A previous recommendation for a specific clinic outcome for JIA patients has ensured patients are booked in a timely manner. Overall, the audit has shown an improvement in achieving adherence to the guidelines. There remains a significant rate of missed appointments initially during screening-providing information leaflets may help improve attendance rates.

This reaudit shows that simple changes to booking systems can improve patient care and attendance, hence improved screening compliance, which in turn reduces risk of visual loss from JIA uveitis.

112 A DIFFERENTIAL FOR OCULAR INFLAMMATION IN PAEDIATRIC PATIENTS: A MEWDS CASE

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A mid-adolescent boy presented with 4-day history of acute-onset painless visual disturbance in the left eye, described as 'seeing moving dots and some patches' and blurred central vision. There was no history of trauma. However, he is a swimmer and had flu-like illness with significant sinusitis a few weeks earlier and reported feeling tired generally.

Visual acuity was measured as 6/6 in the right eye and 6/24 in the left eye. Intraocular pressure and colour vision were both normal. On examination, both eyes looked white, with left eye showing 2+ cells in anterior chamber and + cells in posterior chamber which was treated with topical steroids. OCT revealed sub-foveal disruption of ellipsoid zone (photoreceptor IS-OS junction) in the left eye. Blood uveitis work-up came negative except for raised ACE levels and indications of microcytic hypochromic anaemia which were managed by his paediatrician and general practitioner.

The patient was seen at a paediatric uveitis clinic and diagnosed with left Multiple Evanescent White Dot Syndrome (MEWDS). The patient achieved full recovery of vision within a few months as the condition is self-limited. Optos, Fundus Autofluorescence and OCT images confirmed the complete restoration of the affected area.

MEWDS is a rare unilateral inflammatory eye condition which typically seen in healthy middle-aged females. However, it can rarely be seen in the paediatric population and should be considered in the differential diagnosis of ocular inflammation

119 NASOLACRIMAL DUCT OBSTRUCTION EXTENDED ROLE CLINIC SERVICE EVALUATION

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Naso lacrimal duct obstruction (NLDO) is the most common cause of epiphora in infants. Conservative management is suggested as most cases usually resolve spontaneously in the first year of life. In most centres, these patients are routinely reviewed by a Consultant Ophthalmologist. To improve efficiencies within our service an extended role clinic (ERC) staffed by a highly specialist Orthoptist with distant consultant supervision was introduced to manage this patient group. This service evaluation aims to review the effectiveness of the ERC.

Retrospective clinical records review of 50 consecutive new patients seen within the ERC with NLDO were assessed for clinical outcomes over two years. The patients underwent an age-appropriate Orthoptic examination and were given self-management advice and education for their condition. Patients were either discharged, reviewed when over 12 months old, or referred to the consultant for surgery at their first appointment if appropriate.

68% (34) of the patients were managed conservatively and discharged directly from the ERC after the first or second consultation. 32% (16) of patients were listed directly for surgical invention. 100% of the patients reviewed in the ERC were seen to be managed appropriately.

The ERC ensured patients were seen by an appropriate clinician in a timely manner which not only enhanced their experience but also provided the service efficiency by saving consultant clinical time.

The use of the ERC would appear to be an effective and more efficient way to manage patients with NLDO.

128 A CASE STUDY: STIFF-PERSON-SYNDROME PRESENTING WITH DIPLOPIA

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A patient with diplopia, was subsequently diagnosed with stiff person syndrome (SPS). SPS is a rare disorder, characterised by progressive rigidity, stiffness, muscle spasms.

A 50yr old male with type 1 diabetes presented with sudden onset diplopia. Orthoptic assessment suggested right superior oblique palsy.

At follow up 6 weeks later, his diplopia had deteriorated. He had a complete right horizontal gaze palsy. Urgent cranial imaging and stroke assessment was unrewarding.

Anti-glutamic acid decarboxylase (GAD) antibodies titre was 1 in 50,000, which indicated possible Stiff Person Syndrome.

The patient is currently receiving monthly intravenous immunoglobulin (IVIG) therapy but, 5 months later, is still experiencing diplopia and nystagmus.

The GAD enzyme works to form gamma aminobutyric acid (GABA). Reduced GABA leads to cognitive and motor symptoms. The antibody has been associated with SPS, paraneoplastic SPS and Miller Fisher syndrome. Anti GAD antibodies are prevalent in Type 1 diabetes but at lower titres.[1]

Treatment includes GABA agonists, baclofen and diazepam (for spasms) and IVIG and plasmapheresis.

Oculomotor dysfunction can be an isolated finding: downbeat nystagmus and saccadic intrusions/oscillations, rarely ophthalmoparesis.

