PO-0542 CONGENITAL RUBELLA STILL EXISTS IN TUNISIA

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10.1136/archdischild-2014-307384.1185

Background and aims Congenital rubella is a rare and serious disease including auditory, neurological, cardiac, urinary, and ocular abnormalities.
Aims remind the gravity of the rubella seroconversion during pregnancy and the necessity of its prevention.
Methods We report a retrospective analysis of 21 cases of congenital rubella, confirmed by serology, followed in paediatric and neonatology department between 2004 and 2013.
Results The average age of diagnosis was 21 days. Maternal rubella immune status was unknown in 10 cases. Seroconversion was noted in 7 cases, a patient had a residual immunity and a skin rash arisen during the pregnancy was noted in 5 cases. At birth 16 patients had intrauterine growth retardation, leukokoria (6 cases), cardiac breath (9 cases), facial dysmorphy (7 cases) and genital anomalies (4 cases). The ophthalmologic examination showed: bilateral cataract (4 cases), unilateral cataract (2 cases), glaucoma (1 case) and a case of bilateral corneal dystrophy. The biology showed 5 cases of thrombopenia. The cardiac sonography showed cardiac defects in 11 cases, with variable anomalies mainly patent ductus arteriosus (7 cases) and pulmonary stenosis (4 cases). The hearing evoked potential showed a bilateral deafness in 2 cases. The outcome was unfavourable with death in 3 cases, retarded growth associated with a psychomotor delay in 6 cases.
Conclusion The persistence of congenital rubella syndrome in our country shows the necessity of including rubella immunisation in the routine national immunisation program, especially in developing countries.

PO-0543 THE DEVASTATING POTENTIAL OF NEONATAL PSEUDOMONAS AERUGINOSA OCULAR INFECTIONS

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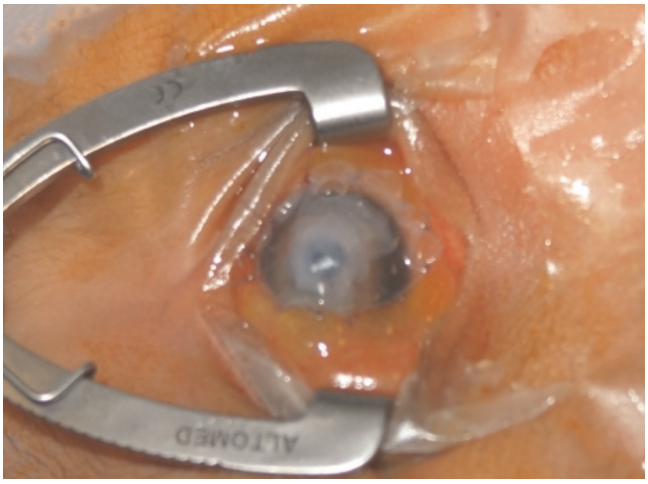
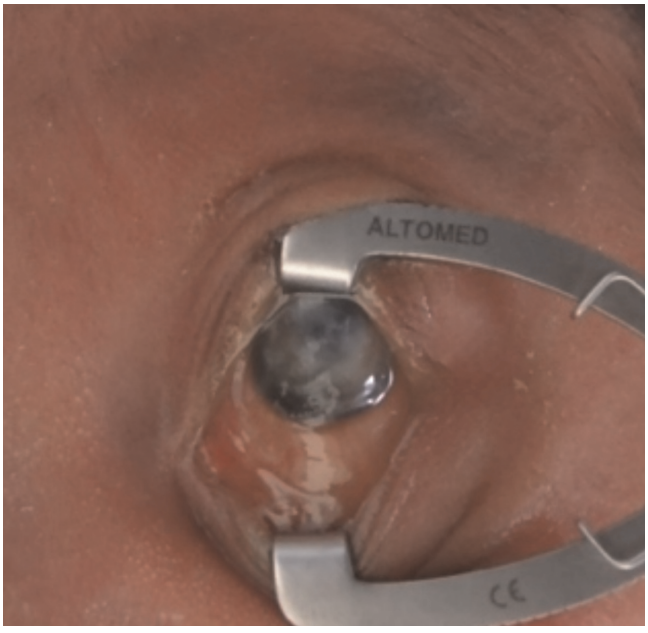
10.1136/archdischild-2014-307384.1186

Background Pseudomaonas aeruginosa may account for 8% of acquired Ophtalmia Neonatorum in modern NICUs. Under recognition may lead to delays in treatment.
Objective To highlight the presentation and severity of P. aeruginosa ocular infection in preterm infants and describe the early medical management and evaluation.
Case Reports: We report two cases of invasive P.aeruginosa eye infections treated on level III units in the SE London Perinatal Network.
Case 1: 31 weeks GA infant developed purulent discharge from one eye on day 4. The cornea became opaque (day 6) with periorbital swelling on treatment (Clarithromycin drops IV ceftazidime, gentamicin). Eye swabs (d5): P.aeruginosa. Subsequently treated with Ofaxocillin eye drops. The cornea became necrotic and the infant received an amniotic membrane graft. (Figure 1 and 2).



Abstract PO-0543 Figure 1



Abstract PO-0543 Figure 2

Case 2: 33 week GA with swelling and erythema of the eyelid in 1 eye (day 4) with 2 white lesions on the cornea. Within 24 h the sclera appeared yellow with pustular discharge. There was corneal ulceration and hypopyon. Corneal scrapings and eye swaps grew P.aeruginosa. Blood cultures were negative. The central corneal ulceration was repaired with conjunctival flap. A temporal tarsorrhaphy was placed from d17–28 Subsequently required an amniotic membrane graft.
Conclusion P. Aeruginosa ON in preterm can lead to rapid severe ocular infection. Increased vigilance and rapid microbiological evaluation of sticky eyes is required. Urgent ophthalmological examination and prompt treatment may ameliorate visual impairment.