

Multiresistant *Acinetobacter* spp in a burn unit in Argentina

M.T. Rosanova^{1,*}, G. Mudryck¹, A. Monaco¹, H. Lopardo², M. Villasboas³, G. Berberian¹

¹ Hospital Garrahan, Buenos Aires, Argentina

² Hospital de Pediatría Dr. Juan P. Garrahan, Buenos Aires, Argentina

³ Hospital Garrahan, Bs as, Argentina

Background: Multiresistant *Acinetobacter* spp has emerged as an important microorganisms in critical areas like burn units.

Objetives: Infections caused by multiple drug resistant (MDR) *Acinetobacter* spp was studied in our burn unit to evaluate epidemiological, clinical features, outcome, use of colistin and adverse effects related with this antibiotic.

Methods: A prospective chart review of pediatric patients admitted to our tertiary burn unit between January 2005 and December 2006 with isolation of multiresistant *Acinetobacter* spp was performed. During the study period, 26 p were evaluated with isolation of *Acinetobacter* spp.

Results: The mean age of the patients was 66.5 months (range: 2 to 168 m), 17 patients (65%) were male. The burnt surface was between 10% and 87% (median 42.5%). Full thickness was present in 10 p (39%). Burn wound sepsis was the most frequent focus in 10 patients (39%). In 8 patients (30%), burn wound infection occurred without sepsis. Intravascular catheter-related bacteremia was found in three patients (11%) and bacteremia in one (4%). Two patients had pneumonia (8%), and two urinary tract infection (8%). All patients were treated with colistin according susceptibility test. The time of colistin treatment was between 10 and 71 days (median 21 days). None of the children developed adverse effects attributable to colistin. The outcome was favorable in all patients.

Conclusion: Multiresistant *Acinetobacter* spp has emerged as a new threat in burn units. Burn wound sepsis was the most common foci. Colistin was a safe drug for the treatment. The outcome was favorable in all patients.

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Investigation of *Helicobacter pylori* in dyspeptic patients and its relationship with Iranian life style

L. Shokrzadeh*, K. Baghaei, D. Mirsattari, R. Mashayekhi, H. Zojaji, M.R. Zali

Research Center for Gastroenterology and Liver Diseases, Tehran, Iran, Islamic Republic of

Background: *Helicobacter pylori* infection is recognized as an important player in the development of chronic gastritis, peptic ulcers, and gastric carcinoma. The aim of this study was to evaluate the association between *H. pylori* infection and clinical symptoms in patients referred to a referral academic hospital (Shahid Beheshti hospital).

Methods: A total of 303 patients with dyspeptic symptoms underwent endoscopy in the academic hospital. Clinical data were collected for each patient and gastrointestinal symp-

specimens were taken from the antrum for histological evaluation.

Results: Among the 303 patients, 263 (86.8%) were found to be positive for *H. pylori*, of whom 43% were male and 57% female. The prevalence of *H. pylori* infection in patients with anorexia, nausea, heart burn and belching was 98 (32.3%), 89 (29.4%), 132 (43.6%) and 171 (56.4%), respectively. Likewise, we found 112 patients with abrupt pain and 46 with pain by consumption of tea were *H. pylori*-positive. Also 98 (32.3%) patients with a positive family history of gastroduodenal diseases had *H. pylori* infection. Among them, 20 of 41 patients with a family history of gastric cancers and 50 from 73 with a family history of gastroduodenal ulcers were infected by *H. pylori*.

Conclusion: There was an increased risk of *H. pylori* infection in 60-69 aged patients (OR=0.27, 95%CI, 0.086-0.87) compared to young people with aged 20-29. *H. pylori* was not associated with, marital status, education and ethnic group of the patients (P > 0.05). We found no significant difference in the prevalence of *H. pylori* infection according to ethnicity (P > 0.05). Also we did not observe any relationship between *H. pylori* infection and family history. It was observed that some symptoms such as belching, patients with abrupt pain and pain with consumption of tea was significantly associated with *H. pylori* infection, whereas there was no difference between consumption of other foods and other clinical symptoms.

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Cytokine profile in patients with severe gram negative sepsis

S. Jain*, S. Agrawal, V. Dhawan, N. Sharma, S. Varma

PostGraduate Institute of Medical Education and Research, Chandigarh, India

Background: Cytokine-related systemic intravascular inflammation may represent a common pathogenic link between initial insult and multisystem organ failure. Interactions between different cytokines in sepsis are complex and not well understood. The primary aim was to study the effect of standard therapy on serum levels of IL1 β , IL-6, IL-16, and TNF- α and CRP levels in patients with severe gram negative sepsis/septic shock.

Methods: In a prospective study, 60 patients with severe gram negative sepsis or septic shock (as per ACCP/SCCM Consensus Conference definitions) were studied for 28 days or survival. All standard therapy was given as per the hospital protocol. Samples for cytokine estimation were drawn at enrolment and again at the end of 4 weeks. Serum cytokine levels were assayed using commercially available immunoassay kits for IL1 β , IL-6, TNF- α , IL-16 and hsCRP, as per the specification of the kit.

Results: In the study group 40 (66.7%) patients survived while 20 (33.3%) patients had expired before completing 28 days of follow up. Diabetes (26.7%), chronic kidney disease (13.3%) and hypertension (11.7%) were the most frequent underlying diseases. 43 patients (71.6%) were culture posi-