isolation in the blood needs further verification to prevent unnecessary antibiotic usage. Zero detection of MRSA and ESBL showed that the implementation of infection control practice was effective to eliminate these infections.

**PP-178** Analysis of therapy and nursing for recurrent children’s hordeolum

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**Background:** A hordeolum or sty is an acute purulent inflammation of meibomian glands or hair follicles of the eyelashes. *Staphylococcus aureus* is the main cause of cases of hordeolum. A hordeolum usually appears painful, erythematous, inflammatory, matter and localized of the lid. So it is important to tailor corresponding treatment according to the situation of patients.

**Methods:** No treatment is often necessary. Most styes burst and the tiny amount of pus drains away leaving no further problem. Additional treatment is for serious hordeolum which couldn’t be cured by themselves, such as needle therapy, Bloodletting in Apex Conchae Auris, surgical drainage and adjunctive therapy with Chinese and western medicine. Needle therapy is efficient and recovery rate is above 90%. Ear bloodletting therapy is to squeeze about 10 drops of blood and clear with cotton bud. Surgical drainage and adjunctive therapy is a safe, quick way relatively. After operation children should take anticitarrhals and eye drops to have replacement therapy.

**Results:** To have surgical drainage and adjunctive therapy aimed at children: first give 3 to 5 drops of anaesthetic to eyes. Use operating forceps to open lids quickly and prick sore to drain pus, and then cut swollen area with surgical scissors. Take medicine to have replacement therapy after operation: drops of Tobramycin ophthalmic, ophthalmic gel of levofloxacin, amoxicillin and sulbactam pivoxil chewable tablets. This surgical drainage and adjunctive therapy have a desired effect.

**Conclusion:** A child who develops one sty may have frequent recurrences. So it is important to take care of hygiene. Take Bloodletting in Apex Conchae Auris or Chinese medicine for early stage of patients. Administering Chinese medicine can narrow the effect of remove heat, reducing swelling and ease pain. As for midanalphase, it should take surgical drainage and adjunctive therapy with medicine to recovery.

**PP-179** Potentiating measles among malnourished South-East Asian children

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**Background:** Measles is one of the common viral infections among children in Southeast-Asian countries. The disease can vary from simple symptoms to complications like diarrhoea, pneumonia, encephalitis or even death. Since malnourishment is also an ongoing health challenge, the study aim was to compare the disease pattern and complications of measles among well-fed and malnourished babies.

**Methods:** A cross-sectional study was conducted at Pediatric department of Roshan Medical Center, Fateh Jang, Pakistan for a period of 6 months from January 2009 to July 2009. A total of 110 babies were recruited. 67% (n = 74) were males, mean age 19 months. Measles was made as a confirmed diagnosis by using World Health Organization guidelines. All the subjects were divided in to well-nourished and malnourished groups using Gomez formula for malnourishment among children. All were evaluated for complications of measles by clinical history, physical examination and appropriate investigations. Complications taken in to consideration were diarrhea, encephalitis, pneumonia, otitis media, thrombocytopenia and corneal ulceration.

**Results:** 60 (66%) patients were well-nourished and 50 (44%) were malnourished. Pneumonia 36% (n = 22) vs 68% (n = 34), diarrhea 29% (n = 17) vs 62% (n = 31), encephalitis 16% (n = 10) vs 26% (n = 13) and corneal ulceration 4% (n = 2) vs 9% (n = 4 to 5) was present among well nourished and malnourished babies respectively. Thrombocytopenia and otitis media was present in 2% in each group.

**Conclusion:** Complications of measles are more frequent among children with malnourished state. Although national vaccination programs against measles have proven much better results in terms of preventing the complicated disease form, but still the ongoing malnourishment has aggravated the complications of this viral disease and efforts should be made to eradicate this worldwide problem of malnourishment among children especially in Asia and Africa.

**PP-180** Brain abscess among Asian children with congenital cardiac malformations

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**Background:** Cerebral abscess is one of the life threatening conditions. It can arise solely or as a complication of ongoing disease process in the body. This study aim was to evaluate the clinico-pathological features of cerebral abscesses in patients already diagnosed as cases of congenital heart disease.

**Methods:** This retrospective study was carried out Pediatric Hospital, Fateh Jang, Pakistan from January 2009 to July 2009. 40 children aged below 14 years were studied. 50% were males, mean age of presentation 5.8±4.2 years. Duration of illness at the time of admission was 15.4±21.4 days.

**Results:** Typical symptoms among the patients were fever, vomiting, headache and seizures. CT scan confirmed the diagnosis of brain abscess and the most frequent location was parietal lobe of the cerebral hemisphere with a diameter more than 1.5cm. The predisposing condition found was cyanotic congenital heart disease among 32% with microbiological agent, *Streptococcus milleri* (48%). Meningitis was 27%, septicemia 21% and no underlying cause