Conclusions In our study S. aureus strains obtained from children purulent-infectious diseases have high sensitivity to amopenicillin with clavulan acid, meropenem, some cephalosporins, gentamicin. Among clinical strains of S. aureus we found methicillin- and even vancomycin-resistant microorganisms.

Object To present a rare case of Lemierre syndrome in a 13 year old girl.

Case Report The child presented with pyrexia, pharyngitis and dysphagia of 9 days duration. On the fifth day of pyrexia she developed a painful mass on the left side of her neck with bilateral tonsillar enlargement with exudate.

The patient underwent cervical ultrasound and magnetic resonance angiography of the brain that revealed septic thrombophlebitis of the left internal jugular vein. Antibody testing for cytomegalovirus, toxoplasma gondii and Bartonella henselae were negative for active infection. Blood cultures did not have any growth. Computed tomography of the chest revealed multiple bilateral septic emboli, although the patient did not have any overt respiratory symptoms.

The patient received intravenous ceftriaxone and clindamycin for 3 weeks, followed by amoxicillin-clavoulanic acid orally for another 3 weeks along with anticoagulation therapy for 3 months in total.

Three months later, she was clinically asymptomatic, computed tomography of the chest was clear and the thrombophlebitis of the left internal jugular vein was stable.

Almost two years later, the patient remains in a very good clinical condition without any similar recurrences.

Conclusions Lemierre syndrome is a rare combination of tonsillitis and septic thrombophlebitis of the internal jugular vein caused primarily by Fusobacterium necrophorum, an obligate anaerobic gram-negative rod. In our case, we did not isolate the causative agent, however the patient had an excellent outcome with antibiotic and anticoagulation therapy without any surgical intervention.

Background Cat-scratch disease (CSD) is an infectious disease typically characterized by a self-limited regional lymphadenopathy. However, CSD can include hepatic and splenic involvement. There are few data in the literature regarding treatment of this situation, although administration of rifampicin associated with gentamicin is promoted. Although fever stopped after 6 days of treatment, but reemerged a week later, with a rebound of CRP and ESR levels. Finally, fever and analytical anomalies disappeared after several weeks, under monotherapy with azithromycin. No immunodeficiency was found.

Comments CSD must be suspected in the presence of prolonged fever with or without hepatosplenic involvement. In this case, little response was observed to the antibiotic therapy suggested in the literature, and evolution appeared to be self-limited.

Background Hepatosplenic cat-scratch disease (HSC) is an unusual manifestation of CSD. It has been described specifically in children. It typically occurs in children under 5 years of age. Few cases have been reported in literature and the treatment is not well-defined. The aim of this study was to present 3 cases of HSC and to review the literature.

Aim To study the incidence of Leishmaniasis in children under 5 years in a District General Hospital in the UK.

Method The microbiology records over 5-years (2005–2010) were reviewed. Inclusion criteria were age under 5 years and diagnosis of Leishmania on bone marrow examination.

Results Two cases were identified.

Case-1: A 13 month-old-girl, family from east Timur, referred from primary care with weight-loss and a non-healing skin ulcer. She appeared undernourished with pallor, pyrexia and hepatosplenomegaly. FBC showed pancytopenia. Bone marrow examination confirmed Leishmania. Her mother had intrapartum Leishmania.

Case-2: A 22 month-old-boy presented with high fever and weight loss for 5 weeks. Examination confirmed pyrexia, pallor and hepatosplenomegaly. FBC revealed pancytopenia. Direct antigen test for Leishmania was positive. Leishmania Donovani complex was detected on bone marrow examination. There was no history of maternal infection.

Both children were born in United Kingdom with no history of foreign travel. They both responded well to treatment with ambisome.

Discussion Leishmania Donovani, the protozoan parasite, is transmitted in endemic areas by the insect vector Phlebotomus sandfly. In non-endemic areas, transmission is vertical. The infection can lead to impairment in cell mediated immunity and a 100% mortality rate, if left untreated. Most cases of visceral Leishmaniasis occur in India, Bangladesh, Nepal, Brazil, and the Sudan. East Timor, although not endemic, has witnessed an upsurge of several confirmed cases recently. There was a history of maternal infection in only one of these two children. The source of infection in the other remains unidentified.
infection. We present 3 different courses of the HBV mother-to-child infections as a basis to differentiation of the therapeutic models.

Methods We investigated case reports of 3 children infected with HBV by their mothers HBsAg(+)/HBeAg(+). Chronic hepatitis B was confirmed in mothers aged 18, 21 and 26 respectively. All children were vaccinated against hepatitis B at delivery: two of them three times, one two times. One of the children was administered HBIG in the first day of its life.

Results Hepatitis B virus infection in 2 children was revealed in the 3rd year of life. Acute hepatitis with the Gianotti-Crosti syndrome was diagnosed in 1 child in the 6th month of life. Subsequently, all children were diagnosed with chronic hepatitis B and the course of the disease was different in each case. In the first child aged 1, the activity of alanine amiotransferase decreased to near normal level with the seroconversion of HBe antigen to antibodies anti-HBc. The second child in the fourth year of life has high level of HBV viral load and high activity of alanine amiotransferase. The third child (12 years old) has exacerbation of disease after failure of treatment (lamivudine, interferon twice).

Conclusions 1. The course of chronic hepatitis B in children after maternal infection may be vary, therefore some adjustments in treatment should be taken into account.

INFECTIONOUS ERYTHEMA NODOSUM

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Introduction Erythema nodosum (EN) is a dermatological entity can belong to several causes. We describe two cases, side two of the offending pathogens.

Material and Method Case 1: A little boy of 7 months was admitted for febrile erythema nodosum.

The history, by cons, reveals a close tuberculosis contact: the father was treated for pulmonary tuberculosis, but no chemoprophylaxis has been lavished on the family.

High inflammatory markers and a 14mm-tuberculin test are holding a post-tuberculosis EN. Antibiotic treatment allows bi-clinical resolution.

Case 2: A 5 year old girl was admitted for acute EN. She has, outside of a purulent amygdalitis, no other pathological signs.

In addition to high ESR and CRP, the results found for ASLO = 800 ui.

The rapid resolution in antibiotic anti-streptococcal etiology confirms the suspicion.

Results and discussion: The EN is the most common inflammatory nodule or panniculitis.

Investigation of an EN is often much custom and takes particular account of local epidemiology, history, geographic origin and associated signs evoking a particular pathology.

Discussion of these cases can raise some discussion points:

- The place still occupied worrying Mycobacterium tuberculosis in pediatric morbidity
- B-hemolytic streptococcus is a public health problem

The value of prevention, secondary and tertiary, deserves an ongoing effort on targeted risk populations.

Conclusion The EN is dogmatically infectious first.

Streptococcal infection is currently the most common cause, after eliminating a primary tuberculosis.

TWO CASES OF GIGANTIC JUVENILE CYSTIC ECHINOCOCCOSIS

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Background and Aims Cystic Echinococcosis (CE) is a serious multi-organ disease, caused by cestode infection with Echinococcus granulosus. Simultaneous hepatopulmonary or isolated pulmonary hydatidosis in children are rare and demand an individual, but often multidisciplinary case management.

Methods We report on two gigantic CE-manifestations in children. The first case was a 4-year-old boy, presenting with severe pneumonia and abdominal pain in case of hepatopulmonary hydatidosis. The second case was a 6-year-old boy, who presented with continuous coughing in case of isolated, bilateral pulmonary hydatidosis. While the 4-year-old displayed a severely reduced state of health, the 6-year-old showed good general condition.

Results Serologic tests for Echinococcus granulosus infection were negative in either case. The diagnosis of CE was solely based on diverse imaging methods in both entities. While the 4-year-old boy was first treated for his secondary pneumonia, the 6-year-old demanded imminent anthelmintic and surgical treatment due to a ruptured pulmonary cyst with threat of secondary agent dissemination. Finally both patients were discharged after a two-step surgical cyst removal and with continued anthelmintic longterm therapy, which led to restitution ad integrum in either case.

Conclusions Although a proper multidisciplinary CE-management has evolved in the past decades, an evidence-based evaluation of its outcome, especially in children, is not yet available. Serologic tests for CE-infection are very often tested false-negative, so that the initial diagnosis is mainly image-based. The urge of anthelmintic