients on regular maintenance therapy: the INSPIRE study. BMC Pulmonary Medicine. 2006 Jun 13;6(1). 46. Chan AHY, Katzer CB, Horne R, Haughney J, Correia de Sousa J, Williams S, et al. SABA Reliance Questionnaire (SRQ): Identifying Patient Beliefs Underpinning Reliever Overreliance in Asthma. The Journal of Allergy and Clinical Immunology: In Practice. 2020 Nov;8(10):3482-3489.e1. 47. FitzGerald JM, Tavakoli H, Lynd LD, Al Efraij K, Sadatsafavi M. The impact of inappropriate use of short acting beta agonists in asthma. Respiratory Medicine. 2017 Oct;131:135–40. 48. NHS England. National Bundle of Care for Children and Young People with Asthma: Phase one [Internet]. 2021 Sep. Available from: https://www.england.nhs.uk/wp-content/uploads/2021/09/B0606-National-bundle-of-care-for-children-and-young-people-with-asthma-phase-one-September-2021.pdf 49. O'Byrne PM, Jenkins C, Bateman ED. The paradoxes of asthma management: time for a new approach? European Respiratory Journal. 2017 Sep;50(3):1701103. 50. Pavord ID, Beasley R, Agusti A, Anderson GP, Bel E, Brusselle G, et al. After asthma: redefining airways diseases. The Lancet [Internet]. 2018 Jan;391(10118):350–400. Available from: https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(17)30879-6.pdf 51. Hendeles L, Weinberger M. Should an inhaled corticosteroid accompany each dose of fast-acting beta2-agonist for relief of asthma symptoms? Paediatric Respiratory Reviews. 2024 Jun;50:38–40.

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026

Thank you to all our Sponsors!!!!

(All sponsors supported this meeting through the sponsorship of exhibition space alone and had no input into the Agenda, speaker selection or content of this meeting)

ALK

BIOMARIN

cergenx

Kyowa Kirin

Mead Johnson Nutrition

NeilMed LTD.

Orchard therapeutics
A Kyowa Kirin Company

NUTRICIA
LIFE-TRANSFORMING NUTRITION

Pfizer

Nestlé HealthScience

15 Proveca
Celebrating 15 Years

IMJ
Official Journal of the Irish Medical Organisation

Ir Med J; April 2026; Vol 119; No. 4; P74
24th April, 2026









