

case at the same time ($p < 0.05$). Thus, the low level of intestinal sIgA complicates the course of disease.

946 SOCIAL AND MEDICAL RISK INDICATORS IN ADHERENCE OF HIV/AIDS INFECTED CHILDREN BY VERTICAL TRANSMISSION

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50 children were assisted at Hospital Muniz from 8/1/2010 to 2/28/2011: 11 boys (2/12), 11 girls (5/12), 28 teenagers: 9 males (12/17), 19 females (12/18). A social and medical score to value the adherence vulnerability was applied with these categories: annual internments, increase of viral load, decrease of CD4, clinical pathologies, relation between severity of pathology and internment length, lack of taking and/or delivering a medication, poor care support, lack of assistance to Short-Scheduled Hospitalization Program (SSHP). The results are: Low Score (< 3): **24 patients**. Slight Score (3 to < 6): **7 patients**. Moderate Score (6 to < 12): **8 patients**. High Score (> 12 to < 24): **11 patients**. **Nobody** with **low score** presents **social risks**. **Social risks were presented in:** 5 slight score patients. 6 moderate score patients. 11 patients with high score. **Suffered poor care support:** 16 patients: 6 under 12 (27.3%) and 10 adolescents, 7 women (36.8%) and 3 males (33.4%). Lack of taking and/or delivering a medication: 20 patients, 4 children under 12 years (18.2%), 16 adolescents, 8 women (42.1%) and 4 men (44.4%) and lack of control to the **SSHP**, 15 patients: 4 children under 12 (18.2%) and 15 adolescents, 8 women (42.1%) and 3 males (33.3%). Social and Medical risk in adherence indicators (shown at 2010 IAS Congress) adding the data provided by other disciplines managed to predict clinical evolution, to modify guidelines approach, to generate therapeutic strategies for monitoring at different ages, to follow ARV therapies in vertical transmission HIV/AIDS affected children.

947 SPREADING AND TREATMENT OF ACUTE MIDDLE OTITIS IN CHILDREN

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Goal Development of optimal schemes against acute middle otitis in children through application of the mucoregulatory preparations in the complex antibiotic and basic therapy.

Materials and Methods Development of clinical course of acute middle otitis assessment criteria in children; Development of the optimal scheme against acute middle otitis according to disease severity in children; Treatment effectiveness evaluation for complicated acute middle otitis with mucoregulatory preparations in children; Evaluation of complex treatment effectiveness for complicated acute middle otitis in children. 936 patients from 3 months to 14 years were studied: 426 girls, 510 boys. For statistical processing SPSSv12 software was applied.

Obtained results Two groups of patients were studied: I: patients with complicated acute middle otitis (53–58.9%); II: patients with acute middle otitis without complications (40.1%); subjective criteria for eligibility: 1. disturbance, behavior changes (younger group), pain - 76%; hearing discomfort 8%; nasal signs 47%; fever - 28.2%. Otoscopic criteria: infiltration and hyperemia of tympanum 46.1%; concave or arched tympanum 29.3%; changes of light reflex 24.6% ($p < 0.001$). Before treatment average values of mentioned symptoms were equal in both groups ($p = 0.98$) in case of acute middle year inflammation without complications mucoregulatory preparations

(sinuforte) and sinupred were effective mono-therapeutic remedies. In case of complications mucoregulatory preparations are quite effective.

Conclusion Thus, effectiveness of monotherapy with the mucoregulatory preparations in case of acute middle otitis is similar to standard treatment and could be regarded as alternative remedy $p = 0.01$. As for treatment of complicated disease combined treatment significantly reduces treatment duration $p < 0.001$.

948 OCCULT LUMBAR DERMOID CYST REVEALED BY RECURRENT KLEBSIELLA MENINGITIS

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Introduction Lumbar dermoid cysts and other occult dysraphisms are sometimes difficult to diagnose. These anomalies are occasionally detected after a nervous central system infection.

Case Report Previously healthy 10 month-old child, admitted after a first febrile generalized seizure with nuchal rigidity and bulging fontanel. A very small blind lumbar dimple above the 5th lumbar vertebra was noticed. Cerebrospinal fluid (CSF) was consistent with bacterial meningitis and penicillin susceptible *Klebsiella* spp was identified. Brain CT-scan was normal and CSF was sterile after 4 days of ceftriaxone. She completed 21 days of therapy, with clinical improvement. One week after, she was readmitted with fever, lethargy and opisthotonus. *Klebsiella oxytoca* meningitis was diagnosed and treated for 3 weeks with ceftriaxone and gentamicin, according to antibiotic susceptibility test. Brain and spine magnetic resonance imaging showed a L4-L5 lumbo-sacral intrarachidian dermoid cyst with a fistulous path to skin surface. Surgical closure of fistula was performed on day 23 of therapy. This child is currently under antibiotic chemoprophylaxis with amoxicillin/clavulanate, awaiting removal of dermoid cyst under optimal sterile conditions. Neurological exam and motor development have been normal.

Conclusions A strong clinical suspicion is necessary in order to diagnose occult dysraphism and spinal midline cysts, before complications occur. A careful examination of the midline is warranted in all infants, paying special attention to skin pits outside coccygeal area, even if apparently blind. This diagnosis should also be considered in cases of recurrent or unusual bacterial associated central nervous system infections.

949 MANAGEMENT OF PERI-ORBITAL/ORBITAL CELLULITIS IN CHILDREN ACROSS TWO DISTRICT GENERAL HOSPITALS

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Aim

1. To find out if there was uniformity in choice of antibiotics.
2. Are blood cultures, swabs and other blood tests helpful in management.
3. Look at involvement of other specialities in terms of follow-up and management.

Methodology Retrospective analysis of case notes with a diagnosis of preseptal/orbital cellulitis across 2 DGH. 15 such cases were recruited.

Results There was no uniformity in the antibiotics used. (5 different combinations were used).

Blood cultures were negative in 13 cases.

6 out of 15 had CRP < 15 .

Eye swab was positive in 3 cases.

Allied specialities were involved in 9 cases.

Only 1 out of the total 15 cases developed an abscess and incidentally did not have anti-staphylococcal cover.