85% had more than 4 risk factors, the most common: NICU admission (100%), central catheter (100%), parenteral nutrition (93%), broad-spectrum ATB use (86%) and IMV (71%). The most frequent associated pathology was catheter-related infection (43%) and necrotizing enterocolitis (22%). No CNS involvement was identified in any case.

**Conclusions** Systemic prophylaxis with fluconazole has been an effective measure for the reduction of invasive fungal infection in our unit, with a decrease between 40–70%. However, optimization of this strategy is necessary, focusing on those at highest risk (<1000 g and/or ≤27 weeks).

### Abstracts

**1172 A 7-YEARS RETROSPECTIVE STUDY OF NOSOCOMIAL CANDIDA INFECTION IN TERTIALLY NICU**

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**Background** Nosocomial Candida infections (NCI) with dominant C. albicans account for 6–18% of lateonset sepsis in NICU, with mortality rate 22–32% and increase health care costs.

**Aim** Evaluation morbidity and mortality rate of neonatal NCI, considering sex, GA, BW, perinatal risk factors, occurrence of other disease, types of Candida, number of NCI episodes.

**Material and Methods** The analysis involved 70 newborns (41 boys, 29 girls), 27 ELBW, 20 VLBW, 11 LBW and 12 >27 weeks. Infants received patent ductus arteriosus ligation or had retinopathy of prematurity requiring therapy were associated with developing sepsis thereafter. There was no significant difference in GA, BBW, gender, Appgar scores, intraventricular hemorrhage, bronchopulmonary dysplasia and mortality between sepsis and non-sepsis groups. The mortality rate was 42.9%, and sepsis related mortality accounted for 14.5% of mortality in the current study.

**Conclusions** One third of infants with BWs=750 g had sepsis. Based on the finding of identified pathogens, nosocomial infection was still the major cause for sepsis.

**1174 SEPSIS AMONG PRETERM INFANTS WITH BIRTH WEIGHT <750 G: EXPERIENCE OF A MEDICAL CENTER IN NORTHERN TAIWAN**

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**Background** Sepsis is a major cause leading to neonatal mortality and morbidity, particularly for tiny preemies. The purpose of this study aimed to compare outcome between infants with birth weight (BW) ≤750 g having culture-positive sepsis and infants without any positive culture.

**Methods** This was a retrospective cohort study of infants with BWs≤750 g admitted to Chang Gung Children’s Hospital between January 2006 and December 2010. Sepsis was defined as infants had clinical signs and positive blood culture results. Outcome, pathogens and clinical data were collected.

**Results** 154 infants were enrolled; the gestational age (GA) and BW were 25.1±1.9 weeks and 639.6±88.5 g (mean±SD), respectively. 46 patients (29.9%) had sepsis and the incidence of sepsis was 5.2 episodes per 1000 patient days. There were 62 episodes of sepsis involving 66 pathogens during the study period. 38 gram-positive pathogens (57.6%), 22 gram-negative pathogens (33.3%) and 6 fungal infection (9.1%) were identified. The major causative pathogens were coagulate negative staphylococcus (n=24), Escherichia coli (n=7) and klebsiella pneumoniae (n=7). Infants received patent ductus arteriosus ligation or had retinopathy of prematurity requiring therapy were associated with developing sepsis thereafter. There was no significant difference in GA, BBW, gender, Appgar scores, intraventricular hemorrhage, bronchopulmonary dysplasia and mortality between sepsis and non-sepsis groups. The mortality rate was 42.9%, and sepsis related mortality accounted for 14.5% of mortality in the current study.

**Conclusions** One third of infants with BWs≤750 g had sepsis. Based on the finding of identified pathogens, nosocomial infection was still the major cause for sepsis.

**1177 PATHOGENS WHICH CAUSING NEONATAL INFECTION IN MECONIUM STAINED AMNIOTIC FLUIDS**

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**Background** Few studies considered that amniotic fluid is sterile but some others mentioned that contains pathogens. Even though not all meconium stained amniotic fluids MSAF develop into congenital anomalies, congenital leukemia, prematurity with respiratory distress syndrome, pneumonia and parapneumonic pleural effusion. Eleven of the 14 patients (78.6%) had undergone at least one invasive procedure and 71.4% of the patients had undergone two or more of invasive procedures. The most susceptible antimicrobial agents were amikacin, gentamicin, imipenem, ciprofloxacin, trimethoprim/sulphametaxazole and ceftriaxone. The overall in-hospital mortality rate was 21.4%. The mortality rate was 7% for B. gladioli infections.

**Conclusions** B. gladioli might be a causative microorganism of both early neonatal and nosocomial sepsis in newborns. To our knowledge, this is the first report of B. gladioli infection in newborns. Although it seems to have a low pathogenic potential and insidious clinical course in newborns, resistance patterns to antibiotics may be a problem. Mortality was mainly associated with underlying diseases.