Biliary guter was done and albendazole started for him. The patient improved.

Hydatid cyst antibody was positive. With diagnosis of hydatosis sur-

margin. Abdomoinal sonography and CT scan showed multiple

out rebound tenderness. Liver was palpable 3 Cm below costal

extremities, and neurologic exam were normal. In abdominal Physi-
cical examination he had mild right upper quadrant tenderness with-
out rebound tenderness. Liver was palpable 3 Cm below costal margin.
Abdomoinal sonography and CT scan showed multiple huge cysts in liver that occupied almost all the liver space. Serum hydatid cyst antibody was positive. With diagnosis of hydatosis surgery was done and albendazole started for him. The patient improved after a while and he was discharged with good general condition.

Conclusion

Hydatid cyst should be considered in every patient with liver cystic lesion in endemic area.

FATAL HUMAN BOCAVIRUS INFECTION IN A BOY WITH IPEX-LIKE SYNDROME AND VACCINE-ACQUIRED ROTAVIRUS ENTERITIS AWAITING STEM CELL TRANSPANTATION

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We report about a 21-month-old boy presenting with chronic diarrhoea and obstructive lung disease since infancy. His older brother, the first male child of non-consangine Egyptian parents, had died at the age of 20 months suffering from BCGitis and severe CMV infection, suggesting a severe primary immunodeficiency syndrome.

We found immunological dysregulation, endocrine dysfunction and enteropathy compatible with IPEX syndrome, therefore the child was listed for stem cell transplantation (SCT). FOXP3 gene showed no IPEX associated mutations, but sequencing IL2RG and IL7RG genes returned positive results in E. Coli test. He was treated with ampiciline + gentamicine. The renal scan evinced a bilateral ureteral hydronephrosis. The infant showed a recovery thanks to antibiotics treatment.

Hydatid cyst should be considered in every patient with liver cystic lesion in endemic area.

SECONDARY PSEUDOHYPOALDOSTERONISM DUE TO PYLEONEPHRITIS: TWO CASES REPORT

doi:10.1136/archdischild-2012-302724.0960

1L Sfahi, K Baklouti, I Maaloul, A Hakim, H Aloulou, T Kamoun, M Hachicha, CHU Hedi Chaker, Sfax, Tunisia

Background

Mycoplasma pneumonia (MP) infections are often asymptomatic but can involve multiple organ systems. Secondary skin reactions are common, although few patients infected develop Stevens Johnson syndrome (SJS).

Results

We describe 2 cases of Mycoplasma pneumoniae chest infection associated with Stevens Johnson syndrome. The two patients had prodromal symptoms of an upper respiratory tract infection before the onset of the eruption. The patients had extensive epidermal bullous lesions, ophryangal and genital ulceration, injected conjunctivae and sclera and swollen lips with flaccid bullae. The mycoplasma IgG and IgM titer returned positive, and blood cultures and other titers were negative. They were successfully treated with macrolides and gluocorticoids.

Conclusion

Although the clinical course may be severe and prolonged, the prognosis is uniformly good with complete recovery.

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