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Infection - mimetic tumor fever

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Background: Fever can dominate clinics of tumors and cause in this way diagnostic and therapeutic problems.

Methods & Materials: We defined the prevalence of TF;analised the curve of temperature and the other symptoms.We correlated fever with the type of tumor.

Material: 131 cases, during 1980-2010, age-group 35-70 yrs, with fever as the only, dominant symptom of neoplasia.

Results: *Topography/tumor* Head,neck 9:meningeome 2;hypophysary adenoma1; PNET 1 astrocitoma1;thyroid cancer 2;parotid 1;tonsillar 1,malignant thimoma 1;Thorax8: broncopulmonar adenocarcinoma 4;mesothelioma 2,mixoma 2.gastrointestinal tract 42: colon cancer 15,gastric 9,HCC 10,billiary tract 4;pancreatic 4; splen 1.Blood 36: leucosis 9,lymphoma 24,osteosarcoma 1,miosarcoma 2.Urogenita tract 18: renal cancer 3,surenal 1,vezical 5,prostatic 3,ovarial 1,uterus 3,seminal vesile, seminoma1,metastasis 11.

*Type,height of fevereratures/tumor.*Continuous.1.febril(pulmonar 1,HCC 1,colon 1,uterus 1,seminoma1) 2.moderate (astrocitoma 1,colon 1,prostatic 1, CML 1, CLL 1)3.Intense (pulmonar 1,urinary vesicle 1,splen 1) 4. high(surenal 1, pancreatic 2,LLA 3,renal 2, lymphoma 3, colangio carcinoma 1)5.Hyperpirexia (meningeoma 2,limfoma 1, methastasis 4)Remmitent:1.febril (gastric 2,pancreatic 1,ovarial 1,uterus 1) 2.moderate(pancreatic 1, prostatic 1,bronchial 1) 3.Intense (HCC 2,prostatic 1,urinary vesicle1,bronchial1) 4.high (gastric 2,HCC 1,urinary. v 1) 5.Hyperpirexia(metastasis 4) .Intermmitent:1.febril (colon 3,prostatic 1,pulmonar 1,HCC1,colon 1,uterus 1,seminal vesicle 1) moderate (HCC 1,prostatic 2,uterus 1)3.Intense (HCC 3, colon 3, renal 1),4 high (HCC 2,colon 2,methastasis 1,renal 1) 5.Hyperpirexia (metastasis 2).Recurrent 1. moderate (colon 1),2 Intense (colon 2,lymphoma 1) 3.high (lymphoma 9, renal 2),4. hiperpirexia (lymphoma 2)Ondulant:1.Intense(lymphoma 3) 2.high(renal1,lymphoma 4).

Conclusion: 1. Tumor fever can result in different types;we distinguished 5 of them.

2. the most frequent was continuos fever 24.42%.

3. In 18.32% of cases,fever was the only symptom.

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Prevalence of diarrheagenic Escherichia coli in young children from rural South Africa: The Mal-ED cohort

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Background: Diarrheal disease is a leading cause of morbidity and mortality among children under five years of age in developing countries. Diarrheagenic *Escherichia coli* strains are major pathogens associated with diarrhea. Currently, five pathotypes of diarrheagenic *E. coli* have been unequivocally associated with diarrheal illness.

Methods & Materials: In this study, a total of 2848 stool samples (diarrheal and non-diarrheal) were longitudinally obtained from 274 children from birth to 12 months of age from the Dzimuali community in South Africa and were studied for five *Escherichia coli* pathotypes: enterotoxigenic *E. coli* (ETEC), enteroaggregative *E. coli* (EAEC), enteropathogenic *E. coli* (EPEC), Shiga Toxin-Producing *Escherichia coli* (STEC) and enteroinvasive *E. coli* (EIEC)], in a multiplex polymerase chain reaction.

Results: At least one *E. coli* pathotype was detected in 1162 samples (40.8%) of the total sample examined. Atypically, diarrhea was not common in our study population and most of the pathotypes were obtained from non diarrheal samples. EAEC 666/1162 (57.3%) was the most detected pathotype with 34/666 (5.1%) from diarrheal stools and 632/666 (94.8%) from non-diarrheal stools ($P > 0.05$). ETEC 203/1162 (17.5%) and EPEC 242/1162 (20.8%) were detected in lower frequencies while STEC 38/1162(3.8%) and EIEC 13/1162 (1.1%) were the least detected. None of the diarrheal stools were positive for STEC and EIEC.

Conclusion: The current data does not show a significant association of EAEC in diarrhea compared to non-diarrhea. However, the implications of the EAEC isolates observed in the diarrheal and non-diarrheal stools will be investigated in a mouse model, as well as their implication in growth and catch up growth shortfalls.

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