

between the two groups. Growth speed and duration of hospitalization were also not different between the two groups.

Conclusions

We concluded that the combination therapy of *B. breve* and *L. reuteri* is effective especially for gastric tolerance and safe for extremely preterm infants, but not for change of weight gain and the rate of NEC. The hospitalization period also did not differ between the two groups.

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EAPS-0545

E-Poster Viewing

Gastroenterology and Nutrition

Characteristic of the Pain syndrome in the patients with Chronic Pancreatitis (CP) with exocrine pancreatic insufficiency

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Background and aims

Developing of maldigestion, malabsorption, irritable bowel syndrome and possible development of bacterial overgrowth syndrome in 78-80% of patients are characteristic features of the CP. We investigated the feasibility and impact of optimized treatment of pain and exocrine pancreatic insufficiency (EPI) in patients with CP in the acute phase.

Methods

87 patients were selected with chronic pancreatitis pain and external secretory pancreatic insufficiency which were treated in the gastroenterology department of RCH named after A. Nowak, Zakarpattia region in the 2013–2015 years.

Results

Was proposed the optimized treatment scheme by pain and EPI which included short-term fasting-dietary therapy (FDT) in combination with microwave magnetotherapy (MMT) and after that with using of enzymatic therapy «Step up» (Laktofiltrum), prebiotics and detoxification drugs. Exacerbation of recurrent CP was accompanied with different degrees of severity pain syndrome, dyspeptic symptoms which caused by of the current EPI and Microbiota and Interleukin status violations. Optimized short-term treatment was effective in the pain reduction and dyspeptic symptoms. The disease duration is often accompanied with pain syndrome, later arised increasing of exocrine pancreatic insufficiency, which required effective correction. We had normalization and significant decrease of pro- and anti-inflammatory Interleukins levels (IL-4 from 1,64±0,16 to 0,79±0,12, IL-6 from 49,8±5,29 to 2,34±1,18, IL-10 from 4,3±0,56 to 1,74±0,27, TNF from 62,55±4,62 to 13,71±1,84mmol/l) which characterized by the severity of inflammatory changes in the pancreas.

Conclusions

Under the influence of the proposed scheme we received positive dynamics of pain reduction, dyspeptic symptoms reduction and normalization of Interleukin status in the patients.

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E-Poster Viewing

Gastroenterology and Nutrition

Erythromycin as an effective neonatal prokinetic agent. A retrospective service evaluation project over a 30 month period

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Background and aims

Erythromycin has been used as a prokinetic agent for feed intolerance over the last 3 decades. Proponents of erythromycin use advocate that it

reduces unnecessary reliance on parental nutrition (PN) and may thus avoid associated complications, such as infections and cholestasis.

Methods

Erythromycin usage in our hospital started in Nov 2009; we developed an in house approach to guide its consistent usage in preterm and term babies with feed intolerance. We have analysed clinical and electronic notes of all consecutive patients in the period between Jan 2013 and June 2015 (30 months).

Results

Erythromycin was used in 60 babies. The main indications were feed intolerance either in the form of vomiting or excessive gastric aspirates (large aspirates > 50% of total amount). Symptoms were present for at least 24 hours [median 36 hours (range 24–50 hrs) before starting erythromycin. We divided the babies into 3 sub-groups according to gestation. 1: Less than 32 weeks (n=17), 2: 32-36⁺⁶ (n=36) and 3: > 37 weeks (n=7). 49/60 babies (82%) had shown significant improvement in symptoms by end of day 3 of starting erythromycin. 11 babies did not respond; [8 group 1, 3 group 2 and 0 group 3] Erythromycin was stopped following improvement in symptoms [Mean 6.6 days (range 3–11 days)]

None of babies had any significant side effects. None had pyloric stenosis in the follow-up of more than 6 months period.

Conclusions

Erythromycin is an effective and cost-effective prokinetic agent in our case series. This project has also helped us in developing a formal guideline.

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EAPS-0260

E-Poster Viewing

Gastroenterology and Nutrition

EFFECT OF EARLY AGGRESSIVE MECONIUM EVACUATION WITH NORMAL SALINE RECTAL WASHOUT ON TIME TO REACH FULL FEEDS IN VLBW INFANTS: A PILOT RCT (MeVac TRIAL)

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Background and aims

Meconium retention causes feed intolerance. RCTs with interventions using glycerol and gastrograffin had reported high incidence of NEC. Objective is to determine whether early aggressive meconium evacuation with twice daily normal saline rectal washout (RW) reduces the time to reach full enteral feeds in premature infants with failed bowel opening for 48 hours.

Methods

This study was a birth weight stratified (750 to 999g, group A and 1000 to 1500g, group B), randomized, controlled trial in premature infants who received RW till infant reached full feeds (110ml/kg/day) or passed yellow stools and control group received glycerin suppositories (GS) for 2 days.

Results

61 infants were enrolled, 15 in group A and 46 in group B. In group A infants in RW arm reached full feeds 4.6 days earlier compared to controls; 11 days (95% CI: 10.4–11.6, n=6) vs 15.6 days (95% CI: 13–18.2, n=9) P=.027. NICU stay was 12 days shorter in RW arm (38 vs 50 days P=.23). In group B there was no difference in time to reach full feeds. (10.2 days 95% CI: 8.3–12.1, n=22 RW vs GS 10.1 days 95% CI: 9.3–10.9, n=24 P=1.00). Outcomes did not change with multivariate analysis. None had ≥ stage II NEC in RW arm as against 2 in the controls. There was no adverse events.