

#### 4CPS-213 CHARACTERISTICS OF MULTISYSTEM INFLAMMATORY SYNDROME IN CHILDREN VERSUS KAWASAKI ON CLINICAL ASPECTS, SPECIFICITIES AND TREATMENT

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**Background and Importance** Since the Coronavirus (COVID-19) pandemic, there has been a high number of children hospitalised in the paediatric intensive care unit (PICU) for Paediatric Multisystemic Inflammatory Syndrome (MIS-C) resembling Kawasaki Disease (KD)

**Aim and Objectives** The objectives of this study were to describe the clinic and the therapeutics that we used in PIMS, compared to those of KD. To describe the impact of the treatments used and discuss the clinical evolution of our patients

**Material and Methods** This is a retrospective observational study in the paediatric intensive care unit, over a 9-month period from April to December 2020. The clinical, biological and medication data was collected via the computerised patient record, our presence in the department and thanks to the prescription software for PIMS patients and compared to the KD data of the scientific literature

**Results** We included 12 children, median age 8 years [2 -16 years] and sex ratio = 2, diagnosed with MIS-C. Negative PCR tests on admission and presence of anti-SRAS-CoV-2 antibodies in all patients. All presented fever, with a mean duration of 5 days. 5 patients presented 2 clinical criteria characteristic of KD insufficient to diagnose complete KD. Gastrointestinal symptoms (10 patients), rarely seen in KD. All had inflammatory and cardiac markers higher than those in KD. Cardiac damage was observed in 10 patients: 50% had persistent systemic hypotension and 5 had ECG abnormalities. Drug therapy was to reduce inflammation. 9 patients received intravenous immunoglobulin (IVIG), 5 patients received a 2nd dose of IVIG and 2 a 3rd dose. Corticosteroid therapy for 4 days was administered to 10 patients and 9 required anti-inflammatory treatment with acetylsalicylic acid. These treatments, combined with vasopressor or diuretic and anticoagulant support, were necessary. There were no deaths in our cohort, the average time of management in the department was 6 days [2-13 days].

**Conclusion and Relevance** Our patients described a clinical picture suggesting KD, with a broader symptomatology and severity, much more marked inflammatory and cardiac markers, a shorter fever, a lower platelet count, more frequent gastrointestinal involvement, the median age of our cohort was higher. The therapeutic strategy: IGIV and corticosteroid therapy appeared to be effective in our study

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

**Conflict of Interest** No conflict of interest

#### 4CPS-215 DESCRIPTION OF THE PRE-EXPOSURE PROPHYLAXIS COVERAGE AGAINST THE HUMAN IMMUNODEFICIENCY VIRUS

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**Background and Importance** Pre-exposure prophylaxis (PrEP) against human immunodeficiency virus (HIV) infection aims to prevent HIV transmission in people at risk of acquiring the infection, consisting of daily tenofovir disoproxil fumarate with emtricitabine (TDF/FTC).

**Aim and Objectives** The aim of the study is to describe PrEP coverage and patients' baseline characteristics taking PrEP.

**Material and Methods** Retrospective, descriptive study. Patients that started with PrEP from October 2020 to April 2022 were included. Patients who took PrEP less than 6 months were excluded. Demographic variables (age and sex), indication criteria, sexually transmitted infections (STIs) (before and during), creatinine values, seroconversion to HIV and withdrawal reasons were collected. For the statistical analysis, the mean, standard deviation (SD) and *t-student* test were used.

**Results** 52 patients received PrEP during the study period. 10 patients were excluded. Of the patients included (n=42), 97.4% (n=41) were men with a mean age  $\pm$  SD of 35.8  $\pm$  8.4 years.

**The indications for treatment were:** 97.6% had more than 10 different sexual partners in the last year; 90.2% had anal sex without a condom in the last year; 29.3% had drug use related to having sex without a condom in the last year; 14.6% had received post-exposure prophylaxis on several occasions in the last year and 36.6% had at least one bacterial STI in the last year.

66.7% (n=28) of the patients had one or more previous STIs. The most frequent STI was *Treponema pallidum* (n=21) followed by *Neisseria gonorrhoeae* (n=12). While patients were taking PrEP, 40.5% (n=17) of them presented STIs: 19.0% (n=8) had *chlamydia trachomatis*; 14.3% (n=6) had *Neisseria gonorrhoeae* and 9.5% (n=4) had *Mycoplasma genitalium*. Baseline mean  $\pm$  SD creatinine was 0.86  $\pm$  0.11 mg/dl and at the end of the study was 0.90  $\pm$  0.11 mg/dl (p=0.024). 26.8% (n=11) of the patients discontinued PrEP (n=5 due to stable couple; n=2 by their own decision; n=2 due to lack of follow-up; n=1 due to change of centre and n= 1 due to proteinuria). There was no seroconversion to HIV in any patients.

**Conclusion and Relevance** The majority of PrEP patients are young men with risky sexual practices. During the use of PrEP, STIs were frequent. There was no seroconversion to HIV during the study period.

#### REFERENCES AND/OR ACKNOWLEDGEMENTS

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#### 4CPS-217 THE USE OF CYSTIC FIBROSIS CONDUCTANCE REGULATOR MODULATORS IN PATIENTS WITH RARE MUTATION

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**Background and Importance** Cystic Fibrosis (CF) is a monogenic and multi-organ disease. This condition is related to mutations in Cystic Fibrosis Transmembrane Regulator (CFTR), the gene encoding the epithelial ion channel that normally transports chloride and bicarbonate. Therapeutic