51

THE COLONIZATION PATTERN BY RESISTANT MICROORGANISMS IN AN ADULT INTENSIVE CARE UNIT (ICU)

WM Chan[1], PL Ho[2], K Young[1], E Siu[3], WH Seto[2], JCK Chan[1]. Intensive Care Unit[1], Department of Microbiology[2] and Pharmacy[3], Queen Mary Hospital.

The colonization pattern of patients admitted to the ICU was prospectively evaluated by taking surveillance swabs on all patients at admission and within 12 hours of discharge from ICU. Swabs were taken at the anterior nares, nasopharynx and rectum. Patients with bleeding tendency, stayed for less than 24 hours or recent surgery at the sites were excluded. Swabs at each sites were cultured for methicillin resistant Staphylococcus aureus (MRSA) and Ceftazidime Resistant Gram Negative Rods (CRGNR). A total of 259 patient-admissions were swabbed, among them 151 (58.3%) had both admission and discharge swabs. Mean age of patients were 61.3 (SD17.4) with mean length of stay of 5.09 days in ICU. Sixty patients (23.2%) were already colonised with MRSA and 35 (13.5%) with CRGNR at admission to ICU. The most common imported CRGNR was Enterobacter (34%). Eleven percent of patients were colonised by MRSA during their ICU stay and 15.2% by CRGNR. The sites of colonisatin by MRSA were the nostrils and throat, that of CRGNR was rectum. The most common CRGNR contracted in the ICU was Enterobacter (31%). Comparing the patients who were not colonised, the patients colonised were significantly older and stayed in the ICU for a longer period. The pattern of colonisation is similar to that reported in the literature. The high incidence of colonisation by Enterobacter spp. is likely related to a high exposure rate to broad spectrum cephalosporins. The pattern of colonisation might reflect the pattern of infection in the ICU.

52

LYMPHANGIOLEIOMYOMATOSIS: A HONG KONG COHORT

Bing Lam, WK Lam, GC Ooi, JCM Ho, PC Wong, , M Ip, KWT Tsang. University Departments of Medicine and *Radiology, Queen Mary Hospital, The University of Hong Kong, Pokfulam, Hong Kong

Lymphangioleimyomatosis (LAM) is a very rare idiopathic interstitial lung disease which primarily affects premenopausal women. Despite its first description in more than 50 years ago, the natural history, pathogenesis, and prognostic factors are still unclear. There has been little known on LAM in non-caucasian patients. We performed this retrospective study to evaluate the clinical features of LAM patients by case record review. LAM patients in Hong Kong were assessed during the period 1990-1997. Parameters analyzed included: age, sex, presenting symptoms, smoking history, radiological (plain radiographic and CT), and lung function test parameters. Altogether 6 patients, diagnosis by open lung biopsy, were recruited. Mean age(+ SE) of disease onset was 32.83 + 3.19. None of the patients had ever smoked. The presenting features were dyspnoea (n=2), pneumothorax (2), and chylothorax (2). All patients had abnormal chest radiology on presentation: hyperinflation with diffuse reticular shadow, and cystic spaces. CT of the thorax (n= 4) showed diffuse thin walled cyst with or without normal intervening lung tissue. The mean duration from clinical presentation to diagnosis was 24.33+ 6.78 months. Two cases were also diagnosed to have tuberous sclerosis. We conclude that LAM affects predominantly Chinese female patients of reproductive years, similar to the western experience. The mean delay between initial presentation and correct diagnosis was about two years indicating the lack of alertness of physicians. These findings will help clinicians diagnose LAM.