

base excess before the onset of clinical signs and symptoms of sepsis indicate infection in the early diagnosis of neonatal sepsis.

Methods A total of 118 infants were enrolled. The infants were classified into two groups: group 1 (sepsis, n = 49) and group 2 (control, n = 69). Blood gas analysis investigated for screening of neonatal sepsis.

Results A total of 49 infants with neonatal sepsis and 69 healthy controls were enrolled. A comparison of markers of sepsis revealed C-reactive protein, interleukin-6 level to be significantly higher and pH, pCO₂, HCO₃ and base excess values to be significantly lower in newborns with sepsis compared healthy controls (p < 0.01). The optimum cut-off value in the diagnosis of neonatal sepsis was found to be -5 mmol/L for base excess. Sensitivity, specificity, positive predictive value and negative predictive value of this base excess cut-off for neonatal sepsis were 75, 91, 86 and 84% respectively.

Conclusions This is the first study to determine the relationship between the decrease value of base excess and early stage of neonatal sepsis. If the value of base excess <-5 mmol/L without an underlying another reason, may need close follow up of infants for neonatal sepsis and it may help early diagnosis.

PO-0520 NEONATAL MENINGITIS DUE TO MORAXELLA OSLOENSIS; CASE REPORT AND REVIEW OF THE LITERATURE

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Introduction Neonatal meningitis causes substantial morbidity and mortality and is commonly caused by GBS. Moraxella osloensis is an aerobic, gram-negative coccobacillus infrequently isolated from CSF. There is little published related to risk factors of M. osloensis infections in the paediatric population. We report a case of Moraxella meningitis a neonate and review of cases in children.

Case report A 2 day old neonate was referred for jaundice and bilirubin check. He was noted to be jaundiced and lethargic. He was born at term complicated with maternal pyrexia and raised maternal inflammatory markers. He was discharged on day1 following 12 h of satisfactory observation.

A full septic screen was performed on the baby in-view of risk factor for sepsis. The biochemical work-up was suggestive of meningitis. The blood and CSF culture were negative; however the CSF PCR was positive for Moraxella Oslonesis.

Abstract PO-0520 Table 1Laboratory Investigations:

Investigations:	Day1 of admission	Day3 of admission	Day10 of admission
CRP	10	6	<1
Bilirubin	192	176	22
Blood Neutrophils	5.4	4.6	3.7
Platelets	129	206	454
CSF glucose	1.5		
	Lymphocytes - 10%		
	Polymorphs-90%		
	Red blood cells -40,320/cu.mm		
CSF Microscopy	White blood cells -133/cu.mm		
Blood culture	No growth		
CSF culture	No growth		
CSF PCR	Moraxella. oslonesis		

He was treated with 3 week course of IV cefotaxime and discharged without any acute complications.

Discussion A PubMed search yielded 4 published cases of M. osloensis meningitis but none of them presented in the neonatal period. There was 1 published case of neonatal septicemia without meningitis, however there was no specific risk factor identified in any of these patients.

In conclusion, although M. osloensis meningitis is rare it may cause severe CNS infection in children we were able to definitely identify the species of the isolates only by using 16S rRNA gene sequencing and extended PCR must be performed on all babies presenting with possible meningitis.

PO-0521 AUDIT OF MANAGEMENT OF NEONATES PRESENTING WITH SUSPECTED SEPSIS AND/OR MENINGITIS

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Introduction Sepsis is a significant cause of mortality and morbidity in neonates. Diagnosis can be challenging as clinical features are nonspecific and the diagnostic tests have poor predictive accuracy.

Objectives To identify incidence of sepsis, risk factors and clinical presentation, sensitivity pattern of organisms, management and compare with local guidelines.

Project methodology Retrospective case notes analysis of babies up to 28 days age and presenting with features of sepsis during August 2011 to July 2013. Data collected on risk factors, clinical presentation, management and outcome.

Results 23 out of 88 babies had blood, urine or CSF positives for viral or bacterial organisms of which 11 were true positives. Significant number of babies presented with nonspecific symptoms. Risk factors for neonatal sepsis were not always documented. A significant number did not have urine or CSF cultures prior to starting antibiotics (urine 54% and CSF 77%). The total number of contaminants was 12/23 of which Coagulase negative staph was predominant.

Of the 12 true positives 3 had bacteraemia (1 died), 1 had positive Group B streptococcus both in blood and CSF (died), 5 had urinary tract infection and 2 had CSF viral PCR positive (1 died).

Of the 9 various antibiotic combination used the most commonly used combination was Cefotaxime/Amoxicillin/Gentamicin (73%).

Conclusion The audit identified following areas for improvement:

- documentation of perinatal events,
- performing vital investigations like CSF and urine culture before starting antibiotics and ensuring strict aseptic technique in blood and CSF culture.

PO-0522 GENERALISED BULLOUS IMPETIGO IN A NEONATE DUE TO METHICILLIN-RESISTANT STAPHYLOCOCCUS

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