Conclusions In our study S. aureus strains obtained from children purulent-infectious diseases have high sensitivity to aminopenicillin with clavulan acid, meropenem, some cephalosporins, gentamycin. Among clinical strains of S. aureus we found methicillin- and even vancomycin-resistant microorganisms.

881 A RARE CASE OF LEMIERRE SYNDROME IN A 13 YEAR OLD CHILD

doi:10.1136/archdischild-2012-302724.0881

[1]I Velissariou, [2]P Papapavlou, [2]H Bairactaris, [3]I Pierris, [3]I Kolovos, [1]M Kalmanti. *[1]Pediatrics; [2]Vascular Surgery; [3]Radiology, Metropolitan Hospital, Athens, Greece*

Object To present a rare case of Lemierre syndrome in a 13 year old girl.

Case Report The child presented with pyrexia, pharyngitis and dysphagia of 9 days duration. On the fifth day of pyrexia she developed a painful mass on the left side of her neck with bilateral tonsillar enlargement with exudate.

The patient underwent cervical ultrasound and magnetic resonance angiography of the brain that revealed septic thrombophlebitis of the left internal jugular vein. Antibody testing for cytomegalovirus, Toxoplasma gondii and Bartonella henselae were negative for active infection. Blood cultures did not have any growth. Computed tomography of the chest revealed multiple bilateral septic emboli, although the patient did not have any overt respiratory symptoms.

The patient received intravenous ceftriaxone and clindamycin for 3 weeks, followed by amoxicillin-clavoulanic acid orally for another 3 weeks along with anticoagulation therapy for 3 months in total.

Three months later, she was clinically asymptomatic, computed tomography of the chest was clear and the thrombophlebitis of the left internal jugular vein was stable.

Almost two years later, the patient remains in a very good clinical condition without any similar recurrences.

Conclusions Lemierre syndrome is a rare combination of tonsillitis and septic thrombophlebitis of the internal jugular vein caused primarily by Fusobacterium necrophorum, an obligate anaerobic gram-negative rod. In our case, we did not isolate the causative agent, however the patient had an excellent outcome with antibiotic and anticoagulation therapy without any surgical intervention.

882 HEPATOSPLENIC CAT-SCRATCH DISEASE IN A 12-YEARS-OLD GIRL

doi:10.1136/archdischild-2012-302724.0882

O Diaz-Morales, JD Martinez-Pajares, JC Ramos-Diaz, J Trigo-Moreno, E Fernandez-Gomez, M Miranda-Valdivieso. *UGC Pediatria, Hospital Comarcal de Antequera, Antequera, Spain*

Background Cat-scratch disease (CSD) is an infectious disease typically characterized by a self-limited regional lymphadenopathy. However, CSD can include hepatic and splenic involvement. There are few data in the literature regarding treatment of this situation, although administration of rifampicin associated with gentamicin and doxycycline or azithromycin is promoted.

Case Report A 12 year old girl was admitted because of 3 weeks sustained fever. No remarkable physical findings were presents. Laboratory findings in this admission only show CRP and ESR elevation and positive IgM for cytomegalovirus (CMV), together with fever defervescence, so she was discharged with probable diagnosis of acute CMV infection. However, she was readmitted a week later for recurrence of fever. Abdominal ultrasound detected multiples hyperechoic hepatic lesions and two larger splenic lesions, with no abnormalities of liver function. IgM (1/192) and IgG (1/3200) were positive for Bartonella henselae and PCR to CMV was negative, getting the diagnosis of an hepatosplenic form of CSD. Treatment with rifampicin and trimetroprim during 14 days was unsuccessful, therefore, triple therapy with rifampicin, doxycycline and azithromycin was started. Fever stopped after 6 days of treatment, but reemerged a week later, with a rebound of CRP and ESR levels. Finally, fever and analytical anomalies disappeared after several weeks, under monotherapy with azithromycin. No immunodefiencency was found.

Comments CSD must be suspected in the presence of prolonged fever with or without hepatosplenic involvement. In this case, little response was observed to the antibiotic therapy suggested in the literature, and evolution appeared to be self-limited.

883 INCIDENCE OF LEISHMANIASIS IN A DISTRICT GENERAL HOSPITAL

doi:10.1136/archdischild-2012-302724.0883

[1,2]S Damodaran, [3]G Erumbala, [4]D Abraham, [1]S Nirmal. *[1]Paediatrics, James Paget Hospital, Great Yarmouth; [2]PICU, Addenbrookes Hospital, Cambridge; [3]Paediatrics, Milton Keynes General Hospital NHS Foundation Trust, Milton Keynes; [4]NICU, Birmingham Children's Hospital, Birmingham, UK*

Aim To study the incidence of Leishmaniasis in children under 5 years in a District General Hospital in the UK.

