technique to detect nucleoprotein (NP) antigens and RT-PCR were positive for pandemic H1N1 influenza. The virus antigen was also detected by flow cytometry using monoclonal antibody specific for NP labeled with fluorescein isothiocyanate (FITC). Interestingly, most of positive cells were CD14+ cells and the amounts of positive cells were 10% of total marrow cells. His immunological profiles were normal.

**Conclusion** This infant demonstrated the evidence of disseminated pandemic H1N1 influenza prior having symptomatic. Infant is more susceptible to have disseminated manifestation and can present initially as clinical sepsis.

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**522 ASPERGILLUS NIGER: AN UNUSUAL CAUSE OF INVASIVE PULMONARY ASPERGILLOSIS**

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**Objective** Report two cases of chronic granulomatous disease presenting with uncommon cause of invasive pulmonary aspergillosis (IPA).

**Methods** We report two cases of IPA in two 6-year-old twin girls with a family history of primary immunodeficiency and a personal medical history of recurrent bronchopneumopathy referred to our Pediatric Department in July 2011 for investigations regarding persistent pneumonia and biological inflammatory syndrome. IPA was confirmed by isolating Aspergillus niger from bronchoalveolar lavage and radiology results. Amphotericin B therapy was initiated intravenously for 1 month relayed then by oral Voriconazole for two months. Clinico-biological evolution was favourable. Follow-up computed tomography showed full regression of the pulmonary infiltrates and the thoracic wall mass after 3 months of antifungal therapy. Investigation for immune deficiency revealed chronic granulomatous disease. Our two patients started then on prophylactic antibiotics with co-trimoxazole. We are currently considering HLA identical bone marrow transplantation for them in a near future.

**Conclusion** Although it is well recognized clinical entity, invasive disease caused by aspergillus niger is less common when compared to aspergillus fumigatus and other Aspergillus species. These two case reports demonstrate the potentially aggressive nature of aspergillus niger and highlight the importance of looking for an immune deficiency particularly in the case of uncommon infection such as aspergillosis in early childhood.

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**524 TWO PEDIATRIC CASES OF CEREBRAL VENOUS SINUS THROMBOSIS WITH DIFFERENT PRESENTATIONS**

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**Background and Aims** Cerebral Venous Sinus Thrombosis (CVST) is a serious and rare disorder in pediatric patients.

**Case reports** Case 1: A 5-year-old female presented with malaise, fever, abdominal pain, vomiting, jaundice, and darkening of urinary color of one week duration. There were no intake drug, infectious diseases or favism in patient’s history. On physical examination conjunctivae were pale, sclerae were subicteric and the other system examinations were normal. Laboratory examinations revealed leukocyte count of 22800/mm³, hemoglobin of 5.7 g/dl, platelets of 596000/mm³, total bilirubin: 4.3, indirect bilirubin: 3.9 mg/dl, lactate dehydrogenase: 1440 U/L, AST: 190 U/L, ALT: 181 U/L. The corrected reticulocyte count was 9.3% and serum haptoglobin level was low (< 10). There was hemoglobinuria in the urinary examination. Direct and indirect Coombs tests were negative. The value of G6PD was low (3.8 IU/g) where osmotic fragility was normal. Serum standard tube agglutination (Wright) test for Brucella sp was positive at a titer of 1/640. The patient was treated by rifampicin and gentamicin.

**Conclusion** We presented this case report to show that acute brucellosis might trigger an acute hemolytic attack in a patient with underlying G6PD deficiency. This is important especially in countries such as Turkey, where brucellosis is endemic and there is a high frequency of G6PD deficiency in the population.
Abstracts

525  PAEDIATRIC MOYAMOYA SYNDROME ASSOCIATED WITH IRON DEFICIENCY ANAEMIA: A CASE REPORT AND REVIEW OF THE LITERATURE

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Introduction  Moyamoya syndrome is a rare, progressive disorder characterized by stenosis of the vasculature of the Circle of Willis with formation of a tortuous collateral system. The aetiology may be idiopathic, or as a consequence of a number of associated diseases. No previous cases secondary to iron-deficiency anaemia have been reported.

Aim  To report a case of Moyamoya syndrome secondary to iron-deficiency anaemia, and review the literature with regard to the haematological associations of Moyamoya syndrome.

Method  The relevant case notes were reviewed. Key databases were searched for studies including the target phrases “Moyamoya syndrome” and “anaemia”.

Results  Case history: A 3 year old girl presents with a 12 hour history of right upper limb weakness and slurred speech. A background of pallor, daily vomiting and abdominal pain is elicited. Reduced power in the right upper and lower limbs and a right-sided upgoing plantar are noted on examination. Investigations reveal a haemoglobin of 1.9g/dL, with an iron-deficiency pattern. A faecal occult blood test is positive. Magnetic Resonance (MR) imaging shows focal middle cerebral artery territory ischaemia. MR Angiography shows Moyamoya vessels. Extensive investigations for associated pathologies are normal.

Literature review: Sickle cell disease is the most common haematological cause of the Moyamoya syndrome, whilst thalassemia, Fanconi’s anaemia and paroxysmal nocturnal haemoglobinuria are also reported. The likely pathogenesis in these instances is intimal proliferation in response to impaired arterial flow.

Conclusion  We propose that severe iron-deficiency anaemia may result in Moyamoya syndrome through the mechanism of disrupted intracerebral arterial flow.

526  PROTOCOLS FOR THE TREATMENT OF HODGKIN LYMPHOMA - CASE REPORT

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Introduction  Hodgkin lymphoma is malignant disease of cells in the lymphatic system that is characterized by proliferation of Reed-Sternberg cells. Symptoms include the painless swelling of lymph nodes, spleen, or other immune tissue. Other symptoms include fever, weight loss, fatigue, or night sweats. Also called Hodgkin disease.

Objective  Was the presentation a case with Hodgkin lymphoma, treated in Pediatric Clinic in Pristina at the Hemato-Oncology Unit.

Methods  Patient, male child, 9 years old, came in the clinic because of painless enlargement of lymph nodes on the left side of the neck. Other examinations, according to systems have been in normal range. Diagnosis is made based on anamnesis, clinical examination, laboratory, ultrasound, CT, histopathology with immunochemistry, and bone marrow aspiration. The surgery has been made and according to path-histological and immunochemistry analyses the