76.021
Prevalence and presentation of Lassa fever in Nigerian children
G. Akpede1,∗, A. Odike1, P. Okokhere2, S.C. Olomu1, D. Asogun1, C. Happi3, S. Gunther4
1 Irrua Specialist Teaching Hospital, Irrua, Edo, Nigeria
2 Irrua Specialist Teaching Hospital, Irrua, Nigeria, Irrua, Edo, Nigeria
3 UCH Ibadan, Ibadan, Nigeria
4 Bernhard-Nocht-Institute for Tropical Medicine, Hamburg, Germany

Background: Although up to 6% of febrile hospital patients in endemic areas in Nigeria may have Lassa fever (LF), and there may be variations in the presentation and outcome from that in other West African countries due to multiple viral strains, there is a paucity of reports on the clinical manifestations and few, if any reports on LF in children. This study highlights the prevalence, presentation and outcome in Nigerian children.

Methods: Review of consecutive cases of RT-PCR confirmed LF admitted from 09/01/2008 – 10/31/2009 at the CHER, Irrua Specialist Teaching Hospital, Irrua, Edo State, Nigeria.

Results: 22 (1.6%) of 1380 admissions had LF. Eight were < 2 yrs of age, 5 > 2-5 yrs and 9 > 5 yrs. The M:F ratio in children > 2 yrs of age was higher (11 M:3F versus 2 M:6F in younger children; p = 0.024). The duration of fever on admission was 1-3 days in 5 children, 4-7 in 8, 8-14 in 8 and > 14 in 1. The other common symptoms included jaundice 11, vomiting 10, convulsions and/or loss of consciousness (coma) 8, pain 5, bleeding 5, passage of cokecoloured urine 4 and cough 4 while the common signs were a toxic appearance 12, hepatomegaly 18 (with splenomegaly in 7), jaundice and pallor 10, respiratory distress 9 and coma 5. LF was the provisional admission diagnosis and differential in 5 and 7 children, respectively. 15 children (71%) survived and 6 (29%) died while 1 was discharged against advice. Convulsions or coma were the only presentations which significantly increased the case fatality rate (5/8 with versus 1/13 without convulsions or coma died; p = 0.015, Risk Ratio (95% CI) = 8.12 (91.15, 57.56)).

Conclusion: LF is an important problem in febrile Nigerian children and jaundice/pallor, convulsions or coma and hepatosplenomegaly are common clinical manifestations unlike in other series. Presentations with acute fever (<7 days) may be more frequent than with prolonged fever and convulsions or coma are associated with a poor outcome. Although these results should be validated in a prospective study, they have important implications for the evaluation and treatment of febrile children in endemic areas.

doi:10.1016/j.ijid.2010.02.465

76.022
New lessons from a case series review of Lassa fever in pregnancy
S.A. Okogbenin1,∗, D. Asogun2, G. Akpede3, P. Okokhere1, S. Gunther3, C. Happi4
1 Irrua Specialist Teaching Hospital, Irrua, Nigeria, Irrua, Edo, Nigeria
2 Irrua Specialist Teaching Hospital, Irrua, Edo, Nigeria
3 Bernhard-Nocht-Institute for Tropical Medicine, Hamburg, Germany
4 UCH Ibadan, Ibadan, Nigeria

Background: In endemic communities, 25% of maternal mortality is due to Lassa fever (LF) with CFRs of 30-75% for the mother and 95% for the fetus. The extra challenges in Management are to differentiate the features of LF from those of pregnancy and its complications as well as address the presence and the effect of the fetus. The erstwhile recommendation that uterine evacuation is required to improve maternal outcome raises ethical issues when the fetus is alive. The management in such circumstances therefore needs further review particularly as some reports indicate that outcome may be independent of the modality adopted. This review was done to provide further guidance in management.

Methods: This was a descriptive case-series study of the presentation and outcome of 7 cases of RT-PCR confirmed LF in pregnancy managed at the Irrua Specialist Teaching Hospital, Irrua, Nigeria between February 2008 and August 2009.

Results: The patients were aged 23-28 years with a parity of 0-4 and fetuses of gestational ages 7-34 weeks. Abdominal pain and bleeding from multiple sites were present in 5 patients and retrosternal pain, sore throat, difficulty in swallowing and seizures in 4. Other symptoms were oliguria 5, pain 5, bleeding 5, passage of cokecoloured urine 4 and cough 4 while the common signs were a toxic appearance 12, hepatomegaly 18 (with splenomegaly in 7), jaundice and pallor 10, respiratory distress 9 and coma 5. LF was the provisional admission diagnosis and differential in 5 and 7 children, respectively. 15 children (71%) survived and 6 (29%) died while 1 was discharged against advice. Convulsions or coma were the only presentations which significantly increased the case fatality rate (5/8 with versus 1/13 without convulsions or coma died; p = 0.015, Risk Ratio (95% CI) = 8.12 (91.15, 57.56)).

Conclusion: The occurrence of breast pain and tenderness, preterm contractions and bleeding may be distinctive features of LF in pregnancy. The clinical finding of a viable fetus may be predictive of improved maternal and fetal outcome. Evacuation of the uterus in such circumstances should not be a first option in management. Rather conservative management with ribavirin treatment may be worthwhile. These observations need to be confirmed prospectively.

doi:10.1016/j.ijid.2010.02.466