The child and her father have both a heterozygote mutation factor V Leiden.

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RITUXIMAB IN SYSTEMIC LUPUS ERYTHEMATOSUS IN PEDIATRIC PATIENTS

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Systemic Lupus Erythematosus (SLE) is often more severe in children than in adults and innovative approaches are needed for patients who no respond to conventional treatment. Rituximab (RTX) is a chimeric anti CD-20 monoclonal antibody and it has been shown to be a useful therapy in some pediatric autoimmune diseases in which a key role of B cells has been considered.

We report two patients with severe SLE who were refractory to standard drug therapies and our aim was to evaluate the efficacy and safety with this monoclonal antibody.

A 11-years old girl with SLE (cutaneous, musculoskeletal and renal disease), requiring steroids and cyclophosphamide therapy. At 17 years old, renal function decreased (Glomerulonephritis Class IV-Jansen 2004) and refractory pancytopenia leading to more aggressive therapy with steroids, intravenous Immunoglobulin and mycophenolate, without clinical or laboratory response. We decided to add rituximab, achieving satisfactory control of disease, without major side effects.

A 13-years-old boy, with hemolytic-uremic syndrome and neurologic disease who was diagnosed SLE and antiphospholipid antibody syndrome. Conventional therapy (steroids, cyclophosphamide, Immunoglobulin, plasmapheresis) was not enough to control the disease and at last rituximab was introduced. A clinical and laboratorial improvement was achieved in 4 weeks after rituximab administration with remission of disease after 27 months.

Our results suggest the security and efficacy of RTX when used in combination with other immunosuppressive therapies. However, further

prospective trials in greater series of children are needed to confirm our results using RTX in monotherapy or co-therapy, and to evaluate adverse events.

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ANTIMICROBIAL RESISTANCE IN UROPATHOGENS IN CHILDREN FROM BRAZIL

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Background and aims: To prevent urosepsis and reduce risk of renal scarring in children with urinary tract infection (UTI), empirical antibiotic treatment is started soon after the collection of urine specimens for culture and should be based on local epidemiology of uropathogens and their antimicrobial susceptibility. The aim of this study was to describe pathogens and their antimicrobial resistance in urine cultures of children under five, attending the Instituto de Medicina Integral Professor Fernando Figueira (IMIP), a teaching hospital in Recife, Brazil.

Methods: cross sectional study comparing an earlier (January 1999 to August 2001) and a later (January to December 2008) period of time. It was recorded the urine culture positivity rate, pathogen species; antimicrobial resistance (Kirby-Bauer diffusion disks) of isolates in urine cultures of children with suspected UTI.

Results: 601 (15%) of 4113 urine cultures were positive. The most frequent isolates in the earlier and later periods were, respectively: *E.coli* (30% and 41%), *Klebsiella* spp (27% and 25%), *P. aeruginosa* (5% and 9%), *P. mirabilis* (7% and 7%) and *Candida* spp. (11% and 4%). In 2008, the resistance of *E.coli* was (in descending order): co-trimoxazole (68%), nalidixic acid (52%), cephalotin (30%), ciprofloxacin (15%) and nitrofurantoin (8%). When all pathogens are considered, the highest antimicrobial coverages would be reached by ciprofloxacin (88%, CI95%=83.4-91.6%) and nitrofurantoin (75%, CI95% = 68.6-80.5 %).