signs were cutaneous (4 cases), articular (3 cases), renal (2 cases) and hematological in 1 case. The clinical picture was very polymorphic. Neurological involvement was found in 3 cases, whereas serous effusion was noted in 2 cases. One patient developed a macrophage activation syndrome. One patient required hemodialysis sessions. One patient presented stage D pancreatitis. One patient had associated chronic septic granulomatous disease. Immunologically, all patients had elevated anti-nuclear Ab antibodies, 3 had native anti-DNA Ab, and two patients had anti-Sm positive Ab. Therapeutic options were: corticosteroids + Endoxan® (4 cases), corticosteroids and plaquenil® (1 case) and plaquenil® + aspirin® (1 case). Two patients died and a favorable outcome was noted in four other patients.

Conclusion SLE is a rare autoimmune disease in children. The clinico-biological picture is polymorphous with the possible involvement of multiple organs. The prognosis is conditioned by the renal damage.

P619 REVIEW OF EPIDEMIOLOGY AND MANAGEMENT OF CHILDREN WITH PERIORBITAL AND ORBITAL CELLULITIS

¹Amruta Fulmali*, ²Dhani Bux. ¹North Devon District Hospital, Barnstaple, UK; ²University Hospital Waterford, Waterford, Ireland

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Aim To study epidemiology and management of Periorbital and orbital cellulitis in children admitted in University Hospital Waterford, Ireland.

Methods The medical records of children ≤16 years old and hospitalised from 01/01/2007 to 31/12/2017, at the University of Hospital Waterford with discharge code ICD-10-AM indicating diagnosis of acute inflammation of orbit were reviewed.

Results Total 33 cases were included in this study.

Abstract P619 Table 1

	Orbital cellulitis (Total 9 cases)	Periorbital cellulitis (Total 24 cases)
Mean Age	7 years	7.8 years
Male: Female ratio	3.5	2.57
Eye swelling	9	24
Headache	0	3
Sepsis	0	1
Vomiting	0	0
Total cases who had FBC done	9/9	23/24
↑WBC	6	8
↓WBC	0	2
Total cases who had CRP done	5/9	14/24
↑CRP	5	12
Total cases where blood culture was sent	8	17
Blood Culture +ve	0	1 (Coagulase Neg staph)
Total Cases where CT was done	9	11
Abnormal CT Scan	9	7
Ophthalmological Examination	9	23
ENT consultation	8	13
Paediatric/Medicine Consultation	7	23
Surgical drainage	9	0
Local Antibiotic guideline followed	3	1
Mean Duration of stay inpatient	10.5	5

Conclusion Literature says periorbital and orbital cellulitis typically affects a child under 5, but our main population was between 5–16 years with mean age of 7.8 years. Periorbital cellulitis occurs as a complication of sinusitis. All 9 children with orbital cellulitis had radiological evidence of sinusitis and 7 (29%) out of 24 children with periorbital cellulitis had radiological evidence of sinusitis. So, >70% children with periorbital cellulitis had source of infection other than sinusitis. Total of 9 children had Subperiosteal abscess which required drainage.

Discussion Epidemiology of Periorbital infections in Paediatric Population in that particular area was slightly different compared to the literature. Fortunately all children had good outcome after the appropriate treatment.

P620 DISSEMINATED *BARTONELLA HENSELAE* INFECTION-CASE REPORT

Diana Andreea Ciortea*. 'Carol Davila' University of Medicine and Pharmacy Bucharest, Bucharest, Romania

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Cat scratch disease is caused by *Bartonella henselae*- a fastidious gram-negative bacillus, and it has in most cases a self-limited evolution. However, it represents a challenge for diagnostic and treatment in immunosuppressed patients or in atypical and disseminated forms. We present the case of a 5-year-old immunocompetent child, who was admitted into the hospital for fever and left peri-auricular adenopathy. After 7 days of antibiotic treatment with beta-lactams, the fever was persistent, and diffuse abdominal pain was associated. An abdominal-CT scan examination was performed, which showed hypo-attenuated focal lesions in the splenic and hepatic parenchyma, with subsequent micro-calcifications. Thus, the patient was diagnosed with disseminated *Bartonella henselae* infection, and secondary hepatic and splenic micro-abscesses, based on the combination of the epidemiological, clinical, imaging and serological criteria. The clinical evolution was favorable after 6 weeks of antibiotic treatment with a macrolide (azithromycin) associated for 2 weeks with an aminoglycoside (gentamycin).

P621 HYDATIDOSIS IN INFANTS: WHAT NOT TO BE MISSED

Lamia Gargouri, Imen El aoud, Fatma Hammemi, Chiraz Regaieg*, Faiza Safi, Abdellatif gargouri, Zeineb Mnif, Mounir Ben Jemaa, Makram Koubaa, Abdelmajid Mahfoudh. Hédi Chaker, Sfax, Tunisia

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Hydatidosis remains a major health problem in our country. In infants, pulmonary localization is more frequent while in adults the liver is the most affected site. It has many clinical and radiological features that may delay the diagnosis.

The aim of our study is to delineate some of the important characteristics of this affection in the pediatric population and to remind the atypical localization.

We lead a retrospective study over 29 years in the pediatric department of patients under the age of 18 years old. 23 patients were enrolled. We counted 18 males and 5

females with an average age of 9 years old. The rural environment was found in 21 patients having close contact with dogs.