Method The microbiology records over 5-years (2005–2010) were reviewed. Inclusion criteria were age under 5 years and diagnosis of Leishmaniasis on bone marrow examination.

Results Two cases were identified.

Case-1: A 15 month-old-girl, family from east Timur, referred from primary care with weight-loss and a non-healing skin ulcer. She appeared undernourished with pallor, pyrexia and hepatosplenomegaly. FBC showed pancytopenia. Bone marrow examination confirmed Leishmaniasis. Her mother had intrapartum Leishmaniasis.

Case-2: A 22 month-old-boy presented with high fever and weight loss for 3 weeks. Examination confirmed pyrexia, pallor and hepatosplenomegaly. FBC revealed pancytopenia. Direct antigen test for Leishmania was positive. Leishmania Donovani complex was detected on bone marrow examination. There was no history of maternal infection.

Both children were born in United Kingdom with no history of foreign travel. They both responded well to treatment with ambisome.

Discussion Leishmania Donovani, the protozoan parasite, is transmitted in endemic areas by the insect vector *Phlebotomine* sandfly. In non-endemic areas, transmission is vertical. The infection can lead to impairment in cell mediated immunity and a 100% mortality rate, if left untreated. Most cases of visceral Leishmaniasis occur in India, Bangladesh, Nepal, Brazil, and the Sudan. East Timor, although not endemic, has witnessed an upsurge of several confirmed cases recently. There was a history of maternal infection in only one of these two children. The source of infection in the other remains unidentified.

884 THE VARIABILITY IN THE COURSE OF HEPATITIS B IN CHILDREN AFTER MOTHER-TO-CHILD TRANSMISSION AS A REASON TO ADJUST TREATMENT

doi:10.1136/archdischild-2012-302724.0884

[1,2]B Kowalik-Mikołajewska, [1,2]M Aniszewska, [1,2]M Marczyńska. *[1]Department of Children's Infectious Diseases, Medical University of Warsaw; [2]Hospital of Infectious Diseases, Warsaw, Poland*

Background and Aims In Poland currently, despite obligatory hepatitis B vaccination we expect the occurence of mother-to-child

infection. We present 3 different courses of the HBV mother-to-child infections as a basis to differentiation of the therapeutic models .

Methods We investigated case reports of 3 children infected with HBV by their mothers HBsAg(+) HBeAg(+). Chronic hepatitis B was confirmed in mothers aged 18, 21 and 26 respectively. All children were vaccinated against hepatitis B at delivery: two of them three times, one two times. One of the children was administered HBIG in the first day of its life.

Results Hepatitis B virus infection in 2 children was revealed in the 3rd year of life. Acute hepatitis with the Gianotti-Crosti syndrome was diagnosed in 1 child in the 6th month of life. Subsequently, all children were diagnosed with chronic hepatitis B and the course of the disease was different in each case. In the first child aged 1, the activity of alanine aminotransferase decreased to near normal level with the seroconversion of HBe antigen to antibodies anti-HBe. The second child in the fourth year of life has high level of HBV viral load and high activity of alanine aminotransferase. The third child (12 years old) has exacerbation of disease after failure of treatment (lamivudine, interferon twice).

Conclusions 1. The course of chronic hepatitis B in children after maternal infection may be vary, therefore some adjustments in treatment should be taken into account.

885 INFECTIOUS ERYTHEMA NODOSUM

doi:10.1136/archdischild-2012-302724.0885

[1]H Rahmoune, [1]N Boutrid, [2]H Torki, [3]S Chehad, [1]B Bioud. *[1]Pediatrics, University Hospital of Setif; [2]Pediatrics, EHS Mère-Enfant, El-Eulma, Setif; [3]Dermatology, University Hospital of Constantine, Constantine, Algeria*

Introduction Erythema nodosum (EN) is a dermatological entity can belong to several causes. We describe two cases, side two of the offending pathogens.

Material and Method Case 1: A little boy of 7 months was admitted for febrile erythema nodosum

The history, by cons, reveals a close tuberculosis contact:the father was treated for pulmonary tuberculosis, but no chemoprophylaxis has been lavished on the family.

High inflammatory markers and a 14mm-tuberculin test are holding a post-tuberculosis EN. Antibiotic treatment allows bioclinical resolution.

Case 2: A 5 year old girl was admitted for acute EN. She has, outside of a purulent amygdalytis, no other pathological signs.

