**PP-061** Magnetic resonance images based analysis of Chinese herb plus adefovir anti-hepatitis B infection therapy

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Background and Objectives: A twenty-five year HBV persistent infected chronic HBV (CHB) patient with mild cirrhosis had baseline characteristics: ALT = 45.7 U/L, HBV DNA = 2.7e6 cp/mL, HBeAg = 450.57 S/CO. He first received Chinese herbs (CB consisting of 15-23 ingredients) treatment for 23 weeks when his HBeAg was reduced to 4.1 S/CO and HBV DNA = 4.1e6 cp/mL. Then switched CB + Adefovir (AD) therapy for additional 23 weeks. At the endpoint, his HBV DNA had been less than 1000 cp/mL for 11 weeks and ALT been normal for 22 weeks, his HBeAg = 105 S/CO. Anti-HBe = 0.96 S/CO. The objective is to compare the CHB patient’s magnetic resonance images (MRIs) with one normal individual and one serious cirrhosis CHB patient’s MRIs to evaluate whether the combination therapy results in the patient’s histologic improvement.

Method: Select 5 sets of MRIs. Set 1 are the normal person’s MRIs. Set 2 are the serious cirrhosis CHB patient’s MRIs. Sets 4-6 are the CHB patient’s MRIs taken at weeks 2, 20 and 46. Choose 18 T1-weighted images from each of the 5 sets. Select rectangles with 81×51 pixels in the left liver for each image. Using a classification scheme (see L. Min, Y. Ye, Lecture Notes Computer Sciences, 5264 Part III (2008): 439–448) analyzes the 90 MRIs.

Results: For set 1, there are average 96% pixels in the normal gray level interval. For set 2, there are average 34% pixels in in the normal gray level interval. For sets 3–5, there are average 72%, 92% and 97% pixels in the normal gray level interval.

Conclusion: The combination therapy in the CHB patient results in durable virologic suppression, continued histologic improvement of cirrhosis.

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**PP-066** Nosocomial candidaemia at the National Cancer Institute of Sri Lanka (NCISL) – A three year prospective study

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Introduction: Cryptococcosis is an opportunistic infection reported in immunocompromised hosts as well as in normal hosts. Cryptococcosis occurs during severe immunosuppression and strongly associated with corticosteroid therapy, especially with recent increase in dose and with high burden of yeast. Meningitis is common with cryptococcosis but not invariably present.

Case description: A 23 year old university student who completed chemotherapy for Acute Lymphoblastic Leukaemia on follow up got admitted to a Teaching Hospital with a history of altered consciousness and bulbar symptoms of two weeks and fever of 05 days duration. Lumbar puncture (LP) performed revealed Cerebro-spinal Fluid (CSF) proteins of 215 mg/dl with 35 polymorphs and 10% lymphocytes. Bacterial, fungal and mycobacterial cultures of CSF revealed no pathogens. Viral antibodies for Japanese B encephalitis were negative. Magnetic Resonance Imaging (MRI) scan revealed multiple enhancing lesions in bilateral basal ganglia and periventricular white matter and reported as they are due to leukaemic deposits or multiple infective foci in an immuno-compromised host. Broad-spectrum antibiotics and acyclovir IV were commenced. Total WBC count was 4,300/mm³ with 78% neutrophils and 18% lymphocytes. Following transfer to the National Cancer Institute of Sri Lanka, bone marrow trephine biopsy was performed and started on re-induction chemotherapy and high dose corticosteroid therapy. LP revealed slightly turbid CSF with a cell count of 20/cumm and high proteins. Bone marrow was in morphological remission. Patient became febrile and developed multiple neurological signs. After taking a BACTEC blood culture ceftazidime and amikacin were commenced. Within few hours patient passed away. Blood culture yielded Cryptococcus neoformans the next day.

This case shows that high level of clinical suspicion of cryptococcal infections in immuno-compromised patients is important for appropriate and timely antifungal therapy which are essential for successful management and recovery.
A clinical analysis of nosocomial fungal infection

Intramuscular

A study on fungal flora of tap water as a potential reservoir of fungi in hospitals from Sari City, Iran

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