(construct, convergent, discriminant, criterion against Gesell Developmental Schedules) were analyzed using IBM SPSS version 29.0 and Mplus Version 8.3.

Results: The translated scale demonstrated excellent internal consistency (Cronbach's $\alpha = 0.92$, McDonald's $\omega = 0.93$) and split-half reliability (0.91). Test-retest reliability decreased over time ($r = 0.74–0.94$). Confirmatory factor analysis supported a three-factor structure (social, speech, symbolic), though discriminant validity was limited (social-symbolic correlation: $r = 0.88$). Ceiling effects were observed in social clusters (e.g., emotion/eye gaze), while floor effects occurred in language-related items (e.g., word combinations). Criterion validity with Gesell scores was moderate to strong (e.g., speech-language correlation: $\rho = 0.56–0.67$).

Conclusion: The Chinese (Simplified) CSBS-DP-ITC is a reliable and valid tool for early communication assessment in Mainland China. Cultural adaptations enhanced its relevance, though ceiling/floor effects and regional sample limitations warrant further validation in rural and low-resource populations.

125 | Acute Gastroenteritis As Initial Clinical Presentation of Autoimmune Pancreatitis

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Background: Autoimmune pancreatitis (AIP) is a distinct subtype of complex immune-mediated inflammation of the pancreas that can also occur in children. Disease-specific diagnostic criteria have been developed for AIP in adults, but not for children. Pediatric AIP has a distinct presentation with features similar to type 2 AIP in adults. Abdominal pain along with obstructive jaundice are the most common symptoms and serum IgG4 is rarely elevated in children although increased serum IgG4 is very suggestive of AIP.

Objective: To present a rare clinical case of autoimmune pancreatitits in a girl patient.

Methods: Six years old girl presented with symptoms of acute gastroenteritis acompained with stomach pain. On admission subfebrile, pale, moderately dehydrated, tachycardic with difuse abdominal pain on palpation. Laboratory tests revealed hypoglycemia = 3,2 mmol/l, elevated levels of serum amylase = 707 U/L and lipase = 1097 U/L and urine amylase = 1776.22 U/L. Abdominal ultrasound and CT with distended and meteoristic intestinal loops and present aeroliquid levels. Parenteral rehydration and nutrition were started, additionally included Ceftriaxon, Pantoprazole and Somatostatin.

Results: Due to the persistence of high pancreatic enzyme values despite the therapy, MR cholangiopancreatography was performed with normal findings. Genetic testing for hereditary pancreatitis was negative, but we found elevated IgG4 levels = 312.2 mg/dl which is why a systemic corticosteroid was additionally included in the therapy with gradual reduction of pancreatic enzymes. Endoscopic ultrasound imaging is not available at our center, we decided to forego pancreatic biopsy in our patient. Further follow-up of the child was outpatient with normal pancreatic enzyme values with a gradual reduction in the dose of systemic corticosteroid.

Conclusion: AIP should be studied in children because clinical manifestations can be heterogeneous and serum IgG4 is rarely elevated. Even though the frequency of the disease in the pediatric population is low, multicenter studies are needed to characterize the clinical presentation, diagnosis, and progression of AIP in children.

150 | Neurodevelopmental Outcomes in HIV-exposed Uninfected Children

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Background: In the era of anti-retroviral therapy (ART), vertical transmission of HIV has been significantly reduced. However, concerns remain about the impact of in utero HIV exposure on brain development, with studies showing greater impact on expressive language and gross motor skills. In response, some centers have implemented follow-up protocols for HIV-exposed but uninfected (HEU) children, including pediatric neurodevelopment consultations for early screening and detection of potential developmental impairments.

Objective: To characterize neurodevelopmental outcomes of HEU children born in a Portuguese tertiary hospital over a 12-year period.

Methods: Descriptive retrospective study including every HEU patient born in a Portuguese tertiary hospital between January 2013 and December 2024. Demographic and clinical data were obtained from electronic health records.

Results: 88 children were included, with a current mean age of 6 years; 51.1% male. Mean gestational age was 38 weeks; average birth weight was 2922g. 55 children (62,5%) were evaluated in Neurodevelopment Pediatrics and/or Psychology consultations, with a median age at first appointment of 14 months. Among these, 26 children (47.6%) were diagnosed with neurodevelopmental disorders, the most common being language disorders (27.3%) and global developmental delay (14.5%). Formal developmental assessments were conducted in 43.6% of these children. Children of parents with low educational levels were more likely to have a neurodevelopmental disorder diagnosis, although this difference was not statistically significant. No significant associations were found between prematurity or low birth weight and the presence of such disorders.

Conclusion: This study suggests a higher prevalence of neurodevelopmental disorders among HEU children, particularly language disorders and global developmental delay, compared to the general population. Early and structured follow-up is essential to enable timely prevention, detection, and intervention. Special attention should be given to children of parents with lower educational levels, as they may require additional support to ensure an adequate developmental stimulation.