Objective To describe a case of generalised bullous impetigo caused by *methicillin-resistant Staphylococcus aureus (MRSA)* in new born.

Observation A masculin infant was born at full term pregnancy to a healthy mother by cesarian section because of rupture of membranes and acute fetal distress. He was normal within 48 h of life and C reactive protein (CRP) was negative, so he was discharged from the hospital. He presented at the age of 3 days erythematous pultaceous lesions of the face without fever. He was hospitalised at the age of 5 days. On examination, we noted on his face, neck and back multiple shallow erosions and flaccid pus-filled bullae, varying in size.

Investigations including complete hemogram, renal function tests and CRP had results within normal limits. A smear from a pustular lesion and blood culture were done. The infant was started on intravenous oxacillin (100 mg/kg/day) and gentamicin (5 mg/kg/day). The culture of the two samples was positive for *MRSA* which was resistant to kanamycin and fusidic acid. Antibiotic therapy was modified by vancomycin and pristinamycin for total treatment duration of 14 days. The outcome was favourable with rapid regression of skin lesion. Search by PCR of the mecA gene and the gene encoding Panton-Valentine Leukocidine was positive for the 2 strains of *MRSA* isolated from blood culture and pustule.

Conclusion Community-acquired, methicillin-resistant *Staphylococcus aureus* infections are increasing among children. Early diagnosis and appropriate antimicrobial therapy improve outcomes.

PO-0523 TOXICITY AND VIRAL LOAD IN URINE DURING VALGANCICLOVIR THERAPY IN PREMATURE INFANTS

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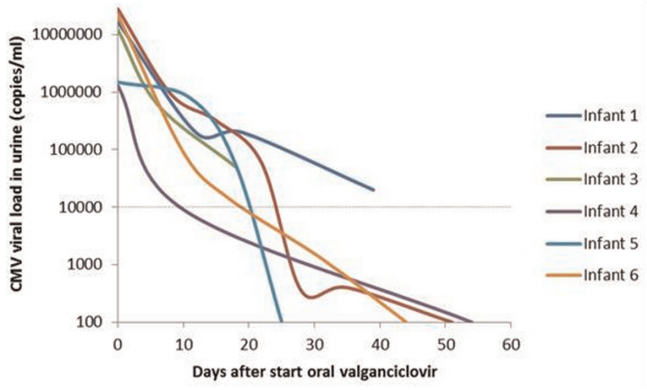
Background and aims Antiviral therapy with Valganciclovir, a relatively new but potentialtoxic oral drug, is recommended to prevent further hearing deterioration in infants with (congenital) CMV infection. Viral load monitoring can possibly beused as indicator for effective treatment.

Methods A retrospective cohort study (2005–2010) in a third level neonatal intensive care unit. Neonates ≤32 weeks of gestational age (GA) with CMV infection treated with oral Valganciclovir (30 mg/kg/day) were included. Time interval (days) to reach CMV viral load below detection level (<250 copies/ml) and assumed therapeutic level (<10.000 copies/ml) were determined. Toxicity was measured by plasma trough levels (target 0.2–1 mg/L), thrombocytopenia (< 100×10^9/L) and leukopenia (< 5×10^9/L).



Abstract PO-0523 Figure 1 CMV viral load during treatment with Valganciclovir

Results

Data of 6 infants, median gestational age 25^{+2} (range 25^{+1}–28^{+4}) weeks, 2 with congenital and 4 with postnatal infection, were analysed. Time interval between start of therapy and viral load below detection level was 25–54 days and below therapeutic level 10–31 days. 28/37 plasma samples were in the normal range, 3/37 above and 6/37 under the target concentration. Mild transient leukopenia (4.5×10^9/L) occurred in 1 infant. No thrombocytopenia occurred.

Conclusions A dosage of 30 mg/kg/day Valganciclovir in premature infants with CMV infection provided a fairly rapid decrease of CMV viral load in urine, without causing serious short term toxicity.

PO-0524 NEONATAL SYSTEMIC CANDIDIASIS: A 12-YEAR STUDY

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Background Invasive Candida species have become a common cause of late-onset sepsis in neonatal intensive care units. Significant risk factors include low birth weight, exposure to broad spectrum antibiotics, parenteral nutrition, lipid emulsion, central venous catheter and abdominal surgery.

Material and method We performed a retrospective study over a period of 12 years (Jan 2002 to Jan 2014) in our hospital NICU. The aims of this study were to investigate the incidence of the systemic candidiasis, mortality rate, the implicated Candida strains, specific risk factors and antifungal treatment.

Results All of our cases were outpatients. The average incidence of systemic candidiasis was 5.8% (111 cases) with a specific average mortality of 28%. In 96 cases (86.5%) not albicans Candida species were identified. 83 patients (74.7%) underwent abdominal surgery interventions; from these 42 had malformations of digestive tract and 16 presented abdominal wall defects. 12 operated patients remained with temporary ileostomies, 5 had colostomies and 4 cases associated short bowel syndrome. Also 23 (20.7%) were premature with birth weight under 1500 g; 25 cases presented also a bacterial sepsis. The antifungal therapy consisted of Fluconazol iv during the period 2002–2006; starting 2007 we used mainly Caspofungin iv. Also, starting 2011 all the patients with risk factors received oral prophylaxis with Nistatin.

Conclusions Neonatal sepsis with Candida species still has a high rate of mortality and morbidity mainly linked of specific risk factors and other severe illnesses. Thereof more randomised trials regarding both oral and iv prophylaxis are needed.

PO-0525 RETROSPECTIVE EVALUATION OF LINEZOLID AND VANCOMYCIN THERAPY IN INTENSIVE CARE NEONATES WITH STAPHYLOCOCCAL LATE-ONSET SEPSIS

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