Clinically, 12 patients presented respiratory symptoms varying from simple dyspnoea and cough to hemoptysis and infectious signs. 8 patients reported only chest pain with no other signs. The diagnosis was accidentally in 3 cases. The pulmonary localization was found in 20 cases associated to hepatic hydatidosis in 8 cases. 2 patients had cerebral localization. The kidney and the pericardium were affected in 1 case each. The average size of the cysts was 7cm. Hydatid serology was positive in 73%.

Computed tomography with contrast agent injection was performed in all the patients and allowed the diagnosis showing a simple cystic formation in 20 patients and multilocular cyst in 3 patients. It allowed also to look for second localization.

Treatment was based on the surgery in 95% of cases with a medical treatment based on Albendazol in 78% for a period between 3 months and 2 years. A reoccurrence was noted in 1 case.

P622 STAPHYLOCOCCIC NECROTIZING PNEUMONIA IN A TWO MONTHS INFANT

Manel Charfi*, Amel Ben Hamad, Rim Abdelkrim, Chiraz Regaieg, Amira Bouraoui, Ridha Regaieg, Nedja Hmida, Afef Ben Thabet, abdellatif Gargouri. *Department of Neonatology, Hedi Chaker University Hospital, Sfax, Tunisia*

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Introduction Acute necrotizing pneumonia associated to Pantone-Valentine Leukodine (PVL) producing staphylococcus aureus is a recent clinical entity identified by Gilet and all in 2002. It's a life threatening condition that can lead to rapid death despite a rapid management. It's rarely described on young infants less than one year old.

Methods We report the case of a two months old infant who was admitted in our unit for acute necrotizing pneumonia associated to PVL producing and Methicillin resistant Staphylococcus aureus.

Results A two months old boy with no past medical history was admitted in our unit for acute fever. His mother was nurse in our unit and his father was a nurse in the intensive care unit. Physical exam on admission showed high fever with tachycardia and acrocyanosis. Blood count was normal. The C reactive protein level was of 13mg/l. Chest radiography showed an infiltrate of the right lobe. Empiric antibiotic therapy with cefotaxim and vancomycin was started. Six hours after admission the infant developed cyanosis an acute dyspnea. Control chest radiography showed a huge pneumothorax. Mechanic ventilation was then started and a chest tube was set up. Drainage of the pleural cavity brought a purulent fluid. Bacteriological examination of the pleural fluid revealed a methicillin-resistant and a PVL producing Staphylococcus aureus. The same germ was found in the nasopharyngeal swab of the two parents as well as the infant claiming then an intrafamilial transmission. Clindamycin was added to the initial antibiotic therapy. Follow up chest radiography showed pneumatocele. The evolution was favorable. Chest tube was removed after 5 days. The infant was extubated a day after and he was discharged after 4 weeks of triple antibiotic

therapy. He is now 9 months old. His physical exam is normal as well as his chest radiography.

Conclusion The diagnosis of staphylococcal necrotizing pneumonia must be kept in mind every time one of these following signs is associated: viral infection preceding the onset, hemoptysis, rapid worsening, multilocular infiltrates, pneumatocele, pleural effusion or leucopenia. Moreover an association of anti-staphylococcal and anti-toxin antibiotic must be started even before bacteriological confirmation.

P623 THE CAUSE OF FEVER THAT SHOULD BE KEPT IN MIND IN FAMILY MEDICINE IN SETTLEMENTS WHERE LIVESTOCK FARMING IS WIDESPREAD: BRUCELLOSIS

Çiğdem El*, Mehmet Emin Çelikkaya. *Mustafa Kemal University, Hatay, Turkey*

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Aim Brucellosis, which is primarily disease of animals, is also seen in humans in settlements where animal husbandry is common. Differential diagnosis is very important by reason of complaints and clinical findings of brucellosis are not specific. Brucellosis series in childhood are not reported commonly in the literature. The aim of this study is to retrospectively assesment the data of our brucellosis cases in childhood.

Material and method The data of the patients who were treated with the diagnosis of brucellosis between October-2016 and October-2018 at Mustafa Kemal University, Department of Pediatrics, were retrospectively reviewed. The medical data that risk factors of brucella transmission (uncooked meat, milk and milk products consumption), demographic data, seasonal distribution, complaints of patients, time to diagnosis from onset of complaints, clinical and laboratory findings, family history were obtained.

Results The mean age of the patients in our study was 7.4 years (3–15). The mean time from the onset of symptoms to the diagnosis was 6 weeks (4–16). 78.87% (n: 56) of the patients were acute and 21.12% (n:15) of subacute brucellosis.

Clinical findings were 91.54% (n:65), fever% 87.32 (n:62), arthritis/arthralgia 90.14% (n:64), hepatomegaly 19.71% (n:14), splenomegaly 9.85% (n:7), petechia-purpura was 2.8% (n:2), scrotal swelling and redness 1.4% (n:1).

During the first evaluation of the patients, the Wright agglutination test 85.91% (n:61) found to be positive. During initial assessment for wright agglutination test was negative in 10 patients despite who supported the diagnosis of brucellosis with complaints, family history, brucella transmission risk factors and clinical findings. However when repeated wright agglutination test on these patients after one week the results were positive. Brucellosis family history was found in 52.11% (n:37) of the patients.

Discussion and conclusion There is difficulty in the diagnosis of brucellosis infections which is still a serious public health problem because of the lack of diagnostic clinical and laboratory findings. Although with early diagnosis and response to treatment of the brucellosis are very well, unfortunately late diagnosis and inadequate treatment may be causes mortality and morbidity with serious complications. Brucellosis, which an endemic disease common in our country should be kept in