included skin manifestations inherent to giardiasis: paleness, chelitis, hyperkeratosis follicularis punctata and prolonged skin itching. As a result of reflex and toxicallergic actions of Giarda, a syndrome of chronic endotoxification has prompted emergence of dyskinesia of the gallbladder and sphincter apparatus in 75% of patients with subsequent inflammation of the gastrointestinal tract (in 48% of patients). That further increased an antigenic load on their immune systems. SCORAD index in 22 infected children showed moderate severity of atopic dermatitis, whereas 18 patients proved to have a severe form.

Conclusion The analysis has shown that 27% of patients with atopic dermatitis were infected with giardiasis. These data require a use of a complex approach to the therapy of atopic dermatitis, more thorough examination of children for any pathology of the gastrointestinal tract, particularly, the examination of helmhins.

Background Onkuruza (2011) demonstrated that dermatological manifestations were the most common IRS events in children receiving ART. We aimed to find the incidence of dermatological-IRIS in children receiving ART for at least 12 weeks.


Results Total of 110 charts; median age 5.9 years (IQR 9.1 months–11.9years), 70 females (63.6%). 85 children (77.2%) baseline WHO stage III/IV. All children received septrin. Median time on ART was 24weeks (IQR 13.2–40.8). Baseline CD4+/T = 76 children. Viral load >399,000 copies was 76 children (69.1%) and < 399,000 for 34 children. PPE had the highest incidence (47cases) after ART initiation. 10cases of verrucae planae, 9 molluscum contagiosum, 4tinea capitis, 3HSV and 1varicella zoster.

Results The analysis has shown that 27% of patients with atopic dermatitis were infected with giardiasis. These data require a use of a complex approach to the therapy of atopic dermatitis, more thorough examination of children for any pathology of the gastrointestinal tract, particularly, the examination of helmhins.

Conclusion The analysis has shown that 27% of patients with atopic dermatitis were infected with giardiasis. These data require a use of a complex approach to the therapy of atopic dermatitis, more thorough examination of children for any pathology of the gastrointestinal tract, particularly, the examination of helmhins.

Background Helicobacter pylori (Hp) infection has been recognized as a cause of chronic gastritis, peptic ulcer, atrophic gastritis and gastric cancer. Its acquisition is related with poor socioeconomic conditions while the relationship of nutrition and Hp is still a question.

Aim To analyzed if socioeconomic factors and dietary contribute to Hp re-infection in pediatric age.

Patients and methods 150 patients (92 males; age range 5–16 years with Hp infection treated and eradicated in the past. 55 patients with Hp re-infection and 95 patients not re-infected.

We interviewed the children with questionnaire about socioeconomics factors, hygiene, living conditions and their dietary habits.

Results A lower frequency of fermented dairy food, fruits and vegetable consumption was registered among children with Hp re-infection as compared to not being re-infected.

Among persons with Hp re-infection were noted low socio-economic markers such as crowded living conditions, a large number of siblings and unclean water.

Conclusions Might decrease the risk of Hp re-infection the use of probiotic, vitamin C, antioxidants contained in fruit and vegetables.

Risk factors for Hp re-infection are low socioeconomics factors, hygiene and living conditions.
Background and Aims

Aboriginal infants are at substantially higher risk for respiratory illness (RI) and respiratory syncytial virus (RSV) infection and hospitalization compared to non-Aboriginal infants. The purpose of the present study is to compare the hospitalization rates for RI events and RSV infection in Aboriginal infants versus non-Aboriginal infants in the CAREESS database.

Methods

A prospective, observational registry of infants from 30 Canadian sites who received ≥1 dose of palivizumab during the 2005–2011 RSV seasons. Utilization and hospitalization outcomes were collected monthly throughout respective RSV seasons.

