NEONATAL MENINGITIS DUE TO MORAXELLA OSLOENSISS
Case report

A 2 day old neonate was referred for jaundice and bilirubin check. He was noted to be jaundiced and lethargic. He was born at term complicated with maternal pyrexia and raised bilirubin check. He was noted to be jaundiced and lethargic. He was discharged on day 1 following 12 h of satisfactory observation.

A full septic screen was performed on the baby in view of meningitis. The blood and CSF culture were negative; however the CSF PCR was positive for Moraxella osloensis. He was treated with 3 week course of IV cefotaxime and discharged without any acute complications.

Discussion

A PubMed search yielded 4 published cases of M. osloensis meningitis but none of them presented in the neonatal period. There was 1 published case of neonatal septicemia without meningitis, however there was no specific risk factor identified in any of these patients.

In conclusion, although M. osloensis meningitis is rare it may cause severe CNS infection in children we were able to definitely identify the species of the isolates only by using 16S rRNA gene sequencing and extended PCR must be performed on all babies presenting with possible meningitis.

PO-0520 NEONATAL MENINGITIS DUE TO MORAXELLA OSLOENSISS; CASE REPORT AND REVIEW OF THE LITERATURE
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Introduction

Neonatal meningitis causes substantial morbidity and mortality and is commonly caused by GBS. Moraxella osloensis is an aerobic, gram-negative coccobacillus infrequently isolated from CSF. There is little published related to risk factors of M. osloensis infections in the paediatric population. We report a case of Moraxella meningitis a neonate and review of cases in children.

Case report
A 2 day old neonate was referred for jaundice and bilirubin check. He was noted to be jaundiced and lethargic. He was born at term complicated with maternal pyrexia and raised maternal inflammatory markers. He was discharged on day 1 following 12 h of satisfactory observation.

A full septic screen was performed on the baby in view of risk factor for sepsis. The biochemical work-up was suggestive of meningitis. The blood and CSF culture were negative; however the CSF PCR was positive for Moraxella osloensis.

<table>
<thead>
<tr>
<th>Investigations:</th>
<th>Day 1 of admission</th>
<th>Day 3 of admission</th>
<th>Day 10 of admission</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRP</td>
<td>10</td>
<td>6</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Bilirubin</td>
<td>192</td>
<td>176</td>
<td>22</td>
</tr>
<tr>
<td>Blood Neutrophils 5.4</td>
<td>4.6</td>
<td>3.7</td>
<td></td>
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<tr>
<td>Platelets</td>
<td>129</td>
<td>206</td>
<td>454</td>
</tr>
<tr>
<td>CSF glucose</td>
<td>1.5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSF Microscopy</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>White blood cells - 133/cu.mm</td>
<td>133/cu.mm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood culture</td>
<td>No growth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSF culture</td>
<td>No growth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CSF PCR</td>
<td>Moraxella osloensis</td>
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</tbody>
</table>

Conclusions
This is the first study to determine the relationship between the decrease value of base excess and early stage of neonatal sepsis. If the value of base excess <−5 mmol/L without an underlying another reason, may need close follow up of infants for neonatal sepsis and it may help early diagnosis.

PO-0522 GENERALISED BULLOUS IMPETIGO IN A NEONATE DUE TO METHICILLIN-RESISTANT STAPHYLOCOCCUS

Poster abstracts

PO-0521 AUDIT OF MANAGEMENT OF NEONATES PRESENTING WITH SUSPECTED SEPSIS AND/OR MENINGITIS
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Introduction
Sepsis is a significant cause of mortality and morbidity in neonates. Diagnosis can be challenging as clinical features are nonspecific and the diagnostic tests have poor predictive accuracy.

Objectives
To identify incidence of sepsis, risk factors and clinical presentation, sensitivity pattern of organisms, management and compare with local guidelines.

Project methodology
Retrospective case notes analysis of babies up to 28 days of age and presenting with features of sepsis during August 2011 to July 2013. Data collected on risk factors, clinical presentation, management and outcome.

Results
23 out of 88 babies had blood, urine or CSF positives for viral or bacterial organisms of which 11 were true positives. Significant number of babies presented with nonspecific symptoms. Risk factors for neonatal sepsis were not always documented. A significant number did not have urine or CSF cultures prior to starting antibiotics (urine 54% and CSF 77%). The total number of contaminants was 12/23 of which Coagulase negative staph was predominant.

Of the 12 true positives 3 had bacteraemia (1 died), 1 had positive Group B streptococcus both in blood and CSF (died), 5 had urinary tract infection and 2 had CSF viral PCR positive (1 died).

Of the 9 various antibiotic combination used the most commonly used combination was Cefotaxime/Amoxicillin/Gentamicin (73%).

Conclusion
The audit identified following areas for improvement:
- documentation of perinatal events,
- performing vital investigations like CSF and urine culture before starting antibiotics and ensuring strict aseptic technique in blood and CSF culture.
Objective To describe a case of generalised bullous impetigo caused by methicillin-resistant Staphylococcus aureus (MRSA) in new born.

Observation A masculin infant was born at full term pregnancy to a healthy mother by cesarian section because of rupture of membranes and acute fetal distress. He was normal within 48 h of life and C reactive protein (CRP) was negative, so he was discharged from the hospital. He presented at the age of 3 days erythematous pustulaceous lesions of the face without fever. He was hospitalised at the age of 5 days. On examination, we noted on his face, neck and back multiple shallow erosions and flaccid pus-filled bullae, varying in size.

Investigations including complete hemogram, renal function tests and CRP had results within normal limits. A smear from a pustular lesion and blood culture were done. The infant was started on intravenous oxacillin (100 mg/kg/day) and gentamicin (5 mg/kg/day). The culture of the two samples was positive for MRSA which was resistant to kanamycin and fusidic acid. Antibiotic therapy was modified by vancomycin and pristinamycin for total treatment duration of 14 days. The outcome was favourable with rapid regression of skin lesion. Search by PCR of the meca gene and the gene encoding Panton-Valentine Leukocidine was positive for the 2 strains of MRSA isolated from blood culture and pustule.

Conclusion Community-acquired, methicillin-resistant Staphylococcus aureus infections are increasing among children. Early diagnosis and appropriate antimicrobial therapy improve outcomes.

Abstract PO-0523 Figure 1 CMV viral load during treatment with Valganciclovir