2. 2. Andrew McKeon, Maisha T Robinson, Kathleen M McEvoy, *et al.* Stiff-man syndrome and variants clinical course, treatments, and outcomes. *Arch Neurol*. 2012;**69**(2):230-238. doi:10.1001/archneurol.2011.991

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

[1]Luai Kawar, [2]Haytham Kubba. *[1]University College Hospital, London; [2]Royal Hospital for Children, Glasgow, UK*

10.1136/bmjophth-2024-BIPOSA.26

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

Vaishali Lodhia, Aneesha Fonseca, Philip Amess, Dominic Heath, Victoria Barrett. *Royal Sussex County Hospital, UK*

10.1136/bmjophth-2024-BIPOSA.27

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

Wiktoria Milczynska, Nicole Tay, Alexandros Kogiantis. *West Hertfordshire Teaching Hospitals NHS Trust, UK*

10.1136/bmjophth-2024-BIPOSA.28

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.