In any diabetic patient with diplopia, a search for microvascular causes is appropriate. SPS is frequently associated with other autoimmune diseases, with up to 67% of patient having at least one other endocrinopathy.[2]

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129 ORBITAL ABSCESSES IN CHILDREN: AN UPDATE ON MICROBIOLOGY TRENDS AND ANTIBIOTIC SELECTION

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Orbital abscesses are a common cause of morbidity in children. This study aims to provide an update on the microbiology, sensitivity rates and antibiotic prescribing patterns for orbital abscesses at Scotland's largest paediatric tertiary centre. This is essential for empirical antibiotic choices given the rapidly growing rates of resistance among commonly encountered isolates.

A retrospective case note review of all patients admitted to the Royal Hospital for Children (RHC) in Glasgow between April 2019 and 2022 with an orbital abscess that underwent incision and drainage. Exclusion criteria included patients with underlying anatomic eye abnormalities and/or immunodeficiency.

Seventeen orbital abscesses were identified. Streptococcus pyogenes was the commonest micro-organism (47 per cent), followed by Streptococcus intermedius (24 per cent). One abscess grew Fusobacterium necrophorum complicated by a subdural empyema and Lemierre's syndrome. Most organisms were widely sensitive; there was a single episode of penicillin resistance in an abscess caused by S. aureus. The most common initial antibiotic regimen was a combination of flucloxacillin and cefotaxime.

Gram positive cocci remain the most common organisms isolated in orbital abscesses, with a relative increase in the Streptococcus anginosus group compared to the literature. In approximately half of the identified cases, the antibiotics were changed to a regimen containing clindamycin. Resistance among orbital abscesses remains low.

Empirical use IV cefotaxime and flucloxacillin is recommended. Additional anaerobic cover (e.g., metronidazole, clindamycin) should only be added if there is no clinical improvement after 24-36 hours.

133 A 10-YEAR RETROSPECTIVE REVIEW OF RETINOPATHY OF PREMATURITY OUTCOMES AT ROYAL SUSSEX COUNTY HOSPITAL

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We conducted a 10-year review of ROP outcomes at the neonatal intensive care unit at Royal Sussex County Hospital in East Sussex County, a level 3 NICU and paediatric surgical centre.

Data was collected retrospectively using BadgerNet system and case notes of babies meeting screening criteria for ROP between January 2011 and December 2021. We compared our results to the national prospective surveillance study of infants treated for ROP in the United Kingdom.

The incidence of ROP requiring treatment was 2.4% (31/1288,95% CI 1.56% to 3.24%), lower than nationwide average of 4% (327/8112, 95% CI 3.6% to 4.5%). All these babies were treated with laser and there were no babies with aggressive posterior ROP. The median GA of babies needing treatment was 24 weeks (IQR 23.5 to 24.5) lower than the nationwide median GA of 25 weeks (IQR 24.3–26.1). Similarly, the median BW of babies treated was also lower, 600g (IQR 548.5-740.5) compared to nationwide median BW of 706g (IQR 620–821).

Our study found a lower incidence of ROP requiring treatment in Southeast England. We report these results in the context of a level 3 NICU with nationally lower complications and mortality rate. Moreover, the findings demonstrate a higher threshold for treatment which favours the use of laser over anti-VEGF with its advantages of not having to monitor discharged babies with persistent avascular retina.

The low incidence of ROP babies treated reflects the high standards of neonatal cate in the unit and the preference for laser treatment.

135 RETINAL ARTERIOVENOUS MALFORMATION AND A CEREBRAL CAVERNOUS MALFORMATION IN A 6-YEAR-OLD CHILD

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Retinal arteriovenous malformations (AVMs) represent rare, non-hereditary vascular anomalies of the retina. The lesions are extremely rare, with no known prevalence and are exemplified through singular literature case reports.

In this case report, we discuss a 6-year-old child presenting with recurrent intermittent frontal headaches. No other positive signs or symptoms were noted on history. Past medical and family history were unremarkable. On examination, fundoscopy revealed an arteriovenous malformation in the right eye, inferior to the optic nerve head. OCT and OPTOS findings demonstrated a 3DD AVM inferior to the optic nerve head in the right eye. Left eye examination was normal. MRI Head results demonstrated a cavernous malformation in the right frontal subcortical region. MRI Orbits was unremarkable. Visual acuity was normal.

The patient's case was discussed with a tertiary neurological centre, with no further follow-up or investigations required in view of the stable condition of the patient. This case demonstrates the importance of performing MRI Head to rule out cranial AVM in patients presenting with a retinal AVM. Moreover, the case is of significance, as to the best of our knowledge this is the first reported case of a co-existing retinal AVM and a CCM in a child.