intravenous immune globulin (IVIG) (single dose) and aspirin, in order to prevent development of coronary artery aneurysms. Fever persists in 10–15% of the patients and KD is considered refractory then.

**Case Report** A 15 months old boy, with unremarkable medical history, was admitted with manifestations and laboratory findings of KD. Initially, IVIG (2g/kg) and aspirin (80mg/kg/24h) were given. Fever insisted and there was a further increase of the PLTs and hemolytic anemia was added. A second dose IVIG (2g/kg) was repeated. As fever remained, pulse IV solu-medrol (30/mg/kg/24h) was given in 3 days. There was a new recur of the fever and of the laboratory findings, thus a third dose of IVIG (2mg/kg) was administered, with complete recession of all manifestations. The extended laboratory investigation revealed positive IgM antibodies for Mycoplasma pneumoniae. During the boy’s hospitalization, cardiologic echograms where normal.

**Conclusions**

1. Refractory KD cases might respond to 2 or 3 doses of IVIG (2g/kg), with the addition of pulse IV solu-medrol or other immunoregulator agents (e.g. infliximab). Since the disease is very rare, there are few controlled available data about the benefits of treatment.

2. Mycoplasma pneumoniae is considered as a trigger factor for KD, by producing superantigens, and can also trigger hemolytic anemia.

3. Though refractory KD is considered as high risk for development of coronary aneurysms, in the case herein, coronary arteries remained intact during all follow up visits.

**Respiratory Syncytial Virus**

Rotavirus is one of the leading causes of severe gastroenteritis in childhood, which is an infection known to be limited to the gastrointestinal system. However, a case of extra-intestinal complication developed during rotavirus gastroenteritis is presented here.

**Case** A five years old patient with febrile convulsion, also having vomiting, diarrhea, and fever was brought to our hospital. General condition of the patient was bad; she was unconscious and severely dehydrated. Her laboratory findings showed acidosis and renal failure; coagulation tests showed impairment. During her monitoring, gastrointestinal bleeding, increase in liver function test values, hyperammonemia, neutropenia, and hypoglycemia were developed. Rotavirus antigen was found to be positive in the gaitsa test. Patient’s general condition was improved by giving antibiotics, liquids, fresh frozen plasma, and thrombocytopenia in the early stages after which she was discharged.

Close monitoring of patients with rotavirus gastroenteritis in terms of extra-intestinal complications and applying appropriate treatment in the early stages may save lives.

**References**


**Respiratory Syncytial Virus**

**Background** Respiratory Syncytial virus (RSV) infection can cause severe morbidity leading to hospitalization and admission to paediatric intensive care unit (ICU). Limited epidemiological data exist about RSV as cause of lower respiratory tract infection (LRTI) requiring hospitalization in Central and Eastern Europe (CEE).

**Methods** This is a prospective cross-sectional observational multicountry epidemiological study. Children younger than 1 year hospitalized for LRTI between October 2009–April 2010 and/or October 2010–April 2011 are included (two consecutive RSV seasons). We present data on differences in LRTI disease severity comparing RSV positive infants with RSV negative (RSVnor) group (p<0.001). RSVnor exhibited longer duration were 17 and 8 days respectively for RSVppos group and RSVnor group (p<0.001). RSVppos exhibited a longer stay in ICU (13 days vs 6 days, p<0.001). 2.6% of RSVppos died during hospitalization versus 0.8% RSVnor (p<0.001).

**Results** 8,474 evaluable subjects were included from 12 CEE countries. In 3,534 cases (95.5%) an RSV rapid test was performed: 1,423 (42.4%) were tested RSV positive. Among the RSV positive group, 266 infants were prematurely born (RSVppos), 1,054 presented without risk factors (RSVnor). Mean hospitalization duration were 17 and 8 days respectively for RSVppos group and RSVnor group (p<0.001). 41.4% of RSVppos required ICU hospitalization versus 12.6% RSVnor (p<0.001). RSVppos exhibited a longer mean duration in ICU stay versus RSVnor (13 days vs 6 days, p<0.001). 2.6% of RSVppos died during hospitalization versus 0.8% RSVnor (p<0.001).

**Conclusions** Premature infants hospitalized for RSV LRTI exhibit a longer stay in hospital, more frequent and longer stay in ICU, and a higher mortality compared with infants without risk factors.

**References**

1. 0 Van de Steen, M Gunjaca, V Klapac, B Gross, G Notario, F Mini, ABBOTT SA/NV, Brussels, Belgium; ABBOTT LABORATORIES D.O.O, Zagreb, Croatia; ABBOTT GmbH & Co. Kg, Wiesbaden, Germany; ABBOTT Laboratories, Abbott Park, IL, USA.