creatinine 0,76mmol/mmol) and bilateral nephrocalcinosis in spite of treatment with even higher doses of analogues of vitamin D, calcium carbonate and magnesium. The blood pressure remained controlled under enalapril.

Discussion: FHHNC is a rare cause of ESRD, but it should be considered in the presence of nephrocalcinosis, hypercalciuria and hypomagnesemia. Plasma magnesium and parathormone levels might be difficult to maintain in normal standards despite optimized therapy.

Keywords: end-stage renal disease, hypercalciuria, hypomagnesemia, nephrocalcinosis.

IPN11119-84 THE EFFECT OF USING ENTERTAINMENT AND COMMUNICATION DEVICES ON MONOSYMPTOMATIC NOCTURNAL ENURESIS

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Introduction: Monosymptomatic nocturnal enuresis (MNE) is a common problem that negatively affects the quality of life of children and their families. A variety of pathophysiologic mechanisms are suggested for MNE. This study aimed to determine if there is an association between the use of electronic entertainment and communication devices (EECDs) before sleep and MNE frequency.

Material and methods: Patients admitted to Pediatric Nephrology Department of Mersin City Education and Research Hospital between 01/July/2018 and 01/May/2019 with primary MNE were included in the study. Primary MNE was defined as enuresis in children older than five years who never achieved a satisfactory period of nighttime dryness without any other lower urinary tract symptoms or a history of bladder dysfunction. A questionnaire based on published studies was administered to the parents. The duration of EECD use during the day and before sleep in patients with MNE were compared in terms of frequency of nocturnal wetting.

Results: This study included 127 patients, 66 (52%) of whom were male. The mean patient age was 9.55±2.76 (5.5-17) years. Device exposure before sleep occurred for all patients. The patients who used EECDs ≥5 days a week wet the bed more frequently than the patients who used EECDs 1-4 days a week (p=0.001). The patients who used EECDs ≥3 hours a day wet the bed more frequently than the patients who used EECDs <3 hours a day (p=0.008).

Conclusions: The duration of exposure to EECDs before sleep and during the day was associated with the frequency of nocturnal enuresis in children. Decreased EECDs use should be advised for children with MNE.

IPN11123-79 HYPOTHYROIDISM IN STEROID RESISTANT NEPHROTIC SYNDROME IN DEVELOPING COUNTRY: A SINGLE CENTRE EXPERIENCE

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Introduction: Non autoimmune hypothyroidism is a well known, variably reversible and potentially treatable complication of Steroid Resistant Nephrotic Syndrome (SRNS) in children. Development of overt proteinuria results in loss of thyroid hormones bound to its carrier proteins is underlying pathophysiology. We evaluated, prevalence and various risk factors associated with development of hypothyroidism in SRNS.

Subjects and method: This cross- sectional study included 85 childrens of age 1 to 15 years with idiopathic SRNS as case, whereas an equal number of age and sex matched subjects without any feature of hypothyroidism as control. Childrens with secondary nephrotic syndrome or any coexisting illness causing hypothyroidism were excluded. Overt hypothyroidism was defined as (TSH>4.5mIU/L and low freeT4) , whereas subclinical hypothyroidism grade 1,2, and 3 were defined as TSH level (4.5-6mIU/L), (6-12mIU/L) and (> 12mIU/L) respectively with normal T4 level (0.7- 2ng/ml). Patients with grade 3 subclinical and overt hypothyroidism were given treatment with levothyroxine.

Results: Mean age was 7.2 years. Overall prevalence of hypothyroidism among cases was 29.4% was significantly (P<0.0001) higher than controls. Overt and subclinical hypothyroidism were found in 32% and 68% of cases respectively. Distribution among subclinical stage 1, 2, and 3 were 20% , 28% and 28% of cases respectively . Although minimal change disease was commonest entity 80% , the prevalence of hypothyroidism was not very different among histopathological profile. Mean level of TSH (5.4mIU/L) in cases were higher than control (1.8 mIU/L). Risk factors associated were early age of onset (OR=1.2;95% CI:1.00-1.37; p=0.045), and non-remission status of SRNS (OR=1.7;95% CI:1.12-3.35; p=0.007). No significant difference was found in prevalence among initial and late resistance Nephrotic syndrome.

Conclusion: Prevalence of both overt and subclinical hypothyroidism seems to be higher in idiopathic SRNS. An early age of onset and non-remission status of SRNS can be risk factors associated with increased prevalence of hypothyroidism.

IPN11125-81 CONTINUED IMPROVEMENT WITH BUROSUMAB, A 3-YEAR, PHASE 2 TRIAL IN PEDIATRIC X-LINKED HYPOPHOSPHATEMIA

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Introduction: We previously reported that burosumab improved phosphate homeostasis and rickets in children with X-linked hypophosphatemia (XLH). Here, we report final data from this Phase 2 Study (NCT02163577).

Methods: 52 children with XLH (5-12 years old, Tanner ≤2) were randomized 1:1 to receive subcutaneous burosumab every 2 (Q2W) or 4 (Q4W) weeks for 64 weeks. After Week 64, all subjects entered an extension study dosed Q2W through ≥160 Weeks. Results between regimens were similar at Week 88 and were combined for this final analysis.

Results: Mean (SD) serum phosphorus level at Week 160 was 3.4 (0.4) mg/dL. Decreases in Rickets Severity Score at Week 64 were maintained, with an LS mean ± SE change from baseline to Week 160 of -0.9 ± 0.1 (p<0.0001) in the 42 subjects with open growth plates (11 had closed growth plates at distal femur and proximal tibia). Lower limb deformity score continued to improve (Week 88: +0.6 ± 0.1, p<0.0001; Week 160: +1.1 ± 0.1, p<0.0001). Increases in height Z-score at Week 160 (LS mean increase ± SE: Q2W +0.35 ± 0.08, Q4W→Q2W +0.19 ± 0.09) were almost double compared to Week 64 (Q2W +0.20 ± 0.05, Q4W→Q2W +0.11 ± 0.06). Increases in 6-Minute Walk distance at Week 64 were maintained. Sports/Physical functioning and Pain/Comfort scores normalized. One subject had 2 serious AEs (fever/muscle pain and headache); both resolved. Other AEs were generally mild to moderate in severity. Change from baseline to Week 160 in nephrocalcinosis score was 0, +1, +2, and -1, in 39, 9, 1, and 3 subjects, respectively. No