Abstract PO-0176 Figure 1 Ulcers on the right lower leg

hospital visit after having stayed for 40 days. There was a history of injury to her right ankle 3 weeks ago and was treated with oral antibiotics. The wound started to heal but subsequently became itchy and started discharging blood stained fluid. A week later similar lesions developed on her left lower limb. She was born in UK and had all her immunisations. Swab from lesions grew *group A betahemolytic streptococcus* and non-toxigenic *Coryne bacterium diphtheriae*. She was initially started on Penicillin and Flucloxacillin. Erythromycin was added after the culture results, as *C.diphtheriae* was penicillin resistant. She made a complete recovery following 7 days of antibiotics.

C.diphtheriae is a non-sporulating, non-encapsulated and non-motile gram positive bacillus.[1] The epidemiological significance and mechanism of pathogenicity of nontoxigenic *C. diphtheriae* is unclear. In Australia, seven cases of endocarditis due to non-toxigenic *C. diphtheriae* have been reported.[2] Cutaneous diphtheria can be caused by both toxigenic and non-toxigenic strains and the lesions usually appear on exposed parts. The lesions start as vesicles and quickly form small, clearly demarcated ulcers.[3] Symptomatic infections with non-toxigenic *C. diphtheria* are rare but when identified needs appropriate treatment. There is no need to carry out clearance swabs or to trace contacts of these individ.uals.[4] Skin ulcers not responding to conventional antibiotic treatment should be investigated for rarer causes such as cutaneous diphtheria.

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PO-0177 WITHDRAWN

PO-0178 ENTERIC FEVER IN INDIA – CLINICO-HEMATOLOGICAL PROFILE, ANTIMICROBIAL SENSITIVITY AND RESPONSE

R Chhabra, P Maheshwari, P Yadav, H Gogia. *Pediatrics, Artemis Health Institute, Gurgaon, India*

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Aims Enteric fever is endemic in India and its diagnosis in early stages is a clinician nightmare. Our aim was to study the clinical profile, haematological features, antimicrobial susceptibility pattern of the isolates, time to defervescence with the treatment received of culture proven typhoid cases.
Material and methods This was a retrospective chart review of 154 cases of culture proven enteric fever carried out at a tertiary care private hospital in Gurgaon over the period January 2010 to December 2013.
Results All patient enrolled were culture positive 78% of the isolates were Salmonella typhi while 22% were Salmonella paratyphi A. Clinical feature of dry parched lips and coated tongue was seen in 100% patient and abdominal symptoms in 70% patient. Enteric fever was seen in younger age group and infancy in 15% patient. An absolute eosinopenia was seen in 81.8% of the patients. Before being admitted to the hospital, 24.6% received antibiotics. The mean time to defervescence in patients who received prior antibiotics was 3.4 days while that in those who did not receive prior antibiotics was 5.1 days. Severe complication rate was less than 1%.
Conclusions A high culture positivity despite prior or ongoing antibiotic treatment was seen. Absolute eosinophil count and high acute phase reactant in early stage could be an important marker of typhoid. High prevalence of resistance to fluoroquinolones was observed. Early defervescence was seen in patient with combination treatment in comparison to single antibiotic.

PO-0179 WITHDRAWN

PO-0180 INFECTIOUS DISEASES IN HOSPITALISED CHILDREN IN IRAN

K Bloky Moghaddam, S Dalili, M Asgharzadeh, A Hassanzadeh Rad. *Pediatrics Growth Disorders Research Center, School of Medicine, Guilan University of Medical Sciences, Rasht, Iran*

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Background 54 million deaths occurred worldwide and about one third was due to infectious diseases in developing countries and among children, globally. Infectious diseases are important causes of mortality and morbidity in children and have particular concern in paediatrics' wards. Distinguishing the features and subtypes of infectious diseases could facilitate avoiding advanced interventions, therefore, we aimed to investigate infectious disorders in hospitalised children in Rasht/ Iran.
Materials and methods This is a descriptive cross-sectional study which was conducted on 1 months to 14 years old hospitalised children in north part of Iran, Rasht. data were gathered through a checklist which assessed age, sex, place of inhabitants, season of admission, duration of hospitalisation and final diagnosis. Descriptive statistics such as mean, standard deviation, frequency, maximum and minimum were used to report the results by SPSSv16 software.
Results During the study, 4676 hospitalised children were admitted and 29% reported infectious disorders. 83.2% of infected patients were children aged less than 5 years. The mean duration of hospitalisation for infectious disease was 5 ± 4/6 ??days. Results demonstrated that infectious diseases were more frequent in male, winter and urban residents. Also, Respiratory tract and gastrointestinal infections showed the highest frequencies which were 40.1% and 37.2%, respectively. Bacterial pneumonia was