the ganglioneuroma is surgically removed. The child was discharged with low weight heparin.

**Conclusion** Von Recklinghausen disease generally has a good prognosis. Major risks for morbidity and mortality are vascular complications. In case of pulmonary hypertension in these patients early diagnosis and sufficient therapy is essential to avoid major complications. Pulmonary embolism and NF as a cause for pulmonary hypertension has not been described before.

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**MALIGNANT PERTUSSIS IN THE YOUNG INFANT: A CASE REPORT**

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Infections by bordetella pertussis, has surged in many countries around the world including developed regions. Where as new vaccination strategies for adolescents, pregnant women and adults have been recommended, mortality affecting young infants is still significant. Patients with severe cases present with extreme leukocytosis and develop refractory hypoxemia and pulmonary hypertension which is unresponsive to maximal intensive care.

**Objective** To report a case of malignant pertussis in a 4 weeks old infant.

**Design** a descriptive case report.

**Patient** a 4 weeks old boy was admitted to the intensive Care Unit with respiratory distress and a diagnosis of bronchiolitis. Both parents and a 19 months old sibling had upper respiratory infection symptoms. Four days before admission he started with coryza and cough. The cough was not paroxismal and cianosis and whooping were never present. He presented a marked leucocytosis with lymphocytosis. Respiratory failure occurred rapidly from the fourth day with subsequent deterioration due to the development of severe pulmonary hypertension and multiorganic failure which caused the infant’s death after 4 days of intensive care therapy.

Although Bordetella Pertussis was not confirmed by PCR, culture o serology the findings on the autopsy were suggestive of malignant pertussis.

**Comments** mortality due to malignant pertussis remains superior to 75% regardless life suport measures. Adults are the main source of non-immunized infants, thus immunization of older adolescents and adults who will have close contact with infants aged < 12 months is the most effective preventive measure.

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**VACCINE SAFETY DISCUSSION ON INFANTS IN THE DEVELOPING WORLD**

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The impact of vaccinepreventive campaigns have been remarkable, but there is growing evidence that vaccine preventions are not reaching all sectors of the society in the developing world.

**Objective** To facilitate the discussion about the current status of vaccine preventions in vulnerable areas in developing countries.

**Discussion** Immunizations have a positive impact in the developing world. However, the coverage of vaccinations is not uniform in all countries. It is essential to develop specific strategies to reach all sectors of the society in the developing world. The goal is to achieve a high coverage of vaccinations in all populations.

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**INTRACTABLE DIARRHEA FROM CYTOMEGALOVIRUS COLITIS IN AN IMMUNOCOMPETENT ADOLESCENT**

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**Introduction** We reported CMV colitis in an immunocompetent adolescent who was critically ill with septicemia and significant intractable diarrhea that responded to specific CMV treatment.

**Case** A 15-year-old boy who previously known hereditary spherocytosis was referred to our hospital because of anemia, increased transaminase level, and massive cholestasis. The abdominal ultrasoundography was detected cholelithiasis, choledoch stones, and dilated proximally bile ducts. External biliary drainage tube was placed into the choledoch. On the following days, splenic rupture and sepsis developed. Therefore, the patient was underwent splenectomy and cholecystectomy. After closed of external biliary drainage tube, patient was developed severe dehydration and malnutrition due to watery stool. The colonoscopy and colonic biopsy was performed. It was shown macroscopic colitis and CMV intranuclear inclusion bodies in rectosigmoid colon. Moreover, PCR for CMV DNA in blood (6142 copy/mL) and colonic biopsy specimens was positive. The immunologic screen tests were normal. Parenteral gancyclovir for 21 days and oral gancyclovir therapy was continued two weeks. The patient resolved completely, serum PCR for CMV DNA was detected negative after two months.

**Conclusion** CMV colitis, although rare in immunocompetent adolescent, should be considered in the differential diagnosis of severe colitis when other causes fail to explain the course of disease.

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**VARICELLA ZOSTER INFECTION COMPLICATED BY MENINGEOCOCCAL MенингитА, SEOSIS AND SUBDURAL EMPYEMA IN AN INFANT, A CASE REPORT**

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**Aims** To highlight possible and may be fatal complications of Varicella Zoster virus (VZV) infection.

**Method** We report a case of an infant with VZV infection who developed meningococcal sepsis, meningoencephalitis, VZV encephalitis and subdural empyema.

**Results** A 3 month, previously well and developmentally normal male child was admitted with skin rash. He had contact with varicella zoster infection. His initial inflammatory markers were high. He was treated as Chicken pox. His blood culture grew Nisseria Meningitidis, treated with intravenous antibiotics. He remained unwell with poor response to antibiotics. A lumbar puncture was then performed. This revealed a picture consistent with bacterial meningitis. CSF PCR was positive for N. Meningitidis as well as for VZVA week after admission he started to have seizures. This required intubation and PICU admission. A brain CT showed to