developed purulent discharge after 2 weeks but afebrile. Well-circumscribed swelling was noted at the right anterior neck. Purulent discharge was aspirated with negative culture. Histopathology showed granulation tissue with infiltration by inflammatory cells with micro abscesses. Patient was given co-amoxiclav and discharged well.

CONCLUSION

Thyroid abscess must be considered although very rare in children. Intensive and appropriate treatment is necessary to prevent recurrence. Anatomical abnormalities like pyriform sinus fistula must be considered especially with atypical organisms or recurrent presentation.

PP-94

Use of Thiazide Diuretics in the Management of Central Diabetes Insipidus in a Neonate

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INTRODUCTION

The treatment of central diabetes insipidus (DI) with Desmopressin in the neonatal period is challenging because of the significant risk of hyponatremia. The fixed anti-diuresis action of Desmopressin and the obligate high fluid intake with milk feeds may lead to considerable risk of water intoxication and hyponatremia in neonates. Few case reports described the use of thiazide diuretics for treatment of central DI in infancy which was switched to Desmopressin later in life.

METHODOLOGY

We present a case of a premature female baby with midline defect, central DI and poor weight gain.

RESULTS

She was started with oral hydrochlorothiazide dose of 0.5 mg per kg per dose two times daily. Throughout the hospital stay, the dose was adjusted to 0.48 mg per kg per dose twice daily to achieve a stabilized serum sodium values ranging between 140-145 mmol/L. She has no obvious complications of hyponatremia. She was thriving well during follow up.

CONCLUSION

Oral thiazide diuretics is an alternative treatment of central DI in neonates. It is effective to achieve adequate control of DI without wide serum sodium fluctuations.

PP-95

Adrenocortical Carcinoma Presenting as Malignant Hypertension with Intracranial Bleed

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INTRODUCTION

Adrenocortical carcinomas are rare tumours with a bimodal distribution, peaking at the age of less than 5 years and also around the 5th decade. In children, virilisation is the most common presentation while Cushing's syndrome and hyperaldosteronism are less frequent.

CASE

We present a 6-month-old girl of Bangladeshi descent who presented at the age of 2 months old with status epilepticus following a trivial fall. She sustained a left intraventricular bleed with right front parietotemporal subarachnoid bleed. She underwent a right ventriculoperitoneal shunt insertion for obstructive hydrocephalus. Post operatively, she was noted to have recalcitrant hypertension with poor response to three antihypertensive therapy i.e. oral nifedipine, prazosin and captopril. During her hospitalisation, she developed rapid weight gain with development of facial acne and increasing facial, pubic and axillary hair.

Hormonal investigations revealed elevated testosterone of 52.05 nmol/L, elevated DHEA of >27.1 µmol/L and elevated 17 hydroxyprogesterone of >60.6 nmol/L. Her morning (8am) cortisol was 1494 nmol/L while 12 midnight cortisol was 1493 nmol/L. A CT abdomen revealed a large right suprarenal mass measuring 5.5 cm x 6.4 cm x 6.6 cm. The tumour (9 cm x 8 cm) was removed completely at five months old, however intraoperatively it was noted to have capsular breach and tumour spillage. Histopathological examination confirmed the diagnosis of high-grade adrenocortical carcinoma. A repeat CT abdomen done two weeks post-operative, unfortunately revealed tumour recurrence measuring 3.9 cm x 4.5 cm x 4.8 cm at the subhepatic region. Hence chemotherapy (Cisplatin/Etoposide/Doxorubicin) was initiated with addition of Mitotane. Postoperatively, her hypertension is gradually resolving within six weeks after surgery.

CONCLUSION

Invasive adenocarcinoma carries a poor prognosis. Early evaluation for this condition is vital in the presence of hypertension and virilisation in young children.