

**CONCLUSIONS:** Cardiac myxomas usually develop in the left atrium; obstructive symptoms are more rarely in children, which are a rare cause of stroke as in the case described

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**AIMS & OBJECTIVES:** To determine the prevalence of CCCs and to compare clinical outcomes with patients without CCC.

**METHODS:** Retrospective single center cohort with children aged 1 month to 18 years admitted in a 4-year pediatric intensive care unit (PICU) of a university hospital. The presence of CCC was assessed according to the criteria of Feudtner et al. (2014). The outcomes evaluated were: mortality, need for mechanical ventilation (MV) and length of stay (LOS). Severity was measured using the Pediatric Index of Mortality (PIM 2) score.

**RESULTS:** We analyzed 1753 hospitalizations. The prevalence of CCC was 49.8%. The predominant categories of CCCs were: neurological with a rate of 46.6% (407), followed by gastrointestinal 24.3% (204) and respiratory 22.8% (199). The mortality rate was 5.9% (versus 1.9% of patients without CCC;  $p < 0.001$ ). The risk of admission mortality according to PIM2 was higher in patients with CCC (28.4% vs. 19%;  $p = 0.001$ ). There was no difference in MV use (43.4% vs. 43.8%;  $p = 0.88$ ). The median LOS was higher in patients with CCC (3 days vs. 4 ( $p = 0.042$ ) between groups).

**CONCLUSIONS:** The prevalence of patients with CCC was higher and they had higher mortality and length of stay compared to patients without CCC. This information is important in understanding the impact of CCC presence on these children and on intensive care resources.

## P0125 / #900

### NUTRITIONAL SUPPORT IN A PEDIATRIC INTENSIVE CARE UNIT

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**AIMS & OBJECTIVES:** To evaluate the prescription of nutrients (calories and protein) of patients admitted to a Pediatric Intensive Care Unit (PICU) and their relationship with outcomes.

**METHODS:** A retrospective observational cohort study conducted in a PICU for a period of two years. Patients who were hospitalized for at least three days and received enteral nutrition (EN) via tube and / or parenteral nutrition (PN) were included. Demographic data, severity score (PIM 2), daily prescription of diet volume, energy and protein value, length of stay, need for mechanical ventilation, organ dysfunction and mortality were collected. Basal energy expenditure (BEE), according to Schofield (1985), was considered as caloric goal. The protein target was considered to be 70% of the minimum recommended age value by ASPEN.

## P0123 / #890

### VITAMIN D STATUS, BIOMARKERS AND OUTCOMES IN CRITICALLY ILL CHILDREN

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**AIMS & OBJECTIVES:** To determine association between Vitamin D status, biomarkers and outcomes in critically ill children.

**METHODS:** Retrospective cohort study performed with children and adolescents admitted to a PICU within one year. Normossuficiency, insuficiency and deficiency were considered Vitamin D  $>30\text{ng/dL}$ ,  $20\text{-}30\text{ng/dL}$  and  $<20\text{ng/dL}$ , respectively, according to de Guideline of clinical practices of the Endocrine Society; severe deficiency was defined as Vitamin D  $<12\text{ng/dL}$ , a value considered low in all consensus around the world. The biomarker evaluated was ferritin and the outcomes evaluated were mortality, need and days free of mechanical ventilation (MV), need days free of with vasoactive drugs (VD), length of stay, and multiple dysfunction syndrome organs.

**RESULTS:** 332 admissions were included. Regarding the Vitamin D status, more than 50% of the admitted children were insufficient, deficient or severe deficient. In the subgroup of severe deficient children, we traced association with hyperferritinemia ( $p=0,005$ ), need of MV ( $p=0,022$ ) and less days free of MV ( $p=0,021$ ). No association was found with mortality.

**CONCLUSIONS:** Hypovitaminosis D is prevalent in patients admitted to PICU and poorer outcomes were found in the severe deficiency group. The association between severe deficiency and hyperferritinemia brings to discussion the possibility of using Vitamin D as a consumption biomarker in critically ill children.

