associated with immunization acceptance (table 2). In multivariable logistic regression analysis, high perceived disease severity independently predicted RSV immunization acceptance (OR: 3.31, 95% CI: 1.17–9.37, p=0.024). RSV awareness showed borderline significance (OR: 2.15, 95% CI: 0.99–4.67, p=0.053) (table 3). Cost was the most common reason for refusal or indecision (50%).

Conclusion Neither prior RSV hospitalization experience nor objective indicators of disease severity determined caregivers' RSV immunization acceptance. Instead, perceiving RSV as a serious disease emerged as the primary determinant. Increasing awareness regarding disease severity and reducing financial barriers may improve RSV immunization acceptance.

OP–195 PREVALENCE AND CLINICAL IMPACT OF MALNUTRITION IN CHILDREN HOSPITALIZED WITH PNEUMONIA: A RETROSPECTIVE STUDY

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Aim Malnutrition at admission is an important comorbidity in pediatric respiratory infections, but its exact impact on pneumonia severity and hospital trajectories is still under investigation. To determine the prevalence of malnutrition in children admitted with pneumonia and its association with clinical severity and outcomes, mainly length of hospital stay (LOS) and inflammatory markers.

Material and Method This retrospective study, conducted in a tertiary pediatric unit between January and December 2025, screened 303 children aged 1 month to 18 years hospitalized with pneumonia; 210 patients were ultimately included after excluding those with chronic conditions potentially affecting growth or nutritional status. Anthropometric measurements and nutritional status classifications were evaluated according to World Health Organization (WHO) growth standards. Given the non-normal data distribution, Mann-Whitney U tests were employed to compare length of hospital stay (LOS) and C-reactive protein (CRP) levels between undernourished patients (Body Mass Index [BMI] standard deviation score [SDS] ≤ -1) and adequately nourished children.

Results The cohort (median age: 44 months; 63.2% male) had an overall prevalence of undernutrition of 26,6% (n=56) with 5,7% (n=12) severe undernutrition (BMI SDS ≤ -2). The median CRP on admission was higher in undernourished patients compared with adequately nourished children (10.0 vs. 5.6 mg/L, p=0.951). Interestingly, median LOS was significantly shorter in undernourished children (4.0 vs. 5.0 days, p=0.033). Serum albumin levels were similar in both groups (4.1 vs. 4.2 g/dL, p=0.779). The demographic and clinical characteristics of the study population are presented in table 1.

Conclusion Malnutrition is present in nearly one third of children admitted with pneumonia. While undernutrition was associated with a shorter hospital stay in this cohort, this unexpected association should be interpreted with caution in the context of the retrospective design and limited sample size. However, the high rate of undernutrition highlights the essential need for regular nutritional screening of pediatric inpatients.

Abstract OP–195 Table 1 Demographic and clinical characteristics of the study population by nutritional status

Variable	Adequately Nourished (n=154)	Undernourished (n=56)	p-value
Age (months), median (IQR)	62.5 (7.8 – 97.5)	4.0 (3.0 – 80.0)	0.076
Height-for-Age SDS, median (IQR)	0.09 (-0.87 – 0.75)	-0.21 (-0.35 – 0.79)	0.979
Weight-for-Age SDS, median (IQR)	0.36 (-0.41 – 0.84)	-1.09 (-1.92 – -0.86)	<0.001*
Weight-for-Height SDS, median (IQR)	0.75 (0.13 – 1.63)	-1.95 (-2.23 – -1.03)	<0.001*
BMI SDS, median (IQR)	0.20 (-0.40 – 1.70)	-1.60 (-2.00 – -1.20)	<0.001*
Serum Albumin (g/dL), median (IQR)	4.2 (4.0 – 4.3)	4.1 (4.0 – 4.6)	0.779
Length of Stay (days), median (IQR)	5.0 (4.0 – 7.0)	4.0 (3.0 – 6.0)	0.033*

BMI SDS: Body Mass Index Standard Deviation Score; CRP: C-Reactive Protein; IQR: Interquartile Range. Continuous variables were compared using the Mann-Whitney U test, and categorical variables using the Chi-square test. p < 0.05 indicates statistical significance

OP–196 EXTRAPULMONARY MANIFESTATIONS OF MYCOPLASMA PNEUMONIAE INFECTION IN CHILDREN: CLINICAL SPECTRUM AND OUTCOMES

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Aim Mycoplasma pneumoniae is a common respiratory pathogen that may also cause a wide range of immune-mediated extrapulmonary manifestations in children. This study aimed to evaluate the clinical features, spectrum of involvement, treatment approaches, and outcomes of pediatric patients with Mycoplasma pneumoniae-associated extrapulmonary disease.

Material and Method This retrospective single-center study included pediatric patients with suspected Mycoplasma pneumoniae-associated extrapulmonary manifestations and positive IgM between 2020–2025. Of 685 screened patients, 57 were included. Demographic, clinical, laboratory, treatment, and outcome data were reviewed retrospectively.

Results The cohort included 57 patients (42.1% female), with a median age of 10.8 years (IQR: 6.25–14.34). Most had no comorbidity (82.5%) and were immunocompetent (98.2%). Hospitalization was required in 54.4% of patients, with a median stay of 2 days (IQR: 0–6.5). Neurological involvement was most common (26.3%), including encephalitis, Guillain–Barré syndrome, transverse myelitis, optic neuritis, and multiple sclerosis-like demyelination. Hematological (24.6%), dermatological (21.1%), and gastrointestinal involvement (21.1%) followed, while musculoskeletal (5.3%) and cardiac involvement (1.8%) were rare. Underlying comorbidities and fever were not associated with hospitalization, whereas cough was significantly more frequent in non-hospitalized patients (3.2% vs 46.2%, p < 0.001), while pneumonia rates did not differ between groups (16.1% vs 15.4%, p = 0.695).Macrolides were used in 22.8% of

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