Results

10,452 infants were recruited (318 Aboriginal; 10,134 non-Aboriginal). A greater proportion of Aboriginal infants had factors that increased their risk of RSV infection (p<0.05): having siblings, being a multiple birth, exposure to smoking, and ≥5 individuals in the household. Aboriginal infants were less compliant with treatment (p<0.05) whether calculated by injection intervals or by expected number of injections during the season. Aboriginal infants had a significantly higher R1 hospitalization rate (15.2% versus 6.2%, p<0.005), but only a trend towards a higher RSV-positive hospitalization rate (2.64% versus 1.57%, p=0.059). A Cox proportional hazards analysis restricted to Aboriginal infants found the risk of RSV-positive hospitalization was higher among non-compliant than compliant infants (hazard ratio=9.2, 95% CI 1.1–76.7, p=0.04).

Conclusions

This study confirms that several demographic and environmental factors that are prominent in enhancing the risk of both RSV infection and overall RI hospitalizations are at play in Aboriginal infants. Ensuring compliance with prophylaxis will likely reduce RSV hospitalization rates in this vulnerable population.

Conclusion

CM was clinically over-diagnosed in our study. It is advisable to do all the necessary investigations, particularly a thorough blood film examination, before diagnosing CM. It is recommended to study cases that resemble CM for more detailed viruses disease.

Background

The aim of this study was to determine the incidence of fungal infections, identify the most common fungal pathogens, and determine the risk factors associated with fungal infections and mortality in children with chronic granulomatous disease (CGD).

Material and Methods

All of the patients were suspected to fungal infections. The data was gathered from the medical records of all children as having CGD. The diagnostic of fungal infections were confirmed by histopathology and direct preparation, culture techniques, histopathology of surgical biopsies, and radiological examination of the affected site.

Results

We evaluated twelve cases of chronic granulomatous patients that are susceptible to recurrent, severe infections. Children consisted of 7 males and 5 females. The median age of patients at the time of the study was 11.66 years (3 to 18). Neutrophil oxidative burst were absent (NBT=0) in all patients. Fungal infections were confirmed in five patients (41.7%) by histology and mycological methods. The most common isolated fungi in this study were Aspergillus sp. Out of 5 cases of fungal infections identified, tree were Aspergillus species, and two Fusarium species. The most common manifestations of CGD due to fungal infections were osteomyelitis (42.8%), pulmonary infections (28.6%), lymphadenopathy (14.3%) and skin involvement (14.3%) during their illness.

Conclusion

Invasive fungal infections are a frequent and life-threatening complication in CGD patients. The lungs and skeletal, were the most commonly affected organ; however, lymphatic, and skin involvement have also been described. Our present study showed that fusariosis also is a threat to CGD patients.

Background

WHO defined cerebral malaria (CM) in 1990 as a clinical syndrome of Plasmodium falciparum infection with unresolvable coma not attributable to another cause. This has been broadened by adding altered consciousness, severe anemia, and respiratory distress without laboratory confirmation in order to curtail mortality in children. This has resulted in overdiagnosis and overlooking other serious alternatives plus overburdening the scarce resources.

Aims

To analyze the situation in Sudan by studying children admitted with clinical CM and do all the possible diagnostic work up in order to reach definitive diagnosis.

Patients and methods

Patients belonged t the main hospitals in the capital Khartoum admitting to well organized emergency departments. Clinical and laboratory data were collected from children over 1 month of age admitted with clinical CM between April and November 2011. Patients were investigated for CM, acute bacterial meningitis (ABM) and Herpes encephalitis (HE).

Results

One hundred and four children fulfilled the study criteria. CM was clinically diagnosed in 38 patients but only 5 were pure CM. Sixty three were suspected for ABM but 15 were confirmed cases. HE was definitively diagnosed in only one case. There were 5 cases of mixed infection and the rest were unknown and presumed encephalitis due to viruses other than Herpes simplex.

Conclusion

CM was over diagnosed in our study. It is advisable to do all the necessary investigations, particularly a thorough blood film examination, before diagnosing CM. It is recommended to study cases that resemble CM for more detailed viruses disease.

Background

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