showed high sensitivity in all age-groups; this is of primary importance since early identification of children with latent tuberculosis infection and appropriate chemoprophylaxis represent the most important tool to reduce tuberculosis burden.

**Conclusions**

Other managements were similar in all groups. Stool weight (g) and duration of diarrhea were the primary outcomes.

**Results**

There was a trend in stool weight reduction in the groups receiving L-isoleucine and the reduction was significant on day 2 (mean ± SD, L-isoleucine vs. vit D vs. L-isoleucine + vit D vs. control, 276±228 vs. 386±302 vs. 301±181 vs. 447±325, p=0.039) and day3 (176±157 vs. 321±273 vs. 276±169 vs. 341±292, p=0.045). The duration of diarrhea was similar in all groups.

**Conclusion**

L-isoleucine supplemented food reduces stool weight in children with acute diarrhea.

**Abstract 44 Table 1**

<table>
<thead>
<tr>
<th>Parameter</th>
<th>Cut-off levels</th>
<th>Sensitivity (%)</th>
<th>Specificity (%)</th>
<th>PPV (%)</th>
<th>NPV (%)</th>
<th>AUC (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRP (mg/dl)</td>
<td>&gt;0.16</td>
<td>75.0</td>
<td>76.3</td>
<td>50.8</td>
<td>91.9</td>
<td>77.7</td>
</tr>
<tr>
<td>PCT (mg/dl)</td>
<td>&gt;0.44</td>
<td>75.0</td>
<td>86.0</td>
<td>60.4</td>
<td>89.3</td>
<td>89.9</td>
</tr>
<tr>
<td>IL-6 (pg/ml)</td>
<td>&gt;15.40</td>
<td>70.8</td>
<td>74.2</td>
<td>45.5</td>
<td>91.0</td>
<td>72.5</td>
</tr>
<tr>
<td>I/T ratio</td>
<td>&gt;0.19</td>
<td>62.5</td>
<td>92.5</td>
<td>79.4</td>
<td>88.9</td>
<td>81.5</td>
</tr>
<tr>
<td>MNV (au)</td>
<td>&gt;159.50</td>
<td>37.5</td>
<td>94.6</td>
<td>71.4</td>
<td>80.8</td>
<td>83.4</td>
</tr>
<tr>
<td>MNC (au)</td>
<td>&lt;144.50</td>
<td>78.4</td>
<td>46.8</td>
<td>35.2</td>
<td>86.7</td>
<td>82.6</td>
</tr>
<tr>
<td>MNV (au)</td>
<td>&lt;141.50</td>
<td>86.5</td>
<td>37.6</td>
<td>32.7</td>
<td>87.2</td>
<td>84.5</td>
</tr>
<tr>
<td>NDW (au)</td>
<td>&gt;29.25</td>
<td>66.7</td>
<td>75.3</td>
<td>43.9</td>
<td>84.0</td>
<td>88.2</td>
</tr>
</tbody>
</table>

**Sensitivity, specificity, positive and negative predictive values.**

**Conclusions**

In conclusion new CBC parameters can be helpful in differential diagnosis of newborn sepsis in addition to other screening parameters. MNV seems the most useful parameter with the highest specifity.

**Abstract 43**

**EVALUATION OF THE EFFICACY OF L-ISOLEUCINE SUPPLEMENTED FOOD AND VITAMIN D IN THE TREATMENT OF ACUTE DIARRHEA IN CHILDREN**

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**Introduction**

Antimicrobial peptides represent an important component of the innate defense of organisms and have activities against all microbes. Recently, L-isoleucine and Vitamin D have been found to induce antimicrobial peptides. Therefore, L-isoleucine and vitamin D might have therapeutic potentials in the management of infectious diarrhea.

**Objectives**

The objectives of this study were to examine if addition of L-isoleucine and/or vitamin D to a diet reduces the stool weight and/or duration of acute diarrhea in children.

**Methods**

This was a double blind randomized clinical trial in 107 children aged 6 to 36 months attending the ICDDR B hospital with acute diarrhea: 28 children received:

- L-isoleucine (2 g/d) added to milk suji;
- 27 received Vitamin D 1000 IU/d added to Milk suji;
- 26 L-isoleucine (2g/d) plus vitamin D 1000 IU/d;
- 26 Milk suji without L-isoleucine and vitamin D.

Methods were introduced in the diagnosis of sepsis recently. We aimed to investigate these parameters in newborn sepsis and compare their efficacy with serum CRP, Procalcitonin (PCT), IL-6 levels.

**Methods**

This study was conducted in Hacettepe University Neonatology Unit, between July 2010 and February 2012. Total 227 newborns, 116 sepsis (40 proven, 76 clinical sepsis) and 111 control included in the study.

**Results**

Results are summarized in the Table 1.