Conclusions: There was no difference in early major morbidity and long term growth and neurodevelopmental outcome between SGA and AGA VLBW infants.

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STATISTICAL EVALUATION OF STREPTOCOCCUS RESISTANCE TO ANTIBIOTICS IN CHILDREN

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Background and aims: The „European Surveillance” reported resistance of group A streptococci to macrolides as follows: 11% of isolates in Portugal and 32% in Italy. First clindamycin-resistant isolate was reported in 1999. The authors evaluated antibiotic resistance of pyogenic streptococci (serogroups A, C, G) for hospitalized children.

Methods: There were realised 714 throat cultures during 30 days period: 56 isolates (7,84%) were positive (large-colony streptococci). Inclusion criteria (antibiogram performing): beta-hemolytic streptococci group A (GAS), C (GCS) and G (GGS). Exclusion criteria: small-colony streptococci. 34 isolates were selected for diffusimetric method (Mueller Hinton medium 5% sheep blood; *S. pneumoniae* ATCC 49619 strain as quality control) using penicillin, erythromycin and clindamycin disks. The cases were reevaluated after 10 days penicillin therapy.

Results: 7 strains (20,58%) were erythromycin resistant (5 strains GAS, 1 GCS, 1 GGS), 2 strains (5,88%) clindamycin resistant beta-lactamases produced by (1 strain GAS, 1 GGS). One case wasn't cured after penicillin therapy (antibiogram revealed resistance just for erythromycin), justifying Clindamycin treatment with good evolution. The other cases were successfully treated with penicillin.

Conclusions:

1. The study confirmed macrolides resistance for 1/5 strains of streptococci pyogenes;
2. It isn't recommended routine antibiogram;
3. Clindamycin resistance was identified for 6% strains;

4. Penicillin is first choice treatment for streptococcal pharyngitis;

5. One case was penicillin resistant, probably due to bacterial adaptive mechanisms: the streptococcus „internalisation” or saprophytic bacteria from mouth or streptococcus persistence in lingual tonsils;

6. The persistence of Streptococcus in pharynx after penicillin treatment is different from concept of GAS resistance to penicillin.

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EPIDEMIOLOGICAL ASPECTS OF SALMONELLA AND SHIGELLA INFECTIONS IN CHILDREN. STATISTICS OF PEDIATRIC CLINIC

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Background and aims: Prevalence of Salmonella and Shigella infections varies due to inconsistent diagnosis techniques. Authors evaluate Salmonella / Shigella infections from epidemiological and evolution points of view for hospitalized children.

Methods: There were performed 585 stool cultures during 3 months period using mediums (agar-desoxycholate-citrate-lactose medium, selenite broth), biochemical tests (mobility-indol-urease, triple-sugar-iron), latex agglutination, serological somatic (O) *Salmonella* tests. Mueller-Hinton medium was chosen for diffusimetric antibiogram using disks for ampicillin (AMP), ceftazidime (CAZ), trimetoprim-sulfamethoxazole (SXT), nalidixic acid (NA) and colimycin (CT). Inclusion criteria for antibiogram: newly diagnosed Salmonella / Shigella cases. Exclusion criteria: positive stool culture for previously treated children.

Results: From 585 samples, 39 (6,67%) were positive: 34 Salmonella isolates (17 group B, 15 group D, 2 group C) and 5 Shigella isolates (4 samples *S. sonnei*, 1 sample *S. boydii*). From Salmonella samples, 13 represented post-therapeutic relapses (5 group B, 7 group D, 1 sample group C). There were performed 21 antibiograms: group B Salmonella - from 9 samples, 6 strains AMP resistant, 2 SXT resistant; group D Salmonella - from 7 samples, 2 strains NA resistant; group C Salmonella - 1 susceptible strain; *Shigella sonnei* - 3 AMP and SXT resistant strains; *Shigella boydii* - 1