

destruction after infections with *Plasmodium falciparum* or *Plasmodium vivax*.

OBJECTIVE: Our goal was to investigate whether thrombomodulin levels can be used to detect the endothelial cell destruction after tropical or tertian malaria and whether thrombomodulin is related to the severity of tropical malaria.

METHODS: This was a cross-sectional observational analytical study conducted in 5 hospitals in north Sulawesi, Indonesia, from June to September 2006, in patients aged 2 to 13 years with tropical or tertian malaria. Thrombomodulin levels were determined with an enzyme-linked immunosorbent assay using a thrombomodulin kit (Fujirebio Diagnostics, Inc, Malvern, PA). Data were analyzed by independent *t* test and Spearman rank correlation coefficient.

RESULTS: For 30 patients with tropical malaria (thrombomodulin level: 0.060–0.180 FU/mL) and 2 patients with tertian malaria (thrombomodulin level: 0.068–0.075 FU/mL), there was a significant difference in *t*-test results between tropical and tertian malaria ($P = .044$). For 11 patients with severe malaria (thrombomodulin level: 0.086–0.162 FU/mL), there was also a very significant difference in *t*-test results for complicated and uncomplicated tropical malaria