## P0124 / #896

### PREVALENCE OF CHILDREN WITH COMPLEX CHRONIC CONDITIONS IN A PICU OF BRAZIL: A RETROSPECTIVE COHORT STUDY

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**RESULTS:** We included 352 patients. Energy underprescription was observed in 201 patients (42.9%). Insufficient energy supply was significantly associated with multiple organ dysfunction ( $p = 0.015$ ) and gastrointestinal ( $p = 0.011$ ), cardiac ( $p = 0.003$ ), renal ( $p = 0.046$ ), and hepatic ( $p = 0.005$ ) disorders. There was also an association with sepsis ( $p = 0.008$ ), septic shock ( $p = 0.007$ ) and mortality ( $p = 0.120$ ). Only 132 patients (37.5%) reached the protein prescription goal. When analyzing the outcomes, among patients who received and did not receive the protein goal, a significant association was observed regarding sepsis ( $p = 0.044$ ), septic shock ( $p = 0.025$ ) and mortality ( $p = 0.034$ ).

**CONCLUSIONS:** Nutrient prescribing in the study population is below recommendations and is associated with negative outcomes in this group of patients.

## P0126 / #909

### CLINICAL CHARACTERISTICS OF PEDIATRIC PATIENTS WITH ACUTE PANCREATITIS ADMITTED TO THE INTENSIVE CARE UNIT IN THE MEXICAN NATIONAL INSTITUTE OF PEDIATRICS.

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**AIMS & OBJECTIVES:** Abstract: This research is based on determining the risk factors and epidemiological characteristics of the patients who were admitted at the pediatric intensive care unit (PICU) with the diagnosis of acute pancreatitis. Objective: To describe the clinical characteristics of patients with acute pancreatitis admitted to the Mexican National Institute of Pediatrics.

**METHODS:** Retrospective study of patients who were admitted at the PICU with a diagnosis of acute pancreatitis over a period of ten years (January 1, 2010 to December 31, 2019).

**RESULTS:** A total of 42 patients were included. The most frequent associated pathologies were: 47.6% hematological, 21.4% immune disease, 4.8% traumatic and 2.4% diabetes. The medications most related with pancreatitis were L-asparaginase (35.7%) and steroids 11.9%. The initial clinical manifestations were pain in the epigastrium, abdominal and vomit. Mean amylase at the time of diagnosis was 897.83 U/l (SD of 1058.7) and the mean for lipase was 1054.37 U/l (SD of 1258.83). In 59.5% of cases the diagnosis was made by ultrasound. Mortality associated with acute pancreatitis was 7.1%.

**CONCLUSIONS:** The prevalence of pancreatitis in pediatric age has increased, especially as a complication of treatment of emerging diseases such as oncological and immunological processes; It is essential the identification of clinical data and the correlation with administered medications, and establish the appropriate treatment to avoid complications.

## P0127 / #922

### FREQUENCY AND RISK FACTORS ASSOCIATED WITH ACUTE RENAL INJURY IN POST-OPERATIVE PATIENTS WITH CONGENITAL HEART DISEASE

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**AIMS & OBJECTIVES:** Hospitalized children with congenital heart disease suffer a variable degree of acute kidney injury (AKI); this increases the mortality rate (OR of 4.8), duration of days of ventilation; hospital length of stay and renal replacement therapy.

The objective was to identify the frequency and risk factors associated with the development of AKI in patients undergoing cardiac surgery

**METHODS:** The design of the Study was Descriptive, retrospective, transversal From February 2017 to December 2018 201 patients were included. The exclusion criteria was a previous diagnosis of AKI or with request of renal replacement therapy prior to surgery. The Inclusion criteria was patients admitted to the surgical therapy of Children's Federico Gómez Hospital with congenital heart disease from February 2017 to December 2018.

**RESULTS:** The frequency of AKI after cardiac surgery was 68.16% (Grade I and II); patients submitted to cardiopulmonary bypass developed a greater degree of injury (KDIGO 2)  $p < 0.0001$ . The main factors of transoperative risk were circulatory arrest, transfusions and hypothermia (OR 4). Postoperative risk factors were the use of diuretic infusion, development of low-output syndrome and septic shock with an (OR 5). The estimate of the survival based on Kaplan-Meier is 100%

**CONCLUSIONS:** According to the KDIGO classification, the highest proportion of AKI were classified as Grade I and II The recognition of these factors may reduce the risk of kidney injury, its consequences and give an opportunate management.

## P0128 / #955

### PICU OUTCOMES OF POST HSCT CHILDREN IN A TERTIARY CARE CENTRE IN INDIA

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**AIMS & OBJECTIVES:** Analyze morbidity and mortality in post-hematopoietic stem cell transplant (HSCT) children requiring admission to Pediatric Intensive Care Unit (PICU)

**METHODS:** Retrospective observational study of post-HSCT children admitted to PICU from Jan 2016 - Jan 2020. Data was obtained from central electronic data base and case files. Children who underwent HSCT and required PICU admission  $\geq 24$  hours were included