and/or surgical treatment depends on the Stage of the CE-infection, not on the general condition of the patient.

**Conclusion** The vital and functional prognosis could be improved by better prevention and effective treatment of infectious diseases, a reduction of the period of support and better ways of resuscitation.

**Methods**

We collected 108 samples randomly from patients who were hospitalized in NICU hospitals of Hamadan and they needed to venous or urinary catheters. One specimen of each patient was taken and inoculated into carrier transported media and transferred to bacteriology laboratory to identification of strains. Antibiogram was performed by Kirby-Bauer method. Data was analyzed using SPSS 15 software.

**Results**

Out of 108 tested samples, 32.7% of patients had urinary catheter and 67.3% had venous catheter. 28% of tested samples had positive culture. The positive cases were significantly found in those children who had been used catheter more than 48 hours (P = 0.00). From the positive cases, Staphylococcus coagulase negative isolated from venous and catheters children hospitalized in NICU of Hamadan hospitals and determination of antibiotics resistance patterns in Hamadan, the west of Iran.

**Background and Aim**

Staphylococcus coagulase negative strains are colonized on epiderm and distribute in environment and outer bodies apparatus such as protez and intera-venous catheters. The aim of this study was the frequency of Staphylococcus coagulase negative isolated from venous and catheters children hospitalized in NICU of Hamadan hospitals and determination of antibiotics resistance patterns in Hamadan, the west of Iran.

**Methods**

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**Conclusion**

Our results showed the high contamination in used catheters particularly in those patients who needed to catheter for long time. We also indicated the high drug resistance in strains isolated from catheters.

**Etiologies of the Status Epileptics in Children Hospitalised in the PICU of the University Hospital Center of Oran (Algeria)**

**Background and Aims** Status Epilepticus is one of the most frequent neurological emergencies in Pediatrics, that can involve the vital and functional prognosis in the short and long term.

**The Aim** of this study is to determine epidemiological, causative, diagnostic aspects and to evaluate the therapeutic means.

**Methods** In this prospective study we analyse 214 children with status epilepticus between January 2008 and December 2010.

**Results**

The mean age is 04 years (min: 28 days - max: 15 years) with a sex ratio equal to 1.5. 60% of cases was febrile. 31% of the seizures are generalized. The different etiologies are: Epilepsy: 59 (27.5%); Occasional seizures: 69 (32.24%); Infections of central nervous system (CNS): 53 (24.7%) (26 meningitis and 27 meningencephalitis), Febrile seizures: 24 (11%); Indeterminate cause: 09 (04%).

It was noted a long delay between the onset of clinical manifestations and world-renowned workplace support. The drugs used are represented by injectable diazepam and phenobarbital. In terms of support, 46% need artificial ventilation. In this series the mortality is 22%.

**Objective**

This study was designed to determine the predisposing factors in children with symptomatic urinary tract infection (UTI) according to age and gender.

**Material and Methods**

We reviewed prospectively 183 pediatric patients with symptomatic UTI admitted to emergency department or referred to nephrology clinic from November 2002 through July 2008. All patients underwent renal ultrasonography and voiding-cystourethrogram or radionuclide cystography. Diuretic renal scan or intravenous pyelography (IVP) was performed in those with urinary system dilatation. Urodynamic studies were done in patients with normal radiologic findings and recurrent infections or urinary-intestinal symptoms.

**Findings**

Of 183 patients, 130 cases (71%) were female and 53 patients (29%) male. Most of the patients (61.9%) were between 2–24 months old (P=0/001). Vesicouretal reflux (VUR) was the most common predisposing factor in both genders (46.9% in girls and 49.9% in boys). Voiding dysfunction in girls and urinary obstruction in boys were found with a significant difference (P=0/03 for both). In all age groups, except patients <1 month, the most common predisposing factor was reflux. Reflux, urinary obstruction and nephrolithiasis were found with a significant difference in 2–24 months age group (P=0/001 for all).

**Conclusion**

In our study vesicouretal reflux (VUR) was as common in boys as in girls, and suggested urolithiasis as a significant UTI predisposing factor. This study showed that voiding dysfunction in girls and urinary obstruction in boys are as significant predisposing factors. We suggest urodynamic studies in patients with normal radiologic findings and recurrent infections or urinary- intestinal symptoms.

**Acute pyelonephritis and diagnostic parameters**

**Introduction**

Diagnosis and the right time management of Pyelonephritis are extremely important especially if we consider the risk of permanent kidney damage.

**Objectives and research**

To analyze the clinical and laboratory signs and radiological presentation of the disease in children diagnosed with acute pyelonephritis during year 2010 in Pediatric clinic, Nephrology Unit.

**Methods**

Among cases admitted to Nephrology Unit diagnosed as pyelonephritis acuta, during 2010, we analyzed presentation symptoms by age, inflammatory laboratory results, protein degradation products, urine and kidney ultrasound findings.

**Results**

Among of 83 cases with urinary tract infections, 32.5% were diagnosed as pyelonephritis acuta. More frequent among male infants and preschool age and on female school age. 29.6% of the cases were male and 70.3% of the cases were female. Inflammatory parameters were high in 88.8% of cases and the value of above SE:100 mm/h was in 20.8% of cases. Dominated presentation...
situations were high temperature in 66.6%, abdominal pain in 29.6%, nausea 14.8%, burn during urination in 10.5%, frequent uri-
nation 11.1%, swelling 7.4%, back pain in the 7.4% of cases. Domi-
nated urine casts were leukocytes, proteins were positive, while bac-
teria and erythrocytes were positive only to preschool age. Kid-
ney ultrasound resulted normal in 18.5% of cases, 37% had pyelone-
phritic changes. While the sign of urinary stasis 40.7% of cases (up
to the school age) and 11.1% (school age).

