On admission: blood sugar 693, ketones 40, anion gap 27 and WBC 14.6. T max – 99.2F. MRI brain/orbits, CT sinuses/orbits showed right orbit cellulitis/right maxillary sinusitis without CNS extension.

Aggressive therapy for DKA was initiated, empiric cefepime, metronidazole, vancomycin and amphotericin B were begun. ENT urgently took patient to OR for possible invasive rhinocerebral fungal disease. Maxillary sinus pathology confirmed mucor. Patient was transferred to a NYC hospital. Sinus surgery included resection of the inferior, middle turbinates, medial wall and the roof of maxillary sinus. Right orbital exenteration was recommended, but refused by the patient, who was deemed by psychiatry as competent and understanding potential complications. Before discharge amphotericin B was switched to posaconazole.

Patient remained on posaconazole as “salvage therapy” for over one year. There has been no recurrence of diplopia or facial numbness. Repeated MRI/CT sinuses showed no further involvement and remained stable.

Mucormycosis is a serious invasive fungal infection, affecting people with poorly controlled diabetes. Rhinocerebral mucormycosis could be rapidly fatal disease with delayed diagnosis, and surgery remains the mainstay treatment. Amphotericin B has been the antifungal drug of choice. Posaconazole, a novel medicine, has shown promising results as a salvage therapy.

Poster Session – Influenza including Avian Flu

PP-067 Aciclovir in influenza, a novel experience
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Background: Influenza (flu), is an infectious disease caused by RNA viruses of the family Orthomyxoviridea. This is one of the most contagious and morbid viral condition worldwide. It has a big social and economical burden. Flu could be fatal in some instances. The two classes of antiviral drugs used against influenza are neuraminidase inhibitors and M2 protein inhibitors. No study we found that worked on aciclovir in flu.

Methods: We prescribed aciclovir 400 mg/6 hrs orally along with acetaminophen 500 mg/6 hrs for 5 days for 15 cases of clinically diagnosed with flu with constellation of high grade fever, myalgia, headache of less than three day duration in pandemic H1N1 in pregnant women admitted to hospital. They ranged in age from 22–33 years (media 26.1). 13 (40.6%) women were in the first or second trimester of pregnancy and 19 (59.4%) were in the third trimester. The most common symptoms were fever in 93.8%, coughing in 46.9%, sore throat in 40.6%, shortness of breath in 31.3%, hemoptysis in 12.5%. Six patients who had developed pneumonia and subsequent acute respiratory distress syndrome requiring mechanical ventilation, three patients requiring Extracorporeal Membrane Oxygenation (ECMO). Emergency cesarean delivery was preformed in four patients for premature rupture of membranes (in three cases) and dead fetus in uterus (in one case) and one patient delivered a dead fetus herself in the hospital. As to one year follow up condition: all patients and infants were healthy except one give induced abortion in the twenty-six patients. Two patients (all in critical group) have abnormal lung function, mainly a slight decrease in ventilation function and small airway obstruction. Cardiac structure and function are normal in all patients. Three patients have abnormal in CT scan, mainly focal chronic inflammation and fibrosis (3 cases) and bronchiectasis (1 case).

Conclusion: Pregnant women might be at increased risk for complications from pandemic H1N1 virus infection. One year follow up condition show some patients may suffer from lingering effects such as pulmonary fibrosis.

PP-069 Viral aspects of allergy
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Viruses as Allergens: Incidence of allergic disorders and bronchial asthma is on increase. Till now we mostly understand that the plant allergens, house dustmites, chemicals, etc. causes allergy. But while looking for specific IgE for influenza virus, an interesting observation was found, that in certain group where repeat viral infections in young children were observed, the incidence of allergic bronchitis and asthma was higher or, at least they were more prone to become the future allergic or, asthmatic patients. These patients have much higher tendency to be the future case of chronic respiratory diseases. The further investigations revealed that respiratory viruses (influenza A) produce a similar chemical pathway that leads to a situation of becoming allergic. This observation is based on clinical and supplemented by the epidemiological & immunological studies. This was further sublimated by animal experiments carried out on the tracheal muscles. I will be giving some of these details in my talk today. The animal experiments carried out on the experimentally infected G. pigs showed strong evidence for producing bronchial constriction on the tracheal muscles. Influenza specific IgE was seen much higher in case influenza infected cases.

Conclusion & Suggestion: Based on Experimental results:
- Influenza A virus experimentally in I/D test (G. Pig) produces type 3 allergic reaction.
- Significant change in airway smooth muscle response to bronchoactive agents during influenza A viral infection.
- Increase in influenza specific IgE in Influenza A viral infections.
- Considering influenza virus, an Allergy role in the chemical pathways or, as a pre-indicative stage for this group as a prone group, a preventive therapy of Influenza Vaccine will protect, and avoid unnecessary complications and hospitalization.