from single centres have been published - we present our experience with 15 cases over a 6-year period.

Methods: The case notes of all patients with enterococcal PJJ proved by culture of operative tissues received in 2002-2007 were reviewed, and their bacteriology, prophylaxis, treatment and outcomes assessed.

Results: 15 patients (mean age 76 years) had enterococcal PJJ of which 7 were related to hip hemiarthroplasty, 5 to knee replacement and 3 to hip replacement. All received cefuroxime prophylaxis and gentamicin cement at joint placement. 7 cases occurred in the 5 years 2002–2006 inclusive, and 8 cases in 2007. The mean time from joint placement to tissue diagnosis was 93 days; mean follow-up time from tissue diagnosis was 454 days. In 5 cases the infection was polymicrobial. 11 of the isolates (73%) were high-level resistant to gentamicin, compared to 31% of other enterococcal isolates. None were glycopeptide resistant. There were 3 successful 2-stage revisions (all knees), 1 successful conservative management with prosthesis retention (knee). Of the remaining patients, 4 remain on long term antibiotics (all hips), 4 have died (all within 100 days of tissue diagnosis) and 3 are still under active treatment.

Conclusion: Enterococcal PJJ has risen at our institution, and enterococci are now the commonest isolates from PJJ. Current perioperative prophylaxis does not cover this organism adequately. Despite aggressive surgical and antibiotic treatment only 20% of patients had successful 2-stage revisions, and 7% successful conservative management with prosthesis retention. Antibiotic treatments consisted of prolonged courses of amoxicillin or glycopeptide, but rarely gentamicin as most isolates manifested high-level resistance. Despite lengthy antibiotic courses and surgical intervention, enterococcal PJJ has a poor prognosis.

doi:10.1016/j.ijid.2008.05.528

40.019
Lack of Association of Interleukin-8 Gene Polymorphism with Helicobacter pylori-Induced Gastritis in Iranian Patients
S.H. Farshad1,*, M. Rasouli1, A. Jamshidzadeh2, A. Hosseinkhani1, A. Japoni1, A. Alborzi1
1 Prof. Alborzi Clinical Microbiology Research Center, Shiraz, Iran (Islamic Republic of)
2 Pharmacy School, Shiraz University of Medical Sciences, Shiraz, Iran (Islamic Republic of)

Background: Helicobacter pylori is a major cause of non-plastic and inflammatory gastroduodenal diseases of the stomach. Recently cytokine gene polymorphisms and H. pylori have been linked to different gastric diseases. In this study we determined the role of host Interleukin-8 (−251A/T) gene polymorphism in the development of gastritis in the population of southern Iran.

Methods: We genotyped IL-8 (−251A/T) gene polymorphism in 54 H. pylori infected individuals with gastritis and 337 normal individuals using polymerase chain reaction-restriction fragment length polymorphism (PCR-RFLP). The diagnosis of gastritis was established on the basis of endoscopic and pathologic findings.

Results: No significant differences in allele and genotype frequencies of IL-8 (−251A/T) were found among our study groups in comparison with the control group.

Discussion: Our analysis did not reveal a significant difference between the frequencies of IL-8 (−251) genotypes and alleles which might show that this genotype may be an independent risk factor for gastritis in the population under our study. However, we suggest that this study to be performed on larger group of patients; also analysis of polymorphism in other positions of IL-8 gene is recommended.

doi:10.1016/j.ijid.2008.05.529

40.020
Analysis of Blood Cultures in Argolis Greece
K. Mitrakou, I. Mitrakos, G.C. Michalopoulos, P. Papageorgiou, M. Vossou, F. Rozi*

General Hospital of Argos, Argos, Greece

Objectives: To study the blood cultures at the General Hospital of Argos, Greece during the period 01/01/05 until 31/10/2007.

Methods: 791 blood cultures were studied. The identification and the antimicrobial susceptibility tests were performed using the analysis Bact/ALERT and the automat system VITEK 2 compact (BIOMERIEUX).

Results: From the 791 blood cultures 661 (83.56%) were negative and 130 (16.43%) were positive. 180 cultures were examined in 2005 (145 (80.55%) negative and 35 (19.45%) positive), 251 in 2006 (209 (83.26%) negative and 42 (16.74%) positive). In 2007 were examined 360 blood cultures (307 (85.27%) negative and 53 (14.73%) positive). Staphylococcus epidermidis was the most common isolated bacterium [30 samples (23.07%)], followed by E. coli [25 samples (19.23%), Brucella melitensis [21 samples (16.15%)], Staphylococcus aureus [12 samples (9.23%)], Pseudomonas aeruginosa [7 samples (5.38%)], Staphylococcus simulans [7 samples (5.38%)], Staphylococcus hominis [6 samples (4.62%), Klebsiella pneumoniae [3 samples (2.3%), Staphylococcus haemolyticus [3 samples (2.3%)], Staphylococcus articularis [3 samples (2.3%), Enterobacter cloacae [3 samples (2.3%), Enterococcus faecalis [2 samples (1.53%)].

Conclusions: A gradual increase in the number of blood cultures was observed during this period of time which also concluded in the decrease of the rate of positive cultures respectively. From the 130 positive blood cultures 51,53% (67) were gram positive bacteria and 48,47% (63) were gram negative. The most common isolated bacterium was Staphylococcus epidermidis which may have been due to sample contamination. A significant number of Brucella melitensis was isolated (21 samples) fact that corresponds to the epidemic data of the region.

doi:10.1016/j.ijid.2008.05.530