

COMPARISON OF PEDIATRIC LOGISTIC ORGAN DYSFUNCTION (PELOD) SCORE AND PEDIATRIC RISK OF MORTALITY (PRISM) III AS A MORTALITY PREDICTOR IN PATIENTS WITH DENGUE SHOCK SYNDROME

Submitted by Henny R. Iskandar

Henny R. Iskandar, Dharma Mulyo, Praptiwi Agnes, Yuliatmoko Suryatin

Pediatric Intensive Care Unit, Children's and Maternity Harapan Kita Hospital, Jakarta, Indonesia

INTRODUCTION: The mortality rate for dengue shock syndrome (DSS) in the PICU at Children's and Maternity Harapan Kita Hospital is still high (13.2%).

OBJECTIVE: We evaluated performance of the Pediatric Logistic Organ Dysfunction (PELOD) score compared with the Pediatric Risk of Mortality III (PRISM III) for predicting mortality in our PICU.

METHODS: A total of 42 patients (48% boys, 52% girls) admitted to the PICU from January to December 2006 were enrolled onto the study. Diagnosis of DSS was made according to 1997 World Health Organization criteria and confirmed with serologic-positive dengue blot taken on the fifth day of fever (93% secondary infection and 7% primary infection). PELOD and PRISM scores were evaluated on the first day.

RESULTS: From 42 admissions, 1 was excluded for insufficient data. Median age of the children was 7 years. Death occurred in 11.9% of the patients with DSS. Analysis showed that the mean PELOD score was 7.2 (Mann-Whitney *U* test between survivors and nonsurvivors was significant at $P = .001$) compared with the PRISM III (mean score was significant also at $P = .008$). The receiver operating characteristic curves for the PELOD and PRISM III were 0.954 and 0.868, respectively.

CONCLUSIONS: PELOD and PRISM III scores showed a good discrimination for predicting mortality in patients with DSS in our PICU.

MIDDLE-EAR FLUID STREPTOCOCCUS PNEUMONIAE SUSCEPTIBILITY AND SEROTYPE AND DISTRIBUTION IN MEXICAN CHILDREN WITH ACUTE OTITIS MEDIA

Submitted by Claudia Lopez-Enriquez

Claudia Lopez-Enriquez^a, A. Blanco-Montero^a, L. E. Espinosa-Monteros^b, R. Rodriguez^c, C. De La Torre^d, D. Gomez-Barreto^b

^aHospital Espanol de Mexico, Mexico City, Mexico; ^bHospital General Manuel Gea Gonzalez, Mexico City, Mexico;

^cSecretaria de Salud, Cuauhtémoc, Mexico; ^dHospital Infantil de Mexico Federico Gomez, Mexico City, Mexico

INTRODUCTION: Acute otitis media (AOM) is the most common microbial respiratory tract infection in early childhood: *Streptococcus pneumoniae* is a common pathogen isolated from patients with AOM. The American Academy of Pediatrics advises immunization with a 7-valent pneumococcal conjugate vaccine for children with recurrent AOM.

OBJECTIVE: We aimed to establish the most common *S pneumoniae* serotypes present in the middle-ear fluid of Mexican children with AOM and to analyze antimicrobial susceptibility patterns and assess the potential protection provided by the new conjugated *S pneumoniae* vaccines.

METHODS: During 2002 and 2003, 72 *S Pneumoniae* isolates were obtained from 138 Mexican children with AOM. Serotyping distribution was performed by the quellung reaction with antisera from Statens Serum Institute (Copenhagen, Denmark). Tests for susceptibility were performed by using the agar-dilution method according to Clinical and Laboratory Standards Institute protocol for 18 antibiotics.

RESULTS: The most common *S pneumoniae* serotypes isolated were 6B and 19F (16.67% each) and 6A, 14, and 23F (15.27% each). The overall rate of resistance (defined as the rate of intermediate resistance plus the rate of resistance) for penicillin was 65.38% (intermediate and resistant categories were 29.17% and 36.11%, respectively), for cefotaxime was 19.45%, for azithromycin and erythromycin was 23.61%, for trimethoprim/sulfamethoxazole was 61.11%, for amoxicillin was 5.5%, and for clindamycin was 12.5%. With amoxicillin/clavulanate, ceftriaxone, imipenem, meropenem, teicoplanin, telithromycin, and vancomycin, we found susceptibility for 100% of the isolates. The most common resistant serotypes were 19F and 23F.

CONCLUSIONS: The serotype distribution of *S pneumoniae* that causes pediatric AOM in Mexico is similar to that reported from developed countries. The current heptavalent pneumococcal conjugate vaccine covers 63.89% of AOM episodes in Mexican children.

ROLE OF THROMBOMODULIN IN DETECTION OF ENDOTHELIAL CELL DESTRUCTION AFTER INFECTION WITH FALCIPARUM AND TERTIAN MALARIA

Submitted by Max Mantik

Max Mantik, Tonny Rampengan, Mariane Kilis, Josef Tuda

Department of Pediatrics, Faculty of Medicine, Sam Ratulangi University, Manado, Indonesia

INTRODUCTION: Thrombomodulin is an endothelial cell receptor for thrombin. In tropical and tertian malaria, thrombomodulin is secreted after endothelial cell

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