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*

10.1136/archdischild-2019-epa.953

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 staphylococic 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*

10.1136/archdischild-2019-epa.954

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