

## CONFERENCE ABSTRACT

### **PAEDIATRIC OVARIAN TUMOURS: APPROPRIATE INVESTIGATIONS AND MANAGEMENT** PRESENTED IN MUMPS NATIONAL STUDENT CONFERENCE IN PAEDIATRICS, OCTOBER 8, 2016

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**Aim :** The rarity of paediatric ovarian tumours and their incomparability with adult ovarian tumours has made their management an area of uncertainty for many years. Most of these tumours are benign, and have a risk of metachranous disease, so preservation of the affected ovary is preferable. We sought to find under what circumstances this was possible, and how surgeons can guide their decision-making.

**Patients & Methods:** A pathology database search returned 59 reports of 60 tumours, occurring in 49 patients.

**Results :** Twenty-five tumours were left-sided, 26 right-sided, 3 bilateral and 3 extra-ovarian metastases. Mean age at presentation was  $12.6 \pm 3.7$  years. Thirty-six (60%) were benign, 3 (5%) were borderline and 20 (33.3%) were malignant, and the majority (78%) were germ cell tumours. Twenty-four percent of ovaries were preserved. The current mean follow-up period is  $22 \pm 24.5$  months, with 18 patients discharged so far. Metachranous disease occurred in 6.1% of patients, and ipsilateral recurrence occurring in 13.3%

of preserved ovaries. Two patients have reported reproductive issues.

**Conclusion :** A number of patients underwent oophorectomy when preservation of the ovary may have been possible. It is recommended that preservation should be attempted in all cases where the tumour is under 10cm and tumour markers are negative. If the tumour markers are negative and the tumour is over 10cm, approach is at the discretion of the surgeon, but preservation of the ovary should be the main goal, with the understanding that a second look operation may be necessary if histology returns a malignancy.

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### **INVESTIGATING THE RATES OF FLU VACCINE UPTAKE AMONGST CHILDREN AGED 2-4 YEARS IN A PRIMARY CARE SETTING DURING THE 2015-2016 FLU SEASON**

PRESENTED IN MUMPS NATIONAL STUDENT CONFERENCE IN PAEDIATRICS, OCTOBER 8, 2016

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**Background:** Global studies have indicated that children are the engines of influenza outbreaks as they are the main transmitters of the virus. Therefore, the national immunisation programme has been extended to include children aged 2-4 years. Vaccinating such groups can induce herd immunity and relieve the socioeconomic burden associated with the flu. The live, attenuated influenza vaccine (LAIV) is licensed for child immunisation and has shown to be effective and well tolerated due to its various benefits including the nasal administration.

**Aim :** To assess whether 60% or more of children aged 2-4 were vaccinated using the LAIV during the 2015-2016 flu season, based on national guidelines and standards. To explore the potential barriers and drivers to vaccination.

**Method:** The Egton Medical Information Systems (EMIS) was used to collect data. The dates of birth were customised to document children born on/after September 31, 2010 and on/ before August 31, 2013. 204 children were found to meet the criteria.

**Results:** Out of 204, 98 children were vaccinated, revealing a total percentage of 48% of registered children who had been vaccinated, dissatisfying the audit's standard (60%). The main vaccination barrier was the low perceived risk of flu, while drivers included the vaccine's nasal administration.

**Conclusion and proposals:** Children are affected by the flu the most annually, therefore offering the vaccine to 100% of entitled individuals is key. To improve uptake, proposals included:

- Patient education regarding the benefits of immunisation.
- Recording parent contact details to relay vaccine reminders.
- Recording vaccine refusal reasons to explore concerns.

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## CONFERENCE ABSTRACT

### **FETAL ATRIAL TACHYARRHYTHMIA - A CASE REPORT, TREATMENT AND OUTCOME**

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#### **Background**

Fetal tachyarrhythmia is a rare disorder characterized by fetal heart rates that exceed 180 bpm. Fetal echocardiography is considered a gold standard for confirming the diagnosis. Fetal atrial flutter and atrial tachycardia are the most commonly encountered arrhythmias. These may cause fetal hydrops and lead to fetal morbidity and mortality.

#### **Objective**

We present a case of a 4-year-old child with atrial tachyarrhythmia diagnosed during pregnancy.

#### **Case Report**

A 35-year-old pregnant woman was diagnosed with fetal atrial tachyarrhythmia at gestational age 30 weeks, characterized by atrial and ventricular rates of ~450bpm and ~150bpm respectively. Intrauterine treatment with Digoxin was initiated. The arrhythmia persisted in utero and in the newborn upon delivery. Initial echocardiography revealed no structural abnormalities. Multiple direct current cardio-versions were performed early postnatally but none restored sinus rhythm. The arrhythmia was resistant to drugs. Only intravenous Flecainide restored sinus rhythm transiently. Oral Flecainide and Propranol were ineffective, and the patient eventually received Amiodarone. This achieved good rate control,

but did not terminate the arrhythmia. Throughout pregnancy, postnatal care and over 4 years of follow-up no ill-effects of the tachycardia were noted. Various arrhythmias were noted during this time, including: atrial tachycardia, multi-focal atrial tachycardia and atypical atrial flutter. The patient is currently 4 years old, haemodynamically stable and regularly monitored for Amiodarone toxicity.

#### **Conclusion**

Long-term continuation of in utero atrial tachyarrhythmias is a rare clinical phenomenon. In this instance, there were apparently no ill-effects, and it may be that Amiodarone treatment will turn out to be worse than the illness. Elucidation of the exact underlying electrophysiological mechanism is usually of value for selecting the most appropriate treatment strategy, but was unhelpful here. Understanding why some fetal arrhythmias are so dangerous and others seem to be well-tolerated is a challenge.

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