

tis (7/14, 50%) were most frequent etiology. Positive blood culture were obtained in 25% (27/81) and the causative pathogens were *S. aureus* (17/27, 62.8%), *E. coli* (4/27, 14.8%), *Coagulase negative staphylococci* (3/27, 11.1%), *K. pneumoniae* (2/27, 7.4%) and *Candida* species (1/27, 3.7%). Among 49 patients who were cultivated from abscess material, 41 microorganisms were grown in 34 patients (35/49, 71.4%) and the most frequent organisms were *S. aureus* (17/35, 41.5%) *E. coli* (6/35, 14.6%), *K. pneumoniae* (5/35, 12.2%). Forty patients (45.9%) underwent surgical debridement, 11 percutaneous drainage, 4 aspiration, and 31 patients were received only antibiotic treatment. The overall mortality was 10% (n=9). Comparison of treatment options showed mortality was not significantly different between patients for only antibiotics and for antibiotics plus invasive procedure (12.9% (4/31) vs 8.9% (5/56), p=0.55).

**Conclusion:** The etiology of psoas abscess can vary with each countries. In Korea, "primary" psoas abscess was more prevalent than "secondary" psoas abscess, and *S. aureus* was the most prevalent organism. The causative organisms can be identified by abscess culture in most cases. High index of suspicion is important to early diagnosis.

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## 25.015

### Mortality and ICU-admission in community-acquired pneumonia: CURB-65 score validation in Uruguay

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**Background:** Community-acquired Pneumonia (CAP) is still an important health problem with high mortality. Early identification of patients with severe CAP should improve the results. CURB-65 score of the British Thoracic Society is one of the simplest predictor's score of mortality and intensive care unit admission (ICU). Objective: to validate the CURB-65 score in CAP patients admitted to three community hospitals in Rivera, Uruguay.

**Methods:** A prospective cohort of CAP patients admitted between 1st May 2005 and 30th April 2007 was included and followed up until one year of hospital discharge. Area under the ROC and specificity and sensibility were estimated for CURB-65 score for 28 days-mortality and ICU-admission.

**Results:** 495 patients (63 ± 19 years, male 53.9%) were included. 28-days mortality and ICU admission were 20.8% (102/491) and 19.9% (98/492), respectively. 28-days mortality in patients with CURB-65 0, 1, 2, 3 and 4-5 was 4 (6/150), 14.2 (30/211), 43.6 (41/94), 67.7 (21/31) and 80% (4/5), respectively (p<0.001). ICU admission in patients with CURB-65 0, 1, 2, 3 and 4-5 was 8 (12/150), 15 (32/213), 29.5 (28/95), 74.2 (23/31) and 100% (3/3), respectively (p<0.001). Area under the ROC was 0.79 (CI 95% 0.74 –

**Conclusion:** CURB-65 score showed a good discrimination capacity for ICU-admission and 28 days-mortality in CAP in Uruguay and could be used for early identification of patients with high mortality and requiring ICU-admission in Uruguay.

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## 25.016

### Encrusted Pyelitis: A kidney stone disease of infectious origin

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**Background:** Encrusted Pyelitis is a rare stone disease related to group D2 Corynebacterium.

It was first described in 1993 by Aguado- Morales et-al in transplanted patients and later in patients with native kidney having predisposing factors which were underlying urologic disease and/or urologic manipulation, debilitating disease, hospitalization, and prolonged antibiotic therapies.

**Methods:** A 31-year-old female with a history of repeated urinary tract infection who required a left nephrectomy was studied. She was admitted in our service because of persistent symptoms of pyelonephritis with no growth of bacteria on urine culture, and the presence of obstructive acute renal failure.

Ultrasound of the kidney detected hyperechogenic material in the pelvis. Mild dilation of right ureter with a 4 mm diameter stone in distal urether.

Abdominal CT: right kidney with abnormal morphology and loss of cortico-medular differentiation. Hyperdense lesions with coraliform lithiasic aspect.

A percutaneous nephrostomy was performed.

A coraliform stone was seen and the presence of Corynebacterium Urealyticum in the urine culture and culture of the stone was detected. Treatment with vancomicine was completed for 21 days.

**Results:** Encrusted Pyelitis is characterized by accumulation of struvite crystals in ulceronecrotic lesions of an inflamed and infected chorion of the urinary tract. It's related to the colonization with C. Urealyticum, aerobic gram positive bacilli, non sporulated, with frequently groups with a V shape, positive catalasa, negative nitrate, positive ureasa. C. Urealyticum is a common habit of skin and mucosa, particularly in genital area which, in presence of predisposing conditions, colonizes the urinary tract causing infection. The clinical manifestations are a triad of pyuria-hematuria, alkaline urine and presence of struvite crystals. The growth of C. Urealyticum in urine samples increases when a selective culture is used and the period of incubation is of 48 hours. C. Urealyticum is generally resistant to B-lactamic and aminoglucoisides and sensible to vancomicine and teicoplamine; with variable sensibility to quinolones, erythromicin, rifampicin and tetracycline.

**Conclusion:** It is the purpose of this work to study this case because of its low incidence in not transplanted patients.

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## 25.017

### Distant infection and the risk of Prosthetic Joint Infection (PJI): A case control study

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**Background:** The risk of prosthetic joint infection (PJI) associated with prior distant organ infection has not been assessed.

**Methods:** We performed a single-center, case-control study between December 2001 and May 2006 in a 2000 bed tertiary care hospital in Rochester, Minnesota. Cases were patients hospitalized with total hip or knee arthroplasty infection. Controls were patients with a total hip arthroplasty (THA) or total knee arthroplasty (TKA) hospitalized within the same time period without a prosthetic joint infection. Controls were frequency matched to cases by prosthesis location. Data regarding demographic features and potential risk factors related to the development of a PJI were collected. Logistic regression was used to assess the association of variables with the odds of infection.

**Results:** There were 339 cases and 339 controls. 164/339(48.4%) cases had a THA and 175/339(51.6%) had a TKA. The two most common organisms responsible for PJI were *Staphylococcus coagulase negative* and *S. aureus*, encountered in 101/339(30%) and 95/339(28%) of cases respectively. 111/339(32.7%) of cases and 62/339(18.3%) of controls had a distant organ infection in the preceding two years prior to the development of PJI (adjusted odds ratio, 2.18 [95% CI 1.46 - 3.26]; p-value < 0.0001). The two most common distant infections were Urinary Tract Infection (33/339 cases and 22/339 controls) and Respiratory Infection(31/339 cases and 23/339 controls). Blood stream infection within two years preceding the development of PJI occurred in 14/339 cases and none in controls.

**Conclusion:** Prior distant organ infection is independently associated with an increased risk of PJI. Patients with an arthroplasty and a distant organ infection should be evaluated and treated promptly.

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## 25.018

### Infective endocarditis in children: Analysis of cases admitted to a cardiac surgery referral hospital from January 2006 to July 2009

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**Background:** Paediatric infective endocarditis(PIE) is overall not a common disease, and there are few recent series describing this condition in developing countries. We describe our local experience and identify risk factors for acquisition of PIE.

**Methods:** This is a prospective study, using the ICE case report form (CRF). Cases were defined by the modified Duke criteria. Data extracted from these CRFs were analysed on Microsoft ExcelR. Means were expressed  $\pm$  standard deviation. Chi-square values were calculated in Statcalc (EpiInfo)

**Results:** Twenty six children were included; they were divided into 2 groups: A (age < 1 year) and B (age  $\geq$  1 year). Group A (gpA) had 5 children (4 male, M, 1 female, F), mean age  $41 \pm 46$  days. Group B (gpB) had 21 children (14M, 7F), with mean age  $12,1 \pm 4,4$  years. Congenital heart disease was present in 15/26 (58%), 5 in gA, 10 in gB. Rheumatic heart disease was present in 7/21(33%) of gp B. Diagnosis of PIE was definite in 21/26 (81%; 2 gpA, 19 gpB). Mitral, tricuspid, aortic and mitroaortic valves were affected in similar proportions. Acute clinical presentation was present in 20/26 cases (81%; 5 gpA, 15 gpB); and subacute in 6 (6 gpB). Hospital acquisition of infection was present in 11/26 (42%; 5/5 gpA e 6/21 do gpB). Causative microorganisms are shown in Figure 1 and clinical features in figure 2. Intravenous (IV) access was a predisposing procedure in 12/26 (46%) patients (5 gA e 7 gpB). Recent (same admission) cardiac surgery was present in 11/26 (42%; 5 gpA e 6 gpB). Transthoracic echocardiograms showed major criteria in 25/26(96%). Complications were emboli (2 gA, 9 gpB), persistently positive blood cultures (1 gA, 4 gpB), central nervous system events (8 gpB) and cardiac failure (1 gpA, 8 gpB). Mortality was 4/5 (80%) in gpA and 9/21(43%) in gpB.

**Conclusion:** Children less than 1 year old had acute presentation, hospital acquired infection and high mortality more often, when compared to older children. Previous IV access and cardiac surgery were frequently seen in this group as predisposition to infection.

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## 25.019

### Anaerobic bacteria as etiological agents of intraabdominal infections from a Costa Rican hospital

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**Background:** Intraabdominal infections (IAI) are serious life-threatening conditions that endanger patient's life