In addition to high ESR and CRP, the results found for ASLO = 800 ui.

The rapid resolution in antibiotic anti-streptococcal etiology confirms the suspicion.

Results and discussion: The EN is the most common inflammatory nodules or panniculitis.

Investigation of an EN is often much custom and takes particular account of local epidemiology, history, geographic origin and associated signs evoking a particular pathology.

Discussion of these cases can raise some discussion points:

- The place still occupied worrying Mycobacterium tuberculosis in pediatric morbidity
- B-hemolytic streptococcus is a public health problem

The value of prevention, secondary and tertiary, deserves an ongoing effort on targeted risk populations.

Conclusion The EN is dogmatically infectious first.

Streptococcal infection is currently the most common cause, after eliminating a primary tuberculosis.

886 VARICELLA COMPLICATED WITH LOBAR PNEUMONIA AND PARAPNEUMONIC PLEURISY

doi:10.1136/archdischild-2012-302724.0886

S Diaconescu, C Olaru, G Paduraru, M Burlea. *'Gr.T.Popa' University of Medecine and Pharmacy, Iasi, Romania*

Background and Aims Chickenpox is an acute, benign, highly contagious disease characterized by generalized vesicular exanthema with self-limited evolution. Pneumonia is the most serious complication of varicella, occurring more frequently in adults (>20%) than in children. An outbreak of the disease started in late autumn 2011 in Romania and continues in present.

Methods and results: The authors present the case of a 4 years old boy admitted into the Infectious Diseases Hospital with chickenpox. On the 4-th day of the disease high fever, dyspnea with tachypnea, intercostal retractions, pleuritic pain and cough appeared and the patient was transferred to the Children Hospital. Clinical examination showed abolished left basal vesicular breath sound with wet crackles in the middle and superior lung area; chest X-ray finded inferior left lobe pneumonia and mild pleural effusion. Tracheal aspirate culture was negative. Leucokytosis with neutrophilia and increased ESR and C-reactive protein was founded. Broad spectrum antibiotherapy was started with favourable evolution after 3 weeks.

Conclusions Among the most serious complications of varicella is pneumonia; it is less common in children than in adults but it may lead to death. However, the epidemic status in Romania in 2011–2012 was associated with an increased number of viral pneumonias; in our case the radiological aspect was highly suggestive for a secondary bacterial infection even with negative aspirate culture (explained by prior antibiotherapy). The history for chickenpox vaccine was negative in our patient. In Romania, the chickenpox immunization is not included into the National Programe of Immunisations at this moment.

887 TWO CASES OF GIGANTIC JUVENILE CYSTIC ECHINOCOCCOSIS

doi:10.1136/archdischild-2012-302724.0887

[1]K grosse Kreymborg, [2]M Stojkovic, [2]T Junghanss, [3]M Hirschburger, [1]KP Zimmer. *[1]Department of General Pediatrics and Neonatology, University of Giessen, Giessen; [2]Section Clinical Tropical Medicine, Heidelberg University Hospital, Heidelberg; [3]Department of General and Thoracic Surgery, University of Giessen, Giessen, Germany*

Background and Aims Cystic Echinococcosis (CE) is a serious multi-organ disease, caused by cestode infection with Echinococcus granulosus. Simultaneous hepatopulmonary or isolated pulmonary hydatidosis in children are rare and demand an individual, but often multidisciplinary case management.

Methods We report on two gigantic CE-manifestations in children. The first case was a 4-year-old boy, presenting with severe pneumonia and abdominal pain in case of hepatopulmonary hydatidosis. The second case was a 6-year-old boy, who presented with continuous coughing in case of isolated, bilateral pulmonary hydatidosis. While the 4-year-old displayed a severely reduced state of health, the 6-year-old showed good general condition.

Results Serologic tests for Echinococcus granulosus infection were negative in either case. The diagnosis of CE was solely based on diverse imaging methods in both entities. While the 4-year-old boy was first treated for his secondary pneumonia, the 6-year-old demanded imminent anthelmintic and surgical treatment due to a ruptured pulmonary cyst with threat of secondary agent dissemination. Finally both patients were discharged after a two-step surgical cyst removal and with continued anthelmintic longterm therapy, which led to restitutio ad integrum in either case.

Conclusions Although a proper multidisciplinary CE-management has evolved in the past decades, an evidence-based evaluation of its outcome, especially in children, is not yet available. Serologic tests for CE-infection are very often tested false-negative, so that the initial diagnosis is mainly image-based. The urge of anthelmintic