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CLINICAL, EPIDEMIOLOGICAL CHARACTERISTIC OF PATIENTS WITH ACUTE RESPIRATORY TRACT INFECTIONS APPLIED TO THE MURATSAN UNIVERSITY HOSPITAL COMPLEX IN JANUARY 2019, ARMENIA

^{1,2,3}Hripsime Apresyan*, ¹Hasmik Bichakhchyan, ¹Elmira Balasanyan, ¹Luiza Hakobyan, ¹Hermine Zargaryan, ¹Lilit Barseghyan, ¹Mark Grigoryan, ²Liana Nazaryan, ²Karmella Poghosyan, ²Bagrat Baveyan, ¹Garnik Avetisyan, ^{1,2}Vigen Asoyan. ¹Yerevan State Medical University after Mkhitar Heratsi, Yerevan, Armenia; ²Muratsan University Hospital Complex, Yerevan, Armenia; ³Wigmore Clinic, Yerevan, Armenia

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Background Muratsan University Hospital Complex(UHC) is multidisciplinary hospital with 260 bed and has Pediatric, surgical, toxicological, traumatological, ICU, emergency, neonatal pathology, mandibulofacial surgical, Otolaryngologic departments.

Our goal was to describe the clinico-epidemiological characteristic of patients with acute respiratory tract infection (ARTI) applied to the Muratsan UHC in January 2019.

Acute respiratory tract infections are the most common childhood infections worldwide, with close to 100% of children being infected during the first years of life. Whereas the vast majority of viral respiratory infections are mild and self-limiting, more severe disease leads to the hospitalization.

Methods and materials We used the medical charts of patients (up to 18 year) applied to the Muratsan University Hospital Complex in January 2019.

Results In January 2019 3572 patients applied to the Muratsan UHC, 1117 of them were hospitalized. 1523(58.7%) outpatients from 2594 and 603(53.9%) inpatients from 1117 had symptoms of Acute respiratory tract infection.

Analyzing outpatients with ARTI, we mentioned, that 688 (43.2%) were female, and 865(56.8%) - male. The 1021 (67%) were from Yerevan and 502(33%) from regions. Patients were divided to four age groups 0–1 years old 388 (25.5%), 1–3 years 565(37.1%), 3–7 years 422 (27.7%), and above 7- 148 (9.7%). 1247(81.9%) patients of 1523 applied up to 3 days of diseases, 181(11.9%) 4–5th days and 95(6.2%) more than 6th day. High temperature up to 38.0°C had 1182 patients, 38.1–40.0°C-336 and more than 40.1–5, 77.6%, 22.1% and 0.3% respectively. The main symptoms at the moment of admission were cough 1025(67.3%), catarrhal symptoms- 575(37.8%), vomiting -28(1.8%) and diarrhea- 12 (0.89%).

Chest X-ray were done in 152 cases, and in 50 cases pneumonia was established (1.9%).

Among hospitalized patients pneumonia had 191(17.1%)

Conclusion We find out that patients with ARTI applied in first 3 days of disease, with subfebrile temperature and cough and were children up to 7 years old(90.7%). Only 1.9% of outpatients had pneumonia.

As we mentioned children who admitted to the hospital didn't have severe complications. And education of population and some training courses for pediatricians of primary care can decrease hospital application rate.

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THINKING OUTSIDE THE POX

Claire Reynolds*, Molly Cremin, Susanna Felsenstein. Department of Paediatrics, Cork University Hospital, Cork, Ireland

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CASE REPORT

Background Varicella zoster virus (VZV) causes chicken pox and shingles. Neurological manifestations occur in both illnesses. An exanthem is usually present except in the immunocompromised and elderly.

Case A 14 year old girl presented with headache, fever, vomiting and photophobia, though no meningism or altered consciousness. She was febrile, Glasgow Coma Scale was 15, she was fully orientated and conversing freely. Neurological exam revealed brisk deep tendon reflexes of all 4 limbs and ankle clonus bilaterally. The remainder of her examination was normal. There was no significant past medical history. Her vaccinations were up to date. Baseline bloods reported normal complete blood count, renal and hepatic profile, thyroid function tests and inflammatory markers. CT brain was normal. Lumbar puncture revealed a CSF protein of 1.4 g/L, glucose of 2.3 mmol/L, $356 \times 10^9/L$ WBC, 99% of which lymphocytes. MRI brain and spine and EEG were normal. The patient underwent an extensive infectious diseases work up for viral, bacterial and fungal etiologies, autoimmune work up and flow cytometry of CSF in order to outrule a primary CNS malignancy. She received acyclovir and cefotaxime as empiric treatment for infectious meningoencephalitis. Given anamnestic potential for TB exposure, antimycobacterial combination therapy also was commenced. Subsequently, AFB stain and Mtb PCR on CSF were negative, as were bacterial and fungal PCRs and cultures. A chest XR, tuberculin skin test and IGRA all yielded a negative result. CSF virology identified varicella zoster virus positive PCR. The patient was treated for VZV meningoencephalitis most likely due to VZV reactivation following primary infection in early childhood. Flow cytometry of CSF leukocytes identified a high proportion (12%) of double negative T cells, with normal flow cytometry of peripheral blood. Her recovery was complicated by bilateral anterior uveitis two months after initial presentation which resolved on topical steroids. She completed a 21 day course of Aciclovir and recovered fully.

Conclusion We present a rare case of aseptic meningitis caused by VZV reactivation without exanthem in an immunocompetent patient. This case is instructive in posing a wide differential diagnosis including the possibility of viral meningoencephalitis, an evolving autoimmune process, postviral complications or treatment related adverse effects; and illustrates the need for a better understanding of the role of certain lymphocyte subsets in infectious and autoimmune disorders involving the central nervous system.

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STROKE IN CHILDREN; CONSIDER PARVOVIRUS B19 INFECTION

¹Kevin Conlon*, ¹Molly Cremin, ¹Daragh Finn, ²Clodagh Ryan, ¹Michael Moore, ¹Niamh McSweeney. ¹Cork University Hospital, Cork, Ireland; ²Mercy University Hospital, Cork, Ireland

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Introduction Common infections can transiently increase the risk of childhood arterial ischaemic stroke (AIS) by inducing an inflammatory state resulting in endothelial injury. We report a case of internal carotid artery territory ischaemic stroke in the context of Parvovirus B19 infection in a previously-well child. Normocytic, normochromic anaemia and reduced reticulocyte count were detected on investigation