

bilateral subdural collection. He was assessed at 10 month of age and found to have no residual disabilities.

Conclusion VZV infection complicated by meningococcal sepsis and meningitis is well reported in the literature; subdural empyema is reported on few occasions; however we found no report with all these complications in a single patient nor in an infant.

575 ILIOPSOAS ABSCESS IN THE NEONATE WITH IMMUNODEFICIENCY

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Psoas abscess is rare, especially in the neonatal period. It may be primary or rarely secondary to extend on from adjacent structures or to bacteremia caused by distant cutaneous infections. Vague clinical presentation may lead to delayed diagnosis. Appropriate drainage is necessary in addition to antibiotic therapy. Here we present a neonate was admitted with subcutaneous abscesses on his wrist and ankle. *Staphylococcus aureus* was isolated from the drainage material and proper antibiotic treatment was begun. On the 7th day of treatment, he developed swelling on his groin and limited hip motion. Septic arthritis was suspected and a magnetic resonance imaging performed revealing an abscess on the right psoas muscle. Drainage and antibiotic treatment led to resolution of abscess. Development of multiple subcutaneous and deep abscesses in newborn period led us to suspect of primary immunodeficiency. In the immunological work up, serum immunoglobulins and lymphocyte sub set analysis were in normal ranges according to age. The phagocytic cell functions were tested with nitroblue-tetrazolium (NBT) slide test were also normal. Flow cytometry analyses revealed CD18 16%, CD11a + CD18 17%, CD11b + CD18 3%, CD11c + CD18 4%. A ratio of 1.89 oxidative explosion, 1.63 phagocytosis and 1.43 chemotaxis (N: >1.5) was determined in neutrophil function tests. Antibiotic prophylaxis was initiated and bone marrow transplantation was recommended. As a conclusion, immunodeficiency syndromes such as LAD should be investigated in newborn with psoas abscess. Our case is important to emphasize underlying factors in the pathogenesis of psoas abscess.

576 GENITAL NECROTISING FASCITIS IN A PREMATURE NEONATE SECONDARY TO GROUP B STREPTOCOCCUS (GBS) SEPSIS

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Background Necrotising Fascitis (NF) is primarily an adult disease but there are pediatric case series also. In the neonate, most cases of NF are attributable to secondary infection of omphalitis, balanitis, mammitis, postoperative complications, and fetal monitoring. Other associations of NF included necrotizing enterocolitis, immunodeficiency and septicemia.

Method Case report and literature review.

Results Baby boy S is a 33 wks gestation with birth weight of 1.9 kgs born to a 21 yr old mum with uneventful pregnancy. She did not have high vaginal swab screening for GBS during pregnancy. He was born in good condition not needed resuscitation. He was cardiorespiratory stable on nasogastric feeds until day 5 when he developed grunting and tachypnoea requiring intubation and ventilation. He required both conventional & High Frequency Oscillatory Ventilation. He was extubated to CPAP on day 13.

He grew Group B Streptococcus (GBS) on blood and CSF culture. He was treated with a 3 week course of IV cefotaxime & benzylpenicillin and was commenced on oral penicillin prophylaxis for 3

months. Localised scrotal skin breakdown noted on day 11 with a rapidly progressive inflammation, necrosis and gangrene skin subcutaneous tissues. Regular dressing with duoderm, supportive care and I.V antibiotic has resolved necrotising fascitis with residual scar.



Genital Necrotising Fascitis



Genital Necrotising Fascitis post treatment

Abstract 576 Figure 1

Conclusion We report the first case in literature of Genital Necrotising Fascitis in premature baby with Group B Streptococcus sepsis and meningitis. It is relatively rare and has a fulminant course with a high mortality rate. We had good result with I.V antibiotic, supportive care and conservative surgical management.

577 OCCIPITAL ENCEPHALOCELE: REPORT OF CASE SERIES

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An encephalocele results from failure of the surface ectoderm to separate from the neuroectoderm. The prevalence ranges from 0.8 to 4 per 10,000 live births. The occiput is the most common site. During a 3 years' period 5 babies with occipital encephalocele were evaluated. All babies were girls. One mother was 45 years old, the others were around 25 years-old. All babies were born with cesarean section. Maternal folic acid (FA) consumption revealed that only 2 mothers used FA irregularly, not beginning preconceptionally. The