there are fever or hypothermia, tachycardia, tachypnea, leukocytosis or leucopenia and elevated CRP serum levels. The diagnosis of sepsis requires evidence of infection. Procalcitonin (PCT) serum levels are elevated only in septic condition.

Objective: To correlate PCT with CRP, white blood cells (WBC) and temperature (T) of patients with SIRS in order to conclude if PCT serum levels can attribute to the decision if empirical antibiotic treatment should be administered or not.

Material and Method: Ninety nine patients with SIRS were enrolled in the study. PCT, CRP and T were determined. The patients were divided in two groups. The first group consisted of patients with PCT < 1 ng/ml and the other group by patients with PCT > 1 ng/ml. The second group was assumed as more susceptible to sepsis. We performed Spearman correlation between PCT serum levels and CRP, WBC and temperature (statistical significance a = 0.05).

Results: In 54 patients with PCT ≤ 1 ng/ml there was no statistical significant correlation. On the other hand in the remaining 45 patients with PCT > 1 ng/ml there was found statistically significant positive correlation (p < 0.05). Six of the 54 while having normal PCT ≤ 1 ng/ml they had CRP > 20 ng/ml, WBC > 20,000/μl/mm² and “T > 38.3°C. Conclusions: The administration of antibiotics to the patients with PCT ≤ 1 ng/ml would be unnecessary. The patients with PCT > 1 ng/ml should be given empirical treatment especially to patients with PCT > 5 ng/ml even with negative blood cultures.

PP-060 Changes of NF-κB and apoptosis-related genes signaling pathway in experimental hepatic fibrosis

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Background: Chronic liver injury is caused by a variety of injuries, including viral hepatitis, alcohol and drug abuse, and autoimmune hepatitis. Liver fibrosis is a process of chronic liver injuries, characterized by increased synthesis and decreased degradation of extracellular matrix (ECM), ECM deposition in the liver and altered the normal liver architecture and function. The present study aims the changes of liver tissue NF-κB pathway and apoptosis-related genes in experimental mice hepatic fibrosis.

Methods: C57BL6/J mice were divided into model group and control group, two group mice were injected with CCL4 or Sodium Chloride for 8 weeks to induce hepatic fibrosis. Blood and liver tissue was harvested from the mice. The expression of α-SMA, NF-κB/1xBp65 and apoptosis-related genes caspases3, Bcl-2/Bax in liver tissue was measured by immunohistochemistry and RT-PCR assay. Serum ALT and HA were measured.

Result: CCL4 induced hepatic fibrosis models showed increased serum ALT and HA levels, and progressive hepatic injury including inflammatory infiltration and fibrosis, which associated with enhanced α-SMA, NF-κB, 1xBp65 protein and gene expression. Apoptosis-related gene bax expression was increased, bcl-2 expression was decreased, caspases3 protein and gene expression were up-regulated. These effects were associated with repressed hepatic HSC activation.

Conclusion: Our results demonstrate that NF-κB/1xB signal pathway and apoptosis-related genes caspases3, bcl-2/bax play a critical role in the progression of hepatic fibrosis. It could be useful targets for fibrosis therapy.

PP-061 Isolated cerebral mucormycosis refractory to amphotericin B with good response to posaconazole

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Introduction: Mucormycosis is a rare opportunistic infection, usually associated with immunocompromised states. Several conditions such as hematologic malignancy, solid organ transplantation, diabetes mellitus, corticosteroid therapy, or chemotherapy predispose patients to infection. It can produce an aggressive and sometimes fatal infection. Cerebral mucormycosis is an acute life-threatening disease. Early infiltration of the infectious agent into the central nervous system may result in septic thrombosis of the cavernous sinus, mycotic meningoencephalitis, brain infarctions as well as intracerebral and subarachnoidal hemorrhages.

Case Description: The patient was a 46 year-old woman known case of diabetes mellitus with chief complaint of headache, fever and swelling of right posterior auricular area with erythema and hotness. Brain CT scan was performed that showed a brain abscess in right temporoparietal lobe. Smear of drained abscess showed broad nonseptate hyphae and culture result was mucosal agent. Amphotericin B was started. Despite several days after amphotericin B infusion, fever continued and ESR did not change. Amphotericin B was discontinued and posaconazole was started. Fever disappeared and ESR decreased and the patient was discharged with good general condition. Isolated cerebral mucormycosis is a rare and life threatening presentation of mucormycosis. Resistance to amphotericin B is increasing in mucoral agents. Mucormycosis has a good response to posaconazole.

PP-062 Mucormycosis: clinical manifestation, diagnosis and management – study of nine cases

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Objectives: Mucormycosis is an aggressive fungal disease that involves the paranasal sinuses, orbit, central nervous system and other organs. This infection usually occurs secondary to immune suppression, diabetic ketoacidosis, and prolonged use of antibiotics, steroids, and cytotoxic drugs. Management of the condition consists of treatment of the underlying disease and surgical debridement combined with intravenous antifungal agents.

Methods: In a retrospective study we evaluated nine cases of mucormycosis in several tertiary care hospitals in Iran during several years. Clinical manifestations, diagnosis including laboratory and radiologic study, management including surgical and medical interventions were evaluated.

Results: In this study there were six cases of rhinocerebral mucormycosis, one case of pulmonary mucormycosis, one case of pelvic mucormycosis and one case of isolated cerebral mucormycosis. Risk factor for most of our patients was diabetes mellitus. We use amphotericin B and posaconazole as medical therapy. Surgical intervention and radical debridement was performed for all of patients. Five cases (55.5%) of our patients survived. The patients that