should be available to the clinician as soon as possible and their rapid identification is important for an improved clinical outcome. Method: In this study rapid detection of SHV subtype ESBL genes of blood borne E. coli was carried out using real-time PCR with allele-specific PCR primers. The amount of target gene amplified was measured by the CT value. Bacterial strains were obtained from University Malayan Medical Centre and were grown overnight in BACTEC aerobic plus media. Positive controls included SHV-1 producing E. coli, SHV-5 producing E. coli and an E. coli strain that was characterized to be an SHV-ESBL producer. All reactions were performed using the ICycler RT PCR thermocycler.

Results: The SHV-5 ESBL producing E. coli strain had a higher CT value with wild-type primers when compared to the CT value of the PCR amplified by mutant-type primers. Since SHV-ESBL gene is based on mutation at codon 238 which is detected by the mutant-type primer, the high level of relative gene dosage of the mutant-type allele compared to the wild-type allele further suggests that this strain is an ESBL producer. A second discontinuity or mismatch at codon 240 by the interrogation of both primer sets specific to this codon also corresponded. The detection procedure takes only one hour when compared to the standard screening methods which takes about 24 hours.

Conclusion: The above findings suggested that RT-PCR is a rapid and sensitive method for the detection of ESBL genes from bacteria in blood culture.

doi:10.1016/j.ijid.2008.05.1297

70.011

Survey of Cerebrospinal Fluid (CSF) and C-Reactive Protein (CRP) for Differentiation of Bacterial and Viral Meningitis in Loghman Hakim, Aliasghar and Valiasr Hospitals of Zanjan

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Introduction: A mass in the neck is a common clinical finding that presents in all age groups. Although most masses are benign, malignant disease must not be overlooked. Currently, FNA (fine needle aspiration) is the standard of diagnosis for neck masses and is indicated in any neck masses. FNA prevent unnecessary surgery. The objective of the study is evaluation of value of fine needle aspiration (FNA) in the diagnosis of neck masses in a general hospital.

Methods: 32 patients during 2004–2006 underwent FNA biopsy and open surgical biopsy for diagnosis of neck mass and to compare FNA cytology with surgical pathology in diagnosis of neck mass.

Results: From these 32 patients, 14 patients male (43/8%), 18 patients female (56/2%); 5 patients < 15 years old (15/6%), 15 patients 16–40 years old (46/9%), 12 patients > 40 years old (37/5%); diagnosis by excisional biopsy was 3/1% toxoplasmosis, 31/3% tuberculosis, 9/4% bacterial infection, 3/1% lipom, 40/6% cancer, 12/5% reactive adenitis. The histologic diagnosis of the surgical excision confirmed the FNA biopsy cylogic diagnosis in 53% of patients (P = 0.077). FNA cylogic diagnosis included reactive lymphnode (4) 100%, bacterial infection 100% (3), tuberculosis 30% (3), cancer 46/2% (6).

Conclusions: FNA is a valuable diagnostic tool in the management of patients with neck mass with reactive adenitis & bacterial infection but is not valuable in the management of neck mass with other ethiology.

doi:10.1016/j.ijid.2008.05.1299