were absent in both lower extremities. Babinski's signs were not noted. The Romberg sign was present. Magnetic resonans imaging (MRI) of the spinal cord revealed enhancing T_2 hyperintensity within the spinal cord, from T_{10}-L_1. (Figure 1). Cerebrospinal fluid (CSF) showed no pleocytosis and normal protein and glucose concentrations. The CSF did not show oligoclonal banding and immunglobulin (Ig)G index was normal. Serum serologic evaluation of Borrelia burgdorferi was positive for IgM but negative for IgG. CSF serologic evaluation was negative (both ELISA and Western blot). The patient was diagnosed as manifesting acute transverse myelitis. He was treated with intravenous methylprednisolone pulse therapy (1000 mg/day for 5 consecutive days), followed by oral prednisolone (1 mg/kg per day). After the start of steroid therapy, the patient showed gradual clinical improvement and was able to walk on the 30th day of illness. We also administered doxycycline 4 mg/kg per day for 14-days for borreliosis.

Conclusion This case serves as a reminder that acute transverse myelitis can be a rare clinical manifestation of Lyme disease.

Abstract 832 Figure 1

833 THE EFFECT OF PROBIOTICS ON COLONIZATION OF RESISTANT ORGANISMS IN PRETERM INFANTS

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[1]A Kurt, [1]A Ecevit, [1]D Anuk Ince, [1]A Abbasoglu, [2]O Kurt Azap, [1]Z Ecevit, [3]E Ogus, [1]A Tarcan. *[1]Pediatrics; [2]Infectious Diseases; [3]Biostatistics, Baskent University Faculty of Medicine, Ankara, Turkey*

Background and Aims To investigate the effect of probiotics on colonization of resistant organisms in preterm infants receiving antibiotics.

Methods This study comprised of preterm infants who were born < 36 weeks and received antibiotic treatment or prophylaxis. Preterm infants were divided into two groups according to receiving probiotic (Lactobacillus reuteri). Stool culture and nasal swab culture were taken to determine colonization.

Results In the group receiving probiotics, mostly colonizing the stool cultures bacteries were *Klebsiella spp, Escherichia coli, Enterococcus spp., Enterobacteriae spp., Staphylococcus spp.* respectively, and in the group not receiving probiotic mostly colonizing the stool cultures bacteries were *Klebsiella spp*, *Enterococcus spp., Staphylococcus spp.*, *Escherichia coli*, *Enterobacteriae spp.* respectively. When probiotic receiving group compared was with not receiving group, proliferation rate of stool cultures was higher in probiotic group. In the groups receiving and not receiving probiotic, proliferation of the nose cultures were similar. Increase in the proliferation rates of weekly stool cultures in probiotic receiving group was statistically significant but there was no statistically difference in the proliferation rates of nose and other cultures that were taken weekly. There was no statistical difference in both groups in the development of resistant organisms.

Conclusions The use of probiotics in neonatal intensive care unit for premature infants who received treatment with antibiotics, did not prevent the colonization of pathogenic microorganisms.

834 THE SENSITIVITY OF BACTERIAL MENINGITIS SCORE IN CHILDREN WITH ACUTE MENINGITIS IN QATAR

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[1]H Abdlrahman, [1]A Alhamadi, [1]K Al-Saddi, [1]W Seleem, [1]H Badran, [1]N Sharaf, [2]A Farooq. *[1]Hamad Medical Center; [2]Aspitar Medical Center, Doha, Qatar*

Background The empirical use of antibiotics in children with suspected meningitis is a common clinical practice worldwide that often leads to drug resistance. It is difficult to clinically differentiate bacterial when compared to viral meningitis until a culture study ofcerebral spinal fluid (CSF) Or CSF viral PCR study is performed. A 'wait and see' approach may lead to undesirable outcome. Bacterial Meningitis Score (BMS) is a tool that was developed to help physicians to differentiate between viral versus bacterial meningitis.

Aim To determine the usefulness if any of BMS for discriminating between bacterial or viral meningitis is young children.

Methodology We retrospectively reviewed the charts of all children (from birth till 14 years old) who were admitted with the diagnosis of meningitis to Hamad general hospital in last 2 years period.

Result A total 120 patients (68% boys) with confirmed meningitis were reviewed during the study period. The mean age was (6.3±2.7 year). The majority of patients 112 (93.3%) had viral type meningitis while the remaining had bacterial meningitis (Strep Pneumia, Neisseria meningitis and H. Influenza). The sensitivity of BMS tool revealed a sensitivity of 100% (95% CI: 75.1 to 100.0) and a specificity of 60.9% (95% CI:50.1–69.7).

Conclusion Our study shows that BMS is a simple, easy and highly sensitive tool that can differentiate bacterial from viral meningitis and it is use may limit the use of unnecessary antibiotic s and hospitalizations.

835 THE VALUE OF A POSITIVE NITRATE TEST IN ROUTINE URINE ANALYSIS FOR THE DIAGNOSIS OF CHILDHOOD UTI

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HA Bin-Nakhi, E Bu-Hamrah, S Sadeq, AR Moodambail. *Pediatrics, Adan Hospital, Kuwait, Kuwait*

Urinary tract infection (UTI) is one of the most common diseases in children. Its diagnosis depends mainly on urine culture. Urinalysis is used as a screening test to exclude UTI. A hospital based, prospective case-review study was carried out at the Pediatric Department, Al-Adan Hospital, State of Kuwait. The objectives of this study is:

1. To determine the proportion of positive urine cultures identified in patient less than 12 years of age, admitted to hospital and was found to have a positive nitrite test in the routine urinanalysis.