

DRP ( $p < 0.05$ ). All those regulations are dose dependent and time dependent.

**Conclusions:** The FM1 induce the TLR7 signal Transduction passageway and serial reactions in it. One of the Mechanism of DRP curing the Influenza Virus FM1 is effecting on NF- $\kappa$ B through inhibiting MyD88 in order to regulate the target gene expression downstream in that signal passageway. Project 30772872 supported by NSFC

**PP-064** Reactivation of herpes viruses in the central [CNS] and peripheral nervous systems [PNS]: One hundred years from Ramsay Hunt clinical description to PCR verification

S. Bogger Goren\*. *Zamenhoff Medical Center, Tel Aviv, Israel*

The clinical spectrum of chronic or recurrent manifestations of CNS and PNS diseases suspected to be related to the group of Herpes Viruses has been expanded considerably during the last hundred years since J. Ramsay Hunt first defined in 1907 a syndrome of Zoster Oticus accompanied by peripheral facial nerve paralysis which bears his name, Ramsay Hunt Syndrome [RHS], and suggested its association with Varicella zoster virus reactivation.

In this paper the long term [up to 30 years] clinical evolution of severe, incapacitating attacks of a complex of neurologic symptoms in two adult women will be presented together with its diagnostic dilemmas.

These patients were seen by various specialists and were subjected to numerous diagnostic procedures to investigate and verify various presumptive non infectious CNS, orthopedic or ENT disorders. Variable therapeutic approaches have failed to alleviate their symptoms. Invasive therapeutic procedures offered to the patients were refused by them.

Based on meticulous clinical history and physical examination, the possibility of recurrent reactivations of VZV in these patients was contemplated (bearing in mind the less frequent presentations of RHS), and the patients were put on full dose courses of Acyclovir (Zovirax or Valtrex). A dramatic and almost immediate clinical subjective relief and obvious disappearance of symptoms ensued. Maintenance on a daily-based low dose Acyclovir for the following months prevented any further exacerbations and the patients regain full activity and quality of life.

The contribution of new virological diagnostic techniques in general, and PCR, in particular, to the identification and understanding of variable chronic and recurrent CNS and PNS diseases and disorders in general, and VZV involvement in particular, is discussed.

**PP-065** Survey of the seroprevalence of CMV among hemodialysis patients in Urmia, Iran

Z. Rostam, Z.R. Khameneh\*, N. Sepehrvand, F. Eslamlu. *Urmia University Medical Science, Iran*

**Background and Aim:** Cytomegalovirus (CMV) causes infection in immunocompromised, transplant recipients and those who receive blood transfusion frequently. Risk factors for primary CMV infection are blood transfusion (including clotting factors, etc), recipients of infected transplants, hemodialysis and the frequency of dialysis in a week. This study aimed to determine the prevalence of cytomegalovirus (CMV) antibodies in end-stage renal disease (ESRD) patients which undergo hemodialysis.

**Material and Methods:** This study has a cross-sectional design, which is executed in 2007 among hemodialysis patients in Urmia, Iran. Sera of 84 Hemodialysis patients have been investigated by CMV-specific immunoglobulin G (IgG) using a CMV IgG enzyme-labeled antigen test.

Collected data were analyzed by descriptive statistics and chi-square test via SPSS software ver11.5.

**Results:** In our study, 84 patients who regularly underwent hemodialysis were studied. Forty-four patients were male and 40 female with the range 23–82 years age. In the time of evaluation, 65 patients (77.4%) were anti-CMV IgG positive and 6 (7.1%) were anti-CMV IgM positive. There was no relationship between the antibody titer and dialysis duration, or frequency of HD in a week.

**Conclusion:** We recommend that every patient who has undergone hemodialysis received blood products free of CMV. Development of a vaccine against cytomegalovirus is essential and could be very life & cost-saving.

**PP-066** Survey of the seroprevalence of HTLV I/II in hemodialysis patients and blood donors in Urmia

Z. Rostam, Z.R. Khameneh\*, M. Baradaran, N. Sepehrvand. *Urmia University Medical Science, Iran*

**Introduction:** HTLV is a virus from retroviridae family. It is a cause of Lukemia/Lymphoma disease in adults, Tropical spastic paralysis, HTLV associated myelopathy, spastic paraparesis, (HAM/TSP) and some nervous system disease and etc. It is transmitted by means of blood products via blood transfusion to recipients.

**Material and Methods:** This study has a cross-sectional design, which is executed from April of 2005 until January of 2006 among healthy blood donors and in 2006 among hemodialysis patients in Urmia, Iran. The serum of 2046 blood donors and 95 Hemodialysis patients has been investigated by enzyme-linked immunosorbent assay (ELISA) for anti HTLV-I/II and positive cases has been confirmed by western blot.

**Results:** There were 1910 male persons (93.4%) among 2046 donors, and 136 cases (6.6%) were female. Serum of 1997 cases (97.6%) was negative, and 49 cases (2.6%) were positive as a result of ELISA tests. Positive cases were investigated by western blot and 37 cases (75.5%) were negative, 5 persons (10.2%) were IND and 7 persons (14.3%) were HTLV positive. Among these seven persons, there are 6 cases (85.6%) with HTLV-I, and only one person (14.3%) with HTLV-I/II infection. Total serologic prevalence of HTLV in healthy blood donors is 0.34%.

**Conclusion:** Observation of such a high serologic prevalence in the population of blood donors in Urmia city, suggesting the high probability of transmission through blood transfusion, and so screening of blood donors for human T-lymphocyte virus is essential and has suggested.

**PP-067** Blood safety and prevalence of transfusion transmissible viral infections among donors at the Red Cross Blood Bank in Gondar

E. Diro<sup>1</sup>\*, S. Alemu<sup>1</sup>, A.G. Yohannes<sup>2</sup>. <sup>1</sup>Department of Internal Medicine, Gondar University, <sup>2</sup>Department of HIV/AIDS, Alert Hospital, Ethiopia

**Background:** Even though millions of lives are saved by blood transfusion, unsafe transfusion is also putting millions of people at risk of Transfusion Transmissible Infections (TTI).

**Objective:** To measure the magnitude of TTIs and related risk factors among blood donors.

**Setting:** Ethiopian Red Cross Blood Bank at the Gondar University Hospital in Northwest Ethiopia.

**Methods:** Cross-sectional study among volunteer blood donors at the Red Cross Blood Bank in Gondar University Hospital.

**Results:** Consecutive 600 adult voluntary donors from April to July 2004 were included. Their mean age was  $28 \pm 10.4$  years, and 66% were urban dwellers. Donors were farmers