15.005

Correlation Between Acetaminophen Consumption and CSF Glucose in Febrile Convulsion

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Keywords: CSF glucose; Acetaminophen; Febrile convulsion

Background: Hyperglycemia and hyperglycorrhexa are common associations of febrile seizures. Rapid release of cortisol and adrenaline after seizures as a stress reaction induces elevated glucose concentration. During fever release of Interleukin 1 beta, an endogenous pyrogenic cytokine, inhibits insulin release and stimulates the secretion of cortisol. The purpose of our study was to assess the correlation of acetaminophen consumption and CSF glucose concentration in febrile convolution.

Method: In this cross-sectional analytic study, CSF samples were analyzed from 63 children, 3—18 months age with febrile convolution. Comparisons between the mean CSF glucose concentrations in the children who taken and no taken acetaminophen during 6 hour before convolution were performed using Student’s t-test and Mann-whitney test

Results: CSF glucose levels were significantly higher (P = 0.0001) in children who were not taken acetaminophen (82 ± 8 mg/dL) as compared with children taken acetaminophen (53 ± 4 mg/dL)

Conclusion: The use of acetaminophen decreases CSF glucose concentration in febrile convulsive children.

doi:10.1016/j.ijid.2008.05.163

15.006

Antibiotic use in Brazilian Children

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Background: To assess the patterns of antibiotic use, eating habits and anthropometrics data in children using antibiotics in a large Brazilian city.

Methods: We used two Public-Health Centers to collect data on outpatient antibiotic use (0—8 years). A survey containing 70 questions was divided into four parts: 1) about medical appointment and prescription; 2) about children’s pathology; 3) about the level of information of the parents regarding antibiotics; 4) about children’s eating habits. Anthropometrics data were collected (weight, height, body mass index (BMI), arm circumference, skin folds) to determine nutritional status.

Results: We found a great number of amoxicillin prescriptions (76%) used to treat upper respiratory tract infections (64.8%); pharyngitis (41.1%); sinusitis (9.86%) and acute otitis media (7.01%). 15% of the parents stopped giving antibiotics once their child improved symptomatically. Other antibiotics prescribed were; cephalosporins, macrolides and sulfas. We found antibiotic prescriptions for flu (5.6%) and viruses (1.4%). 45% of the children presented antibiotic’s use 2 or 3 times/year. 39% of the children did not present fever during the medical appointment and 22% did not receive any medical orientation regarding antibiotic use. The eating habits showed vitamins A and C deficiency especially in children aging 6—12 months. Hyperproteic diet was found in all children. Anthropometry suggests tall children and some with low weight (0—6 months). 30% of children were breastfed.

Conclusions: In Brazil, antibiotics are prescribed unnecessarily (viral infections). The lack of a pharmacist in public health service in Brazil contributes to the indiscriminate use of these drugs. We conclude that quality of infections management can be improved substantially, especially with pharmaceutical care intervention. Study supported CNPq. 402569/2005-9.

doi:10.1016/j.ijid.2008.05.163
grow virus like hMPV. In this study the in-house cRT-PCR and Real Time RT-PCR were found to be equally sensitive.

doi:10.1016/j.ijid.2008.05.164

15.008

Adenovirus, Influenza Virus A, B and Respiratory Syncytial Virus Infection in Children

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Background: Acute respiratory infection is a major killer of children in developing countries. Viruses are common causes of it among children and Influenza, adenovirus and respiratory syncytial virus are some of them.

Method: A prospective cross sectional study was carried out in children from 3 month to 15 years old with upper respiratory infection who visited in OPD of Rasol-e-Acram hospital in one year (2006), Tehran, Iran.

Direct smear of patient's throat were evaluated by rapid chromatography test for adenovirus, RSV and influenza A and B virus infection.

Results: 160 children with upper respiratory tract infection with a mean age of 61.5 months were evaluated. 57.5% were boys, 77% had fever, 66% had sore throat, 37.4% had cough, 27% pharyngeal exudate, 16.4% had abdominal pain, 15.7% had vomiting, 13.8% had cervical lymphadenopathy, 10% had diarrhea, 5.7% had petechiae in palate and 1.9% had conjunctivitis. Influenza infection was detected in 7 cases (4.4%) with mean age of 82.3 month. They were detected 28.6% in spring, 14.3% in summer and 57.1% in winter. Adeno-novirus infection was detected in 10 (6.3%) cases with mean age of 83.7. they were detected 20% in spring, 30% in summer, 30% in fall and 20% in winter. RSV infection detected in 9(5.7%) cases, 7 (77.8%) boys and 2 (22.2%) girls with mean age of 54.7. They were detected 44.4% in spring, 44.4% in fall and 11.1% in winter.

Conclusion: Adenoviruses were more prevalent. Fevers were the most common clinical sign but in RSV sore throat and in Influenza cough, petechiae and vomiting and in Adenovirus cervical lymphadenopathy were more prevalent than others. Influenza in winter and RSV in spring and fall were more prevalent but Adenovirus did not obey seasonal pattern.

doi:10.1016/j.ijid.2008.05.165

15.010

Prevalence of Skin infections in Nigerian Children - The University of Port Harcourt Teaching Hospital (UPTH) Experience

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Keywords: Prevalence; Skin; Infections; Children; Morbidity; Public health

Background: Skin infections are frequently encountered in the tropics; many are contagious and are a serious cause of morbidity, disfigurement and distress in all age groups. These infections are observed in children whose parents are of low socioeconomic background. The aim of this study is to determine prevalence and common dermatological infections encountered in UPTH.

Method: Children aged 0—16 years attending the dermatology clinic in UPTH from June 2005 to November 2007 were prospectively studied.

Results: A total of 1,226 skin infections were seen, 247 (20.1%) were children aged 0—16 years. Skin infection was commoner in females 139 (56.3%) than males 108 (43.7%). Papular urticaria 36 (14.6%), atopic dermatitis 34(13.8%) and tinea 31 (12.6%) were the most commonly observed childhood skin infections. Other skin infections included Human Immunodeficiency viral (HIV) skin lesions in about 30 (12.1%). The skin infections in the HIV infected patients included profuse oral candidiasis, herpes zoster (shingles), molluscum contagiosum and scabies.

Conclusion: It is obvious that skin diseases such as HIV skin lesions, papular urticaria and atopic dermatitis are important dermatological problems in our environment. HIV/AIDS is a major public health problem in our setting. Implementation of public health policies and improvement of the socioeconomic status of the people will bring about a fall in prevalence of skin infections in Nigerian children.

doi:10.1016/j.ijid.2008.05.166

15.011

Infection Factors Which Have a Role in the Aetio-pathogenesis of Primary and Exacerbation Juvenile Idiopathic Arthritis and the Relationship of Infection Factors with Procalcitonin Levels

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The aetio-pathogenesis of Juvenile idiopathic arthritis (JIA) is not fully understood; however, environmental factors including immunological tendency, infections stress and trauma in patients have been shown to play a role in the aetio-pathogenesis of JIA. Although previous studies have shown that there was a clear relationship between adult arthritis and infections, this relationship was not fully demonstrated between juvenile arthritis and infections. Our work is the first international study in effort to show the relationship between juvenile group and infections by investigating extended bacterial and viral factors and monitoring procalcitonin (PCT) and C-reactive protein (CRP) levels in relevant infections. The study was performed between October 2004 and November 2005. Three groups were included in this study; a) 26 cases with primary JIA, b) 20 exacerbation JIA cases (EC) previously diagnosed with JIA and c) 24 healthy control (HC) individuals. Conventional culture and serological methods were used to detect microorganisms and also for aetio-pathogenesis and/or exacerbation of