Abstract PO-0176 Figure 1 Ulcers on the right lower leg

hospital visit after having stayed for 40 days. There was a history of injury to her right ankle 3 weeks ago and was treated with oral antibiotics. The wound started to heal but subsequently became itchy and started discharging blood stained fluid. A week later similar lesions developed on her left lower limb. She was born in UK and had all her immunisations. Swab from lesions grew *group A beta-hemolytic streptococcus* and non-toxigenic *Coryne bacterium diphtheriae*. She was initially started on Penicillin and Flucloxacillin. Erythromycin was added after the culture results, as *C. diphtheriae* was penicillin resistant. She made a complete recovery following 7 days of antibiotics.

C. diphtheriae is a non-sporulating, non-encapsulated and non-motile gram positive bacillus.¹ The epidemiological significance and mechanism of pathogenicity of nontoxigenic *C. diphtheriae* is unclear. In Australia, seven cases of endocarditis due to non-toxigenic *C. diphtheriae* have been reported.² Cutaneous diphtheria can be caused by both toxigenic and non-toxigenic strains and the lesions usually appear on exposed parts. The lesions start as vesicles and quickly form small, clearly demarcated ulcers.³ Symptomatic infections with non-toxigenic *C. diphtheria* are rare but when identified needs appropriate treatment. There is no need to carry out clearance swabs or to trace contacts of these individuals.⁴ Skin ulcers not responding to conventional antibiotic treatment should be investigated for rarer causes such as cutaneous diphtheria.

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PO-0177 WITHDRAWN

PO-0178 ENTERIC FEVER IN INDIA – CLINICO-HEMATOLOGICAL PROFILE, ANTIMICROBIAL SENSITIVITY AND RESPONSE

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Aims Enteric fever is endemic in India and its diagnosis in early stages is a clinician nightmare. Our aim was to study the clinical profile, haematological features, antimicrobial susceptibility pattern of the isolates, time to defervescence with the treatment received of culture proven typhoid cases.

Material and methods This was a retrospective chart review of 154 cases of culture proven enteric fever carried out at a tertiary care private hospital in Gurgaon over the period January 2010 to December 2013.

Results All patient enrolled were culture positive 78% of the isolates were *Salmonella typhi* while 22% were *Salmonella paratyphi A*. Clinical feature of dry parched lips and coated tongue was seen in 100% patient and abdominal symptoms in 70% patient. Enteric fever was seen in younger age group and infancy in 15% patient. An absolute eosinopenia was seen in 81.8% of the patients. Before being admitted to the hospital, 24.6% received antibiotics. The mean time to defervescence in patients who received prior antibiotics was 3.4 days while that in those who did not receive prior antibiotics was 5.1 days. Severe complication rate was less than 1%.

Conclusions A high culture positivity despite prior or ongoing antibiotic treatment was seen. Absolute eosinophil count and high acute phase reactant in early stage could be an important marker of typhoid. High prevalence of resistance to fluoroquinolones was observed. Early defervescence was seen in patient with combination treatment in comparison to single antibiotic.

PO-0179 WITHDRAWN

PO-0180 INFECTIOUS DISEASES IN HOSPITALISED CHILDREN IN IRAN

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Background 54 million deaths occurred worldwide and about one third was due to infectious diseases in developing countries and among children, globally. Infectious diseases are important causes of mortality and morbidity in children and have particular concern in paediatrics' wards. Distinguishing the features and subtypes of infectious diseases could facilitate avoiding advanced interventions, therefore, we aimed to investigate infectious disorders in hospitalised children in Rasht/ Iran.

Materials and methods This is a descriptive cross-sectional study which was conducted on 1 months to 14 years old hospitalised children in north part of Iran, Rasht. data were gathered through a checklist which assessed age, sex, place of inhabitants, season of admission, duration of hospitalisation and final diagnosis. Descriptive statistics such as mean, standard deviation, frequency, maximum and minimum were used to report the results by SPSSv16 software.

Results During the study, 4676 hospitalised children were admitted and 29% reported infectious disorders. 83.2% of infected patients were children aged less than 5 years. The mean duration of hospitalisation for infectious disease was $5 \pm 4/6$ days. Results demonstrated that infectious diseases were more frequent in male, winter and urban residents. Also, Respiratory tract and gastrointestinal infections showed the highest frequencies which were 40.1% and 37.2%, respectively. Bacterial pneumonia was

the most frequent infection among respiratory tract infections (30.1%).

Conclusion Since, recent studies regarding to infectious diseases could be used for national planning and medical requirements' preparation, it seems that periodical assessment of these diseases is mandatory.

PO-0181 ACUTE BRUCELLOSIS: CLINICAL PRESENTATIONS AND COMPLICATIONS IN CHILDREN

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Brucellosis is a systemic infectious zoonotic disease and it is still an important public health problem in Arabian Peninsula. The clinical presentation of brucellosis is non-specific, and the infection varies in its course and severity.

Objective To evaluate common presentations and complications of involvement of acute *Brucella* infection in children presented to the paediatric emergency unit of Aladan hospital

Methods Design: Retrospective study

Setting: Paediatric emergency unit and paediatric department of Aladdin hospital, Kuwait between April 2008 and April 2013.

Subjects: Sixty two children with acute brucellosis

The diagnosis of brucellosis was made with compatible clinical findings, positive *Brucella* agglutination 1/160 titers, and/or the isolation of *Brucella* species. Complication was defined as the presence of symptoms or physical signs of infection at a particular anatomic site in a patient with active brucellosis. Data of the patients were reviewed in the medical records specially clinical presentation, complications, laboratory results, and treatment given.

Results Out of 62 patients, 36(58.1%) were male and 26 (41.9%) were female. The mean age was 9.5 ± 3.2 years. Arthritis (42 patients, 67.7%) was the most frequent, presentation followed by fever without source (24 patients, 38.7%), and gastrointestinal system (11 patients, 17.7%). The diagnosis depended on increase of brucella titer more than 1/160 in 57 patients (91.9%). Source of infection in patients was mostly ingestion of unpasteurized milk.

Conclusion Brucellosis is still an important health problem in Kuwait and must be taken into consideration in children presented with fever without a source or arthritis.

PO-0182 DIAGNOSTIC IMPORTANCE OF SERUM CRP AND IL-6 FOR EARLY INFANTILE SEPSIS

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Objectives To assess the efficacy of early estimation of serum high-sensitivity C-reactive protein (hs-CRP) and interleukin (IL)-6 to differentiation between infants less than 3 months of age had sepsis and those free of infection and to assess their use as early predictor for result of blood culture (BC).

Patients and methods The study included 90 infants less than 3 months old, admitted to paediatric department of Benha university hospital, all of them showed clinical features of sepsis. Our patients were subdivided into; clinically septic infants with positive BC, clinically septic infants with negative BC and suspected septic infants with negative BC. Two venous blood samples were obtained: The first at time of hospital admission for ELISA estimation of hs-CRP and IL-6 serum levels and the second sample was obtained either at time of development of clinical signs of sepsis or at 72 h in non-infected groups.

Results Blood culture was positive in 42 infants, 21 infants were clinically infected but with negative BC and 27 infants were suspected to have sepsis and BC were negative. Serum hs-CRP and IL-6 levels were significantly higher in infants with positive BC compared with those with negative BC. Assessing the predictive factors for infantile sepsis with positive BC by regression analysis showed that high total WBC count, high hs-CRP, and serum IL-6 were the most significant predictors.

Conclusion Early estimation of serum hs-CRP and IL-6 levels could provide an early prediction for positive BC so allowing early initiation of therapy.

PO-0183 ROLE OF ORAL CORTICOSTEROIDS BEFORE ADMISSION IN INFANTS WITH ACUTE MODERATELY ILL BRONCHIOLITIS

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Background and aims Current evidence does not support a clinically relevant effect of systemic glucocorticoids in reducing length of hospitalisation (LOS) in acute bronchiolitis. To evaluate whether treatment with oral corticosteroids prior to admission (CO) decreases LOS in patients admitted for acute moderate bronchiolitis (MB).

Material and methods In a context of a randomised, controlled, double-blind clinical trial, 185 patients with MB were included and grouped in receiving CO before admission for more than 24 h or not. Patients who received corticosteroids during hospitalisation and patients with risk factors for severe bronchiolitis were excluded. LOS as the main variable was recorded. Secondary: clinical scale, respiratory rate and oxygen saturation on admission.

Results 26.5% received corticosteroids before to admission. Demographic and clinical data were similar ($p > 0.05$): Males (47% vs 51%), exclusively breastfeeding (51% vs 56%), or RSV positive (61% vs 60%), parental smoking (45% vs 39%) and atopy (38% vs 28%). There were statistically significant differences in mean age (3.5 vs 1.7 months, $p = 0.000$), severity clinical scale (5.37 vs 4.93 points, $p = 0.021$) and in receiving salbutamol (85.7% vs 19.1%, $p = 0.000$). There was no difference in respiratory rate ($p = 0.584$) or oxygen saturation on admission ($p = 0.07$). The LOS was 2.43 vs 3.22 days, $p = 0.004$.

Conclusions In our series, CO administration before admission to BA decreases LOS significantly. The CO group was older but more severe; both can be a confusion factor.