Bio-impedance analysis for prediction of malnutrition and wasting in lung tuberculous patients with and without HIV infection

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Background: Malnutrition is a major problem in both tuberculosis and HIV infection that affects patients' survival.

Methods: We assessed nutritional status and body composition in 26 HIV− positive and 28 HIV− negative adults with pulmonary tuberculosis in Ahvaz, Iran using Maltron bio-impedance analysis.

Results: Among 16 HIV− positive and 20 HIV− negative men, intracellular:extracellular water ratio (ICW/ECW) was 1.45±0.26 and 1.59±0.48 (P = 0.006) and phase angle was 5.42±1.05 and 5.76±1.30 (P = 0.009), respectively. Among 10 HIV− positive and 8 HIV− negative women, ICW/ECW was 1.19±0.16 and 1.23±0.15 (P = 0.11) and phase angle was 5.35±1.27 and 5.43±0.93 (P = 0.61), respectively. There were no significant differences in BMI, Body cell mass, Fat mass and Fat free mass between HIV− positive and HIV− negative adults. Among HIV− positive patients, BMI, ICW/ECW, Body cell mass, Fat mass and Fat free mass between HIV− positive and HIV− negative adults. Among HIV− positive patients, BMI, ICW/ECW, Body cell mass, Fat mass and Fat free mass were significantly lower among those with CD4− <200 cell/microliter compared with those who had CD4>200cell/microliter.

Conclusion: HIV/TB co-infection is associated with smaller Body cell mass and ICW but not Fat free mass and by large differences in ICW/ECW and phase angle.

Cerebellar syndrome with meningoencephalitis due to Mycoplasma pneumoniae

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Neurological syndromes due to Mycoplasma pneumoniae infection are occasionally reported in adults, usually in the post-infection period. We report a 24-year-old woman with a Mycoplasma pneumoniae associated with subacute meningoencephalitis and acute cerebellitis that caused a cerebellar atrophy. Electroencephalogram showed diffuse dysfunction in the brain. There was a few white blood cell but normal glucose and protein in the CSF. Electroencephalogram reported a generalized slow background EEG in the range of 6−7 CPS that waves dominantly. A few degree of alpha activity in the range of 8 CPS were seen in some occasion which was correlated with clinical diagnosis of diffuse cerebral dysfunction. Brain MRI with and without contrast showed bilateral atrophy of cerebellum. Cold agglutinin tests quantitative and Azithromycin was administered for 14 days so fever and diarrhea were ceased. Desquamation of rash was begun; the cerebellar tests changed to be normal and patient could talk fluently. Clinical recovery has been completed within 6 weeks.
PP-225 Skin manifestations in liver diseases
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The liver is the largest internal organ and the second largest organ in the human body after the skin. An association between the skin and the liver has been recognized for centuries. Skin manifestations may be the first clue that a patient has liver disease. Recognizing these signs is crucial to diagnose liver conditions early. Then we are better able to promptly treat the underlying liver disease and the skin lesions. Although many of these changes are nonspecific, some are associated with distinct liver diseases and correlate with the severity of hepatic pathology. It is important for physicians to be familiar with the spectrum of these manifestations. This article reviews the important cutaneous manifestations of specific liver diseases. We focus first on skin conditions that may represent liver disease, and then we discuss several major liver diseases and their typical cutaneous manifestations.

PP-226 Large aggregate in hemorrhagic fever with renal syndrome
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Introduction: Hemorrhagic fever with renal syndrome (HFRS) is a zoonosis caused by hantavirus. The aggregate is a clinical features characteristic of severe HFRS. We describe a case of HFRS presented a large aggregate treated successfully with continuous renal replacement therapy early.

Case description: A 59-year-old man presented with a 5-day history of fever, headache, lumbago and 1-day of oliguria. The notable signs including facial and chest flushing, soft palate and conjunctiva hemorrhage, and chemosis. Serum test showed the presence of specific IgM and IgG antibodies to Hantaan virus. HFRS was diagnosed. Laboratory evaluation showed urea 45 mmol per liter and creatinine 1077 μmol per liter. And a granulation tissue-like aggregate (Figure 1), 3 cm by 2 cm by 2 cm, was found in the urine. Patient underwent hemodialysis three times per week for acute renal failure with fluid overload in 2 weeks subsequently. A complete remission of renal dysfunction appeared after the 28-day hospitalization. The aggregate is present at oliguric phase unexceptionally, usually lamellar or floccular, and the number and size is associated with the extent of kidney damage. The successful clinical outcome of this case reinforces the usefulness of hemodialysis early in the management of severe HFRS.

Figure 1.