Conclusions In cases with high temperature should be planned
examination of urine sediment and an ultrasound examination of
abdominal organs, before we plan any other examination.

892 PEDIATRICIANS RESPONSIBLE FOR EARLY DETECTION
AND SURVEILLANCE OF URINARY TRACT INFECTIONS
FROM INFANTS TO PRESCHOOL CHILDREN

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Introduction Urinary tract infections (UTI) represent substantial
pathology of children’s morbidity. The frequency is just behind
respiratory tract infections. The symptoms may be very diverse and
non-specific. Early diagnosis very important for preventing compli-
cations (especially renal scarring).

Objectives Pediatrician is the first one that has contact with child
having UTI. According to the age, symptomatology is diverse and
detection has to be well-timed in order to assure proper treatment.
Materials and examinationsIn the study we evaluated 35 children
aged 6 months to 6 years (from January 2009 till January 2012). There
were 28 female and 7 male children divided in two groups: A) from
6 months till 3 years (20 children);with following symptoms: high
temperature, diarrhea, vomiting and lack of appetite. B) from
3–6 years old (15 children) with following symptoms: dysuria, fre-
quency, lumbar/abdominal pain and temperature. Basic laboratory
tests and imaging studies were performed: complete blood count,
urinalysis, CRP, urine culture, kidney and bladder ultrasound,
Te99mDMSA scan and cystography. According to the results of
these studies the children were given appropriate management par-
ticularly those with risk for renal scarring.

Conclusion In 86% of the children with UTI Esherichia Coli
(ligelarris) was found, Proteus mirabilis in 6%, Enterococcus in 5%
and Staphilococcus 3%. If the first UTI episode is appropriately
managed, children at risk may be selected (high grade VUR) and
long term treatment strategy created in order to prevent permanent
kidney damage.

893 BACTERIAL MENINGITIS IN CHILDREN

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Background Meningitis is the most dangerous disease in children
and remained irreversible mental disorders. H. influenzae is a fas-
tiduous bacteria and may be under detected because of inadequate
techniques for isolation or overuse of antibiotics before with recov-
ery of causative agents in bacterial meningitis.In present study two
methods, culture and molecular diagnosis (PCR) apply for isolating
H.1 from CSF.

Methods DNA was extracted from CSF and probed for the pre-
ance of Hib DNA with PCR assay with primer derived from the
sequences encoding a capsulation-associated protein; a protein most
probably involved in the intracellular transportation of the capsular
polysaccharide, and would be expected to react only with capsulate
H. influenzae strains. Primers sequencing were:

Primer 1: 5’- CGT TTG TAT GAT GTT Gat CCA GAC T
Primer 2: 5’- TGT CCA TGT CTT CTA AAT GAT G

Results Two hundred three cerebrospinal fluid (CSF) samples col-
lected consecutively from children (less than 5 years) suffering from
meningitis were investigated by PCR. There were all the cases of
clinical meningitis admitted to three children hospitals in 18 months
duration period.

Discussion Two hundred CSF samples were investigated by PCR.
Seven samples were positive by PCR method (5 samples were cul-
ture positive and 2 samples were culture negative for Haemophilus
influenza). Haemophilus influenza type b is a agent 17.1% of bacte-
rial meningitis in children surveyed.

894 REDUCING THE DURATION OF ANTIBiotic COURSE IN A
NEONATAL UNIT: RESULTS OF A TWO YEAR AUDIT

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Background and Aims Neonatal intensive care units (NICU)
across the UK use different guidelines for the treatment of neonates
at risk of sepsis. However, unless specific symptoms/risk factors for
sepsis are present, antibiotics are usually stopped at 48 hours if
blood culture (BC) results are negative. We aimed to determine
whether it would be safe to stop antibiotics at 36 hours.

Methods We conducted a retrospective audit of all blood cultures
over a two-year-period (2009–2011) from neonates at risk of or with
suspected sepsis admitted to Winchester NICU - a medium-sized
level 2 neonatal unit (5000 deliveries/year).

BC were analysed with the automated BacT ALERT® 5D Signa-
ture system, (Biomerieux, Durham, UK), using paediatric blood cul-
ture bottles (BacT/ALERT® 5F; incubated for a total of 5 days.

Results A total of 402 BC were identified and included in the anal-
ysis. Eighteen were positive (4.4%). The median time to BC posi-
tivity was 14.5 hours (25th–75th percentile: 11.5–21.5 hours). There was
no significant difference between the proportion of positive BC
results at 36 and 48 hours (p=0.4857; odds ratio 0.178 (95% CI:
0.003–3.995)). Only two BC were positive after 36 hours; both were
considered to be contaminants and did not changed management.

Conclusions Our data suggest that it is safe, in similar units using
similar methods, to stop antibiotics after 36 hours if BC are nega-
tive. This would result in a substantial reduction in antibiotic use,
invasive procedures and admission time, and thereby has significant
implications for neonatal care.

895 EFFECT OF 4% CHLORHEXIDINE CORD CLEANSING ON
COLONISATION AND BACTERIAL COUNT IN HOSPITAL
BORN NEONATES

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Background Infections in new-borns are the single most impor-
tant cause for neonatal mortality in developing countries. Of topi-
cal antiseptics chlorhexidine has shown potential as an effective
cord care agent. Results from randomized double-blind trials exam-
inuing the effect of chlorhexidine in Asia have been encouraging.