

findings will contribute to a better understanding of immune dysfunction in bacterial meningitis and provide new insights for designing of effective immunotherapeutic protocols for infection.

**OL-026** Isolation and analysis of antibiotics resistance in coagulase negative staphylococci from community adult purulent skin and soft tissue infections

H.L. Wang<sup>1\*</sup>, Q. Wang<sup>1</sup>, H. Shen<sup>2</sup>, Z.F. Zhang<sup>2</sup>, X.M. Yan<sup>1</sup>, C. Wu<sup>1</sup>. <sup>1</sup>Department of Infectious Diseases, Nanjing Drum Tower Hospital of Nanjing University Medical School, <sup>2</sup>Microbiology Laboratory Room, Nanjing Drum Tower Hospital of Nanjing University Medical School, China

**Background:** To investigate the separation and antibiotics susceptibility of coagulase negative staphylococci (CNS) isolates from outpatients adult purulent skin and soft tissue infections.

**Methods:** Total 141 vomica tissue samples of out-patient purulent skin and soft tissue infections with incision and drainage were collected. The pathogens were cultured after separation and preliminary evaluation. The susceptibility to antimicrobial agents was tested by disk-diffusion, while the MIC of Vancomycin and Oxacillin to CNS isolates was tested by E-test. And the presence of *mecA* gene was examined by PCR.

**Result:** We totally found 94 isolates from the 141 samples. Among 94 isolates, 39 isolates were identified as CNS (41.5%) of which *Staphylococcus lugdunensis* accounted for 28.2% (11/39). 31 Methicillin-sensitive coagulase-negative staphylococci strains showed higher resistance to Penicillin and Erythromycin (62.5%, 31.2%). In this study, one *Staphylococcus warneri* strain was misinterpreted as resistant to Oxacillin by E-test (0.5ug/ml) while it's susceptible by disk-diffusion for Cefoxitin and PCR test for *mecA* gene. We totally found 8 isolates of MRCNS by three methods (disk-diffusion for Cefoxitin, E-test for Oxacillin and PCR tested for *mecA* gene) and one of them was *mecA* gene negative strain. We didn't find any isolates resistant to Vancomycin.

**Conclusion:** CNS has become one of the most important pathogens of community acquired skin and soft tissue infections in Nanjing area and *Staphylococcus lugdunensis* has a high separation rate in these cases. The separation rate of MRCNS in out-patients is lower than expectations. It showed that MRCNS could be *mecA* gene negative strain and we preferred disk-diffusion for Cefoxitin to identify MRCNS in clinical work. Empirical use of antibiotics for skin and soft tissue infections should be first generation Cephalosporins, Aminoglycoside, Clindamycin or Quinolones and avoid Penicillin and Erythromycin.

**OL-027** Clinical observation and microbiological analysis of outpatients with incision and drainage of skin and soft tissue infection

Q. Wang<sup>1\*</sup>, H.L. Wang<sup>1</sup>, Y.L. Yuan<sup>2</sup>, H. Shen<sup>3</sup>, C. Wu<sup>1</sup>. <sup>1</sup>Department of Infectious Diseases, Nanjing Drum Tower Hospital of Nanjing University Medical School, <sup>2</sup>Department of General Surgery, Nanjing Drum Tower Hospital of Nanjing University Medical School, <sup>3</sup>Microbiology Laboratory Room, Nanjing Drum Tower Hospital of Nanjing University Medical School, China

**Background:** Skin and soft-tissue infection (SSTI) with community-associated methicillin resistant staphylococcus aureus (CA-MRSA) is common in American and European countries, but the prevalence in China is less evaluated and hence a unified therapeutic guideline is unavailable.

**Methods:** Total 146 of outpatients with incision and drainage SSTIs were enrolled. The pathogens were cultured after separation and preliminary evaluation. The susceptibility to antimicrobial agents was tested by disk diffusion, while presence of *mecA* gene, a marker for MRSA of *Staphylococcus aureus* and coagulase-negative staphylococci was examined by PCR analysis. The patient's prognostic situation including antibiotic use before and after incision and drainage were carried out by statistical analysis; the preoperative course of disease and the kind of identified isolates in followed-up patients was also analyzed.

**Results:** Among 100 isolates, 33 isolates were identified as *Staphylococcus aureus* (33%), of which 97.0% (32/33) were penicillin resistant and 54.5% (18/33) were erythromycin resistant, but we found no MRSA by *mecA* gene test of PCR. We also found coagulase-negative staphylococci accounted for 44% (44/100), of which methicillin resistant coagulase-negative staphylococci accounted for 15.9% (7/44) as determined by PCR. 95 cases successful followed-up after incision and drainage, 56 preoperative use antibiotics and 39 not, postoperative use and no use antibiotics were 71 and 24. Statistical analysis showed no statistic difference was observed in average healing time, no matter the species of the isolates or duration of time before incision and drainage.

**Conclusion:** The main pathogens that SSTI of community of Nanjing area are Gram positive coccus, but not CA-MRSA strains. The bacteriological test is necessary for surveillance of antibiotics resistance. For simple SSTI, an incision and drainage is the first choice. There is no need to use antibiotics since the outcome was independent of the use of antibiotics.

**OL-028** Rising incidence of renal calculi secondary to urinary tract infections (UTI): An upcoming threatening challenge in South-Asia

T. Hussain<sup>1</sup>, T. Sosorburam<sup>2</sup>, A. Samdan<sup>3\*</sup>, L.Y. Shu<sup>1</sup>, A. Hayat<sup>4</sup>, A. Seid Adji<sup>5</sup>. <sup>1</sup>Department of Internal Medicine and Cardiology, Union Hospital, Tongji Medical College, Huazhong University of Sciences and Technology, Wuhan, 430030, China, <sup>2</sup>Department of Anesthesia, Tongji Hospital, Tongji Medical College, Huazhong University of Sciences and Technology, Wuhan, 430030, China, <sup>3</sup>Department of Anesthesia and Intensive care unit, University Center Hospital, Ulanbator, Mongolia, <sup>4</sup>Department of Pathology and Microbiology, Rawalpindi Medical College Allied Hospitals, Rawalpindi, 46000, Pakistan, <sup>5</sup>Department of Internal Medicine and Gastroenterology, Union Hospital, Tongji Medical College, Huazhong University of Sciences and Technology, Wuhan, 430030, China

**Background:** Urinary tract infections (UTIs) are common all around the world especially among females in child bearing ages, but its incidence is also rising among young males. Treatment of UTIs is complicated when the problem is aggravated by the simultaneous occurrence of renal stones. So the study aim was to evaluate the frequency and incidence of renal calculi in conjunction with UTI.

**Methods:** A cross sectional study was conducted at Urology department, Roshan hospital, Pakistan, over a period of one year from January to December 2009. 100 patients presenting with urinary symptoms were enrolled in this study. 57% were males, mean age 37±6 years. Patients already diagnosed with renal stones, renal failure, renal tumors or past history of renal calculi were excluded from the study. Data was obtained and analyzed by filling a self designed pretested performa after taking proper medical history, clinical examination and appropriate investigations.