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 aminotransferase decreased to near normal level with the seroconversion of HBe antigen to antibodies anti-HBe. The second child in the fourth year of life has high level of HBV viral load and high activity of alanine aminotransferase. 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.

885 INFECTIOUS 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 biochemical 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 nodules 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.

886 VARICELLA COMPLICATED WITH LOBAR PNEUMONIA AND PARAPNEUMONIC PLEURISY

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Background and Aims Chickenpox is an acute, benign, highly contagious disease characterized by generalized vesicular exanthema with self-limited evolution. Pneumonia is the most serious complication of varicella, occurring more frequently in adults (>20%) than in children. An outbreak of the disease started in late autumn 2011 in Romania and continues in present.

Methods and results: The authors present the case of a 4 years old boy admitted into the Infectious Diseases Hospital with chickenpox. On the 4-th day of the disease high fever, dyspnea with tachypnea, intercostal retractions, pleuritic pain and cough appeared and the patient was transferred to the Children Hospital. Clinical examination showed abolished left basal vesicular breath sound with wet crackles in the middle and superior lung area; chest X-ray found inferior left lobe pneumonia and mild pleural effusion. Tracheal aspirate culture was negative. Leucocytosis with neutrophilia and increased ESR and C-reactive protein was founded. Broad spectrum antibiotherapy was started with favourable evolution after 3 weeks.

Conclusions Among the most serious complications of varicella is pneumonia; it is less common in children than in adults but it may lead to death. However, the epidemic status in Romania in 2011–2012 was associated with an increased number of viral pneumonias; in our case the radiological aspect was highly suggestive for a secondary bacterial infection even with negative aspirate culture (explained by prior antibiotherapy). The history for chickenpox vaccine was negative in our patient. In Romania, the chickenpox immunization is not included into the National Programme of Immunisations at this moment.

887 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 restitutio 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