2. Furthermore, to study the confound factors which increase the sensitivity of this test in order to reduce unnecessary culture of urinanalysis.

A total of eighty patients admitted to Pediatrics wards at Al-Adan Hospital over a period of four months were found to have a positive nitrite test in routine urinanalysis. only 38 (47%) were significantly positive (pure bacterial growth of ≥ 100000 CFU/ml). Other studied confound factors such as fever, uri nary symptoms, rigors, family history and past history of UTI, history of nocturnal enuresis or constipation were only significant if taken in combination (of those with positive urine cultures 97% had more than one factor). Urinary leukocyte count was significantly elevated (> 10/ hpf) in 90% of the patients with a positive urine cultures. Our data indicates that ordering urine culture in patients with a positive nitrite in urinanalysis should be restricted only to those who also have elevated urinary leukocyte esterase and those who have one or more risk factor for UTI.

**DISTRIBUTION OF INTESTINAL PARASITES IN A PEDIATRICS CLINIC IN 3 YEARS’ PERIOD**

**Aim** Intestinal parasitic infections are frequently seen in developing countries. Clinical findings such as abdominal pain, anal itching, salivation during sleep, and nasal itching are related with the prevalence of parasitic infection. The reported ranges from different cities in Turkey vary between 4.4% and 44.6%. We aimed to look for the prevalence of intestinal parasites in children who were brought to our clinic in a 3-years’ period.

**Material and method** The laboratory and clinical data of the children who were admitted to the Department of Pediatrics between January 2010 and December 2012 were retrospectively evaluated. Age, major complaint of the children were noted.

**Results** A total of 1790 stool samples were studied and 116 samples (6.4%) had intestinal parasites. There were 1712 children aged between 5 month and 17 years. The complaints were abdominal pain, failure to thrive and anal itching. Intestinal parasites were Giardia intestinalis 33 (1.84%), Blastocystis hominis 52 (2.9%), Enterobius vermicularis 13 (0.72%), Entamoeba coli 33 (1.84%), Giardia intestinalis 52 (2.9%). The prevalence and type of the parasites are similar when compared with the studies made in our country.

**ABDOMINAL TUBERCULOSIS DUE TO MYCOBACTERIUM BOVIS**

**Background** Currently, disease related to Mycobacterium bovis (MB) is rare in Spain (less than 1% of tuberculosis cases). However, it’s more frequent in undeveloped countries where the way to become infected is usually by raw milk consumption.

**Methods** We describe the epidemiologic, clinical and therapeutic characteristics of 5 patients with abdominal tuberculosis due to MB.

**Results** Five children (3 male) emanating from Morocco with ages between 2 and 6 years, all of them had fever, abdominal pain and constitutional syndrome. Three of them used to drink raw goat’s or cow’s milk. In 2 cases tuberculosis skin test was over than 12 mm. There was open surgery (3) or laparoscopy (2) for realization of lymph node biopsy or drainage of abscess. The diagnosis was through culture and PCR in drained material and/or lymph node. Associated complications were: intraabdominal bacterial infection (4), enterococcus fistula (2), intestinal occlusion (3). All patients were immunocompetent, except one case with histocompatibility complex class II molecules deficiency. Empirical treatment consisted in isoniazid and rifampicin for 6 months, amikacin (3) or ethambutol (2) during 1 or 2 months respectively. One patient developed a Dress syndrome related to rifampicin. All patients received antitubercular drugs during 6 months, except two patients who needed extended therapy.

**Conclusion** Treatment for abdominal tuberculosis must be medical, and surgery should be used only in serious complications or biopsy. Although the clinical presentation is often very similar from the produced by M. tuberculosis, empirical therapy avoiding pyrazamide should be started if MB is suspected.