is usually followed by a few side effects. Besides there is a growing tendency toward herbal medicines for treatment of vaginitis. Antibacterial and antifungal effects of Zataria multiflora have been demonstrated in vitro and in vivo. This study aimed to compare therapeutic effects of Zataria Multiflora vaginal cream and Metronidazole vaginal cream on bacterial vaginosis.

**Material and Methods:** This was a randomized clinical trial on 90 married women aged 18-40 affected by BV who attended for treatment to gynaeology clinic of Shabih-Khani hospital. They randomly divided to two groups of 45 participants. Diagnostic criteria was Amsel's criteria and gram-stain. Zataria Multiflora vaginal cream or Metronidazole vaginal gel for 5 night usage were prescribed to each group and after 2 to 7 days therapeutic effects on participants' complications and their Amsel criteria were assessed. Data analysis was performed by McNemar and Fisher exact tests.

**Results:** patients’ complication and their Amsel criteria were significantly decreased after treatment with Zataria Multifora or Metronidazole (P<0.05). Relative risk for unresponsiveness to treatment with Zataria Multifora, to unresponsiveness to Metronidazole was 1.5 which was not significant.

**Conclusion:** Therapeutic effects of Zataria Multifora vaginal cream is similar to Metronidazole vaginal gel on BV. Therefore it could be an appropriate choice to BV treatment for those interested in herbal medicines or affected by side-effects of Metronidazole.

**PP-021** Follow up of standard agglutination (SAT) and 2ME tests in 175 clinically cured cases of human brucellosis

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**Background:** Standard Agglutination (SAT) and 2-mercaptoethanol (2-ME) test are usually used for follow up of treated cases of human brucellosis. The purpose of this study was to monitor the levels of these tests after two years on clinically cured cases of brucellosis.

**Methods:** From April 2003 to September 2008, 175 clinically cured cases of brucellosis (103 males, 72 females) were evaluated. Diagnosis of brucellosis was established with SAT tests in 175 clinically cured cases of human brucellosis. The purpose of this study was to monitor the levels of these tests after two years on clinically cured cases of brucellosis.

**Results:** The mean age of the patients was 31±13.5 years. Six, 12, 18 and 24 months after treatment, SAT titers >1:160 were seen in 41 (23.4%), 22 (12.6%), 7 (4%) and in 6 (3.4%) cases, respectively, whereas 2ME titers >1:80 were seen in 51 (29.1%), 24 (13.7%), 12 (6.9%) and 8 (4.6%) cases, respectively. Serologic cure for SAT or 2ME were considered when the titers decreased to <1:160 and <1:80, respectively.

**Conclusion:** The purpose of this study was to monitor the levels of these tests after two years on clinically cured cases of brucellosis. The mean age of the patients was 31±13.5 years. Six, 12, 18 and 24 months after treatment, SAT titers >1:160 were seen in 41 (23.4%), 22 (12.6%), 7 (4%) and in 6 (3.4%) cases, respectively, whereas 2ME titers >1:80 were seen in 51 (29.1%), 24 (13.7%), 12 (6.9%) and 8 (4.6%) cases, respectively. Serologic cure for SAT or 2ME were considered when the titers decreased to <1:160 and <1:80, respectively.

**PP-022** Leuconostoc peritonitis infection in a man receiving peritoneal dialysis

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**Introduction:** Rarely pathogenic in humans, the Leuconostoc species is a gram-positive cocci belonging to the Streptococcaceae family. Unlike other gram-positive bacteria, Leuconostoc species have a high resistance to vancomycin and only been reported of peritoneal dialysis (PD) catheter infection in children. This is the first reported case of Leuconostoc PD catheter infection in adults.

**Case Report:** A 51-year-old man, with a significant medical history of end-stage renal disease on peritoneal dialysis (PD) for 9.5 years, presented with abdominal pain, nausea, and vomiting. He developed an infection with the PD catheter with methicillin-susceptible staphylococcus aureus (MSSA) and treated with intravenous (IV) nafcillin, but refused catheter removal/change due to religious reasons. He then developed diarrhea due to a *Clostridium difficile* (C. diff.) infection. The MSSA catheter infection cleared and the C. diff. improved. The patient was put on weekly IV Vancomycin suppression treatment for the MSSA catheter site infection. However, three weeks later, the patient developed peritonitis, with the PD fluid noted to be hazy. Two cultures were done one week apart and both confirmed a *Leuconostoc* infection. The patient received oral penicillin following intraperitoneal instillation of Cefazolin and Gentamicin, which cleared the infection.

**PP-023** The influence of CMV infection on regulatory T cell immunity of the host

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**Objects:** To study the influence of cytomegalovirus (CMV) infection on the number and function of regulatory T cells (Treg) and the relationship between Treg and regulatory T cells (Treg).

**Methods:** A disseminating infected murine model was established without using immunosuppressant. The infectious viral titer in organs was quantified by plaque formation assay to estimate the status of CMV infection. The number and function of Treg and the dynamic status of Th1, Th2, Tc1, Tc2 were evaluated by flow cytometry at different time point post infection.

**Results:** Histopathological damages were observed in the livers, kidneys, lungs and hearts of the model. And Infectious virus cultures were done one week apart and both confirmed the presence of CMV. The number and function of Treg and the dynamic status of Th1, Th2, Tc1, Tc2 were evaluated by flow cytometry at different time point post infection.

**Conclusions:** 1. A systemic MCMV infected model was successfully established, which provided a tool for exploring the immune regulatory mechanism of CMV infections. 2. CMV could induce the formation and activation of Treg. And the activated Treg could suppress Th1, Th2, and Tc1 immunity during chronic phase, which may be one of the mechanisms of the persistent infection of CMV.

**PP-024** Expression of human X box binding protein 1-u and preparation of polyclonal antibody against protein

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**Objective:** To prokaryotic expression the human X-box binding protein 1-u (XBP1-u) recombinant plasmid, purify the protein and immunize rabbit, to obtain polyclonal antibody against protein.

**Methods:** Transformed the recombinant plasmid pET32a-XBP1u into host bacterium E. coli BL21 (DE3), then purified this protein,