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HEPATIC INVOLVEMENT OF TOXOCARIASIS IN CHILDREN

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Introduction: Toxocariasis is a helminthozoonosis caused by the infection of a human host by the larva of *Toxocara canis* and *Toxocara cati*, which are common nematodes in dogs and cats. The disease shows variable clinical manifestations including hepatomegaly, fever, anorexia, cough, nausea, vomiting and right upper quadrant pain. Hepatic involvement is common due to portal venous drainage of visceral organs.

Aim: To evaluate hepatic involvement in children infected with *Toxocara canis*, by assessing clinical, biochemical and imagistic findings.

Methods: The record cards of 9 children, 12 months to 12 years and 6 months of age (mean 5,8 years), with serological diagnosis of *Toxocara canis* infection were evaluated.

Results: The patients were divided in two groups: the patients presented risk factors (N=6), and the patients without risk factors (N=3). The hepatic involvement was proven clinically (hepatomegaly in 5 cases), biochemically (hepatic cytolysis in 6 cases) and sonographically (in 5 cases). Abdominal ultrasound revealed multiple hypoechoic areas in the livers of 5 patients. Hepatohilar lymph-node enlargement was present in 3 patients, 2 of whom also showed peripancreatic lymph-node enlargement. Hepatomegaly was present in 5 patients and splenomegaly in 2. Eosinophilia level range between normal values (2 cases) and high values (2 cases). There is not significant differences between the two groups regarding the clinical, biochemical and echographic hepatic manifestations.

Conclusion: The study confirms the varied hepatic involvement of toxocariasis in children. The presence of risk factors didn't have a determinant influence in clinical, biological and imagistic picture in studied patients.

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MEASUREMENT OF CRP, PCT, ESR AND WBC IN LOWER RESPIRATORY TRACT INFECTION

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Background Acute lower respiratory tract infections are the most frequent reason for seeking medical attention in primary and secondary care. They are caused by viruses, bacteria or combination of both, present with similar symptoms. Evaluation of C-reactive protein (CRP), Procalcitonin (PCT), erythrocyte sedimentation rate (ESR) and white blood cells (WBC) and their relations are the best and fastest methods to decide needing for antimicrobial therapy. Although, they are golden rules in assessment of effective used antibiotics.

Methods Using preferred procedure we measured serum level of CRP, PCT, ESR, WBC in all children, admitted in intensive care unit with clinical signs of lower respiratory tract infection, in admission and after 5 and 10 days of treatment.

Results During the period 03.01.2008 to 03.07.2009. in PICU in Prishtina, Kosova, were treated 128 children, less than 6 months of age, with lower respiratory tract infection, clinically with predomination of bronchiolitis (96 cases). In all children were done lab analyses; special point in differential diagnosis we used serum level of CRP, PCT, ERS and WBC in admission and after 5 days of hospitalization. As referential values are used international levels. All children with bronchopneumonia in admission and after 5 days have positive results in all tests but after 10 days of treatment the positive are only ESR and particularly WBC. Only a few children with bronchiolitis have positive all tests in admission and after 5 days (probably bronchiolitis complicated with bronchopneumonia), and they have been treated by antimicrobial.

	Admiss.	5 days	10 days
CRP	+	+	-
ESR	+	+	+
WBC	+	+	+/-
PCT	+	+	-

[Children with bronchopneumonia]

	Admiss.	5 days	10 days
CRP	3	5	0
ESR	2	4	3
WBC	2	9	3
PCT	2	4	0

[Children with bronchiolitis]

Key words Procalcitonin, C reactive protein, lower respiratory infection

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**EVALUATION OF MENINGITIS
COMPLICATIONS IN CHILDREN ADMITTED
EMERGENCY ROOM OF GHAEM&IMAM REZA
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Introduction: Meningitis is one of the most important emergencies in children. During the treatment of meningitis, acute complications such as hyponatremia subdural effusions, seizure and a prolonged fever may occur and cause irreparable sequels. Knowing these complications and there proper treatment can improve the prognosis of disease, therefore we decided to evaluate meningitis acute complications in study in one year period.

Method: In this study 108 suspected meningitis cases in children who were admitted in children department of Imam Reza and Ghaem Hospitals were investigated. The data were collected using questionnaire and analyzed using SPSS.

Materials and results: Among the patients who were the suspected of meningitis the number of male patients(62%) was more than female patients(38%).Frequency of the disease in 3 to24 months old children was more than others(41%). The patients mostly presented with fever and seizure, Among the patients who were studied 57 of them were diagnosed as CNS infection an among them only 8 cases had positive cultures.

The most common organism were Hemophilus influenza(28%). Hyponatremia (31 cases) is the most common complication followed by seizure(16 cases) and prolonged fever (one case) in patients with CNS infection.28% of patients with bacterial meningitis had subdural effusions in CTScan.

The mean of HB value was sufficiently lower in patients with bacterial meningitis in comparison with patients with viral meningo encephalitis.

Conclusion: During the treatment of meningitis hyponatremia and seizure after treatment and subdural effusions should be considered.

Keywords: Meningitis, complication, children

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**PANDEMIC INFLUENZA A (H1N1) INFECTION
IN PEDIATRIC POPULATION: A MULTICENTRIC
STUDY IN NORTH-EASTERN ITALY**

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The rapid increase of new cases of pandemic influenza A (H1N1) in Italy in the autumn 2009 was alarming and limited data were available on disease characteristics and outcomes of children who required hospital admission.

Objective: To describe clinical characteristics, treatment and outcome of children hospitalized for H1N1 pandemic influenza in the nineteen Pediatric Units of the Veneto Region (North-Eastern Italy, ~800.000 inhabitants 0-17 years).

Methods: Retrospective study including children consecutively admitted from November 2009 to February 2010 for H1N1 influenza confirmed on reverse-transcriptase polymerase-chain-reaction assay.

Results: Clinical, laboratory, and radiographic data of 200 children were reviewed. The median age was 4.15 years (range 0-17.5). At least one underlying medical condition was found in 43.5% of patients. Fever and cough were the most frequent symptoms (92.5% and 64.5% respectively). In 81% of patients chest radiograph findings were consistent with pneumonia. Eleven (5.5 %) were admitted to an intensive care unit (ICU) and 5 (2.5%) required