

ination and acid-fast staining, they had been cultured in Lewenstein-Jensen medium. After isolation of mycobacteria by differential tests such as niacin, nitrate reduction, arylsulfatase, catalase, urease, pyrazinamidase, susceptibility to TCH, tween hydrolysis, tellurite reduction, tolerance to 5% NaCl, rate of growth and pigmentation (dark-light), their antibiotic resistance and susceptibility were studied. Other bacteria were identified by staining and culturing in different media as standard methods.

Results: Among 88 samples, 3 mycobacteria isolated (3.4%); out of these 3 proved agents cases. 1 *M. chelonae* (Rapidly growing) 2 cases *M. scrofulaceum* Antimycobacteria susceptibility test to INH, SM, RMP EMB, KM, THA were done. *E. coli* (41% 0 and *S. Coagulase* negative (38%) were isolated.

Conclusion: Since atypical mycobacteria exist in soil, and some of cases from these bacteria have been isolated in Iran, therefore, isolation of them from person especially children after a disaster such as earthquake is important.

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42.003

Postantibiotic Effects of Linezolid and Gatifloxacin against *Mycobacterium tuberculosis*

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Postantibiotic effect (PAE) is the persistent suppression of bacterial growth after an exposure to an antibiotic. PAE is well established in Gram negative bacteria when exposed to aminoglycosides. In the treatment of tuberculosis, a minimum duration of 6 months therapy is usually required. Circumstances such as infection by multi-drug resistant tuberculosis, the course can be much more prolonged. Moreover, the use of 2nd line therapy need to be considered. To improve compliance and treatment outcomes, effective and convenience dosing regimen is required. Analysis of pharmacokinetic profiles of new agents would be useful to achieve this aim. Therefore, PAEs of linezolid and gatifloxacin, alone and in combinations against *Mycobacterium tuberculosis* were studied. Linezolid (10 mg/L) and gatifloxacin (3 mg/L) gave relatively short PAEs of 4.0 and 8.8 h, respectively. The combinations of linezolid plus gatifloxacin, gave PAEs of 5.3 h. The results suggest that linezolid may require twice-daily dose as part of an anti-tuberculous regimen. This might have implication in the dosing regimen, as many antituberculous drugs are taken on a once daily basis.

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Spinal Tuberculosis: A Major Public Health Hazard in Isfahan

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Keywords: Spinal tuberculosis; Sex; Age; Potts disease

Background: Tuberculosis remains a major public health hazard, especially in developing countries. Vertebral tuberculosis is the most common form of the skeletal tuberculosis. The purpose of our essay is to review spinal tuberculosis in three hospitals in Isfahan, Iran.

Methods: We carried out a cross sectional study of 630 patients with tuberculosis and identified 100 patients with spinal involvement in the three hospitals Medical School in Isfahan. Tuberculosis was diagnosed on the basis of one of a compatible clinical picture. A radiographic study of the spine with suspicious signs and skin tested were performed for each patient. Demographic data, sign, symptoms and site of spinal involvement were recorded. In all patients we took a chest x ray and sputum smear and culture for ruling out of pulmonary tuberculosis. The data obtained were analyzed by SPSS.

Results: Out of the 100 patients with spinal tuberculosis, 58% were male and 42% were female. Main symptoms were spinal deformity, local tenderness and neurologic deficits. Fever and constitutional symptoms were in 80% of cases. Only 68% had a positive tuberculin skin test. 3% involvement were the upper thoracic spine, 23% the lower thoracic spine, 69% also the lower thoracic, T12 and upper lumbar spines, (thoracolumbar) and 5% the cervical spine. 20% developed Para spinal abscesses. Only 18% of patients had pulmonary involvement. 40 cases underwent bone biopsy that 25% had a positive smear, whereas 62.5% had a positive culture. Histologic findings suggestive of tuberculosis involvement of the bone were found in 37 of the 40 biopsies. The most commonest age for spinal involvement were 20–40 years ($p < 0.05$). There were no differences between age and sex with site of spinal involvements. In 50% cases adjunctive surgical therapy were used.

Conclusion: Spinal tuberculosis may be missed in patients with no evidence of pulmonary. No pathognomonic imaging signs allow tuberculosis to be readily distinguished from other conditions. A history of chronicity and slow progression is suggestive of tuberculosis. Only biopsy can achieve a provide diagnosis.

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Application of Commonly Used Acute Phase Response Parameters in the Assessment of Treatment Response in Bangladeshi Pulmonary Tuberculosis Patients

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Background: The main objective of the study was to elucidate the early resolution of acute phase response