

Medical treatment is rarely recommended. The aim of our study is to evaluate follow-up and response to medical treatment in patients affected by hydatid cystis (HC).

**Methods** We conducted a retrospective study about all cases of HC treated by albendazole in paediatrics department of Hedi Chaker University Hospital in Sfax over a period of 10 years (2004–2013).

**Results** We report 6 cases of HC treated medically. Ages ranged between 2 and 8 years. Diagnosis was based on laboratory and imaging studies. Hydatid cystis had multiple localizations in all of cases: multiple hepatic HC (1 case), bilateral pulmonary HC (1 case), hepatic and pulmonary HC (1 case), hepatic and splenic HC, hepatic, splenic and renal HC and hepatic, pulmonary, cardiac and pancreatic HC. All patients were treated with Albendazole (10 mg/kg/day during 6 to 24 months). Surgical treatment was associated in 4 cases. The outcome was favourable in all cases.

**Conclusions** Surgery remains the ideal treatment for hydatid cysts. However, medical treatment with albendazole can be efficient and can, in some circumstances, replace surgery especially in case of multiple locations.

**PO-0250 CEREBROSPINAL FLUID CYTOKINE IN CENTRAL NERVOUS SYSTEM INVOLVEMENT ASSOCIATED WITH ROTAVIRUS INFECTION**

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**Introduction** Rotavirus is the most common cause of severe gastroenteritis in young children, but the pathogenesis of this disease and immunity to it are not completely understood. Less well recognised is rotavirus-induced central nervous system (CNS) involvement, which has been associated with seizure, encephalopathy and death.

**Subjects and method** We enrolled 20 children hospitalised in Tokyo Medical University (Tokyo, Japan) between 1999 and 2009. They had been given diagnosis of rotavirus-induced CNS involvement. Subjects were classified into two groups of patients with encephalopathy following prolonged seizure (encephalopathy group) and afebrile, and those with a brief cluster of seizures without encephalopathy (cluster group). We assayed 10 cytokines (IL-1 $\beta$ , IL-6, IL-8, IL-10, IL-12, IL-17, TNF- $\alpha$ , IFN- $\gamma$ , MCP-1 and G-CSF) in the CSF obtained from patients.

**Result** IL-1 $\beta$  and IL-6 increased in the group of children with encephalopathy compared with those in the cluster group. On the other hand, IL-17 levels of the cluster group were significantly higher than those of the encephalopathy group.

**Discussion** High cytokine levels in CSF may induce neurological disorders and may be related to the severity of disorders. This is, to the best of our knowledge, the first report about several cytokines in CSF obtained from patients with CNS involvement associated with rotavirus infection. Further study is necessary to determine whether CSF cytokine have an important role in rotavirus infection-induced CNS involvement.

**PO-0251 TUBERCULOSIS IN CHILDREN: A STUDY OF 32 CASES**

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**Introduction** Tuberculosis (TBC) continues to cause an unacceptably high toll of disease and death among children worldwide, particularly in the developing countries.

**Objective** Study the epidemiological and clinical aspects of TBC in Tunisian children and clarify its treatment.

**Population and methods** A descriptive study was carried out, included all cases of TBC diagnosed in Sahloul paediatric unit hospital between 2004 and 2013. Epidemiological, clinical and microbiological data were recorded. Therapeutic and evolutionary aspects were clarified.

**Results** We reviewed 32 cases (16 boys and 16 girls), aged from 6 months to 15 years. All patients were vaccinated against tuberculosis. No case of malnutrition none immune deficiency had been recorded until the first hospitalisation. The diagnosis of TBC was based on clinical features, tuberculin skin test, chest radiography and the histological examination of lymph node, peritoneal and pleural biopsy. Diagnoses were identified: Lymph node tuberculosis (11 cases), pulmonary tuberculosis (4 cases), peritoneal tuberculosis (4 cases), bone tuberculosis (4 cases), tuberculous meningitis (2 cases), cutaneous tuberculosis (1 case), renal tuberculosis (1 case), tuberculosis in hematopoietic stem cell (1 case), pleuro-pericarditis tuberculosis (1 case), and the disease has affected several organs (disseminated) in 3 cases. Two cases of congenital immunodeficiency syndrome were identified. All our patients were treated with an association of Isoniazid, Rifampicin, Pyrazinamide and Ethambutol for 2 months, and then they received Isoniazid and Rifampicin for a period ranging from 2 to 16 months. 27 children were cured (24 without sequelae and 3 with sequelae). Two children died.

**Conclusion** Tuberculosis in children presents particularly difficult challenges, but advances in paediatric tuberculosis research could provide wider insights and opportunities for tuberculosis control especially in developing countries.

**PO-0252 WITHDRAWN**

**PO-0253 USE OF INFECTION MARKERS FOR DIAGNOSTIC AND MANAGEMENT OF SUSPECTED NEONATAL EARLY ONSET NEONATAL SEPSIS: AN INTERNATIONAL SURVEY**

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**Background** Early diagnosis and treatment of neonatal early-onset sepsis (EOS) is essential to prevent severe and life threatening complications. Diagnosis is difficult because of the variable and nonspecific clinical presentation.

**Aim** To determine the use of laboratory investigations for the decision to start/stop antibiotic therapy and to determine the duration of empiric therapy in infection risk adjusted scenarios.