Table 2. Capsular titers of unabsorbed and reciprocally absorbed type 6C rabbit antisera to types 6A, 6B and 6C

Antisera	Capsular titers		
	6A	6B	6C
Unabsorbed	64×	32×	64×
Absorbed by 6A	-	_	8 ×
Absorbed by 6B	16×	-	16×
Absorbed by 6A with 6B	-	-	8 ×

tiserum before immunized by serotype 6C Pneumococcal. The capsular titres of immune sera with 6A, 6B and 6C were $64\times$, $32\times$ and $64\times$, respectively. After absorbed by 6A, 6B and 6A with 6B, the capsular titres were Neg, Neg, $8\times$; $16\times$, Neg, $16\times$; Neg, Neg, $8\times$, respectively.

Conclusions: Prepare the serotype 6C diagnostic streptococcus pneumoniae antiserum successfully, and it can be used for serotype study.

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PP-040 Amniotic fluid biochemical and immunological parameters of pregnant women with cytomegalovirus infection

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Cytomegaloviruses penetrate placentas and cause fetal congenital defects. 1/3 of newborns with this infection dies. The rest have intellect development delays, hearing and speech defects, great changes in neurologic status.

Aim: This investigation was to create complex of biochemical and immunological parameters for amniotic fluid investigation with the highest prognostic value concerning cytomegalovirus infection.

Materials and methods: Amniotic fluid was obtained via transabdominal amniocentesis from 24 pregnant women with high probability of cytomegalovirus infection (according to ultrasonic markers). Antibidies IgM and IgG were determined by immunoenzymatic analysis. Biochemical parameters were investigated on biochemical analyzer "Cobas-Mira" (Austria).

Results: In first group (10 women with gestation terms 16-20 weeks) there were no positive results as to cytomegalovirus IgG antibidies. Only biochemical indices demonstrate changes: levels of glucose and AST were increased with simultaneous decrease of ALT activity. In second group (14 women with gestation terms 21-24 weeks) there were 2 positive results as to cytomegalovirus IgG-antibidies. Biochemical changes became more profound: bilirubin, total protein, glucose and AST were increased, ALT activity- decreased 2-4 times in comparison with norm. Complex analysis of our results in comparison with ultrasonic markers and virological analysis demonstrate ineffectiveness of isolated use of immunologic or ultrasonic investigations without biochemical parameters determination (especially on early terms of gestation).

PP-041 Hepatoprotective potential of root extracts of Elephantopus scaber L on D-galactosamine/ lipopolysaccharide induced hepatitis in rats

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Background: Methanolic extract of Elephantopus scaber L.

(MEES) was evaluated for its hepatoprotective potential against D-Galactosamine/Lipopolysaccharide (D-GalN/LPS) induced hepatitis in rats.

Methods: Rats were given a single intraperitoneal injection of D-GalN/LPS (300 mg/kg body weight and 30 μ g/kg body weight) to induce liver damage. MEES was administered to rats (200, 400 and 600 mg/kg body weight for 6 days) 18 h before D-GalN/LPS challenge.

Results: D-GalN/LPS intoxication resulted in liver injury as indicated by the significant increase (p < 0.05) in the serum activities of marker enzymes such as aspartate amino transferase, alanine aminotransferase, alkaline phosphatase, lactate dehydrogenase and γ -glutamyl transpeptidase. Further, there was a significant increase (p < 0.05) in the levels of cholesterol, triglycerides and free fatty acids followed by a decrease in the levels of phospholipids in serum and liver in dose dependent manner. Pretreatment with MEES reversed these alterations to near normal.

Conclusion: Results of this study revealed that MEES could afford a significant protection in the alleviation of D-GalN/LPS induced hepatocellular injury.

PP-042 Blood culture; a significant tool to reduce mortality among surgical patients

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Background: To study how often bacteremia is diagnosed on blood culture and whether a positive blood culture in surgical patients results in change of Therapy or affects the rate of mortality.

Methods: 25 high-risk surgical patients with fever, leucocytosis and other septic parameters were studied at Rawalpindi General hospital,Rawalpindi,Pakistan from April 2007 to April 2008. Blood cultures were taken and growth reported at 48 and 120 hours for aerobes and anaerobes. On average, three blood cultures per patient were obtained during hospital stay. The decision to alter or persist with the same antibiotic as well as further investigation or surgical exploration was made after analyzing blood culture data.

Results: Of 25 patients, 7 had positive blood cultures. Most positive cultures were obtained in the second week after surgery. The major isolate recovered was Staphylococcus epidermidis (in 43% of positive cultures) followed by Klebsiella in 28%. Mortality was 71% in patients with positive culture whereas it was 39% in culture negative patients. Most antibiotic changes and interventions were effected in those with positive cultures.

Conclusions: Surgical patients in a intensive care unit are at significant risk for infectious complications. Those with positive cultures have a higher mortality rate and require a more frequent change in antibiotics, surgical exploration or both compared to those in whom no organism is isolated.

Poster Presentation – End Stage Liver Diseases and Complications

PP-043 Cardiac parameters among end stage hepatitis-B cirrhotic patients in Pakistan

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Background: To compare QTc duration and heart rate (HR) in patients of hepatitis-B having cirrhosis and compare with non-cirrhotic controls so as to provide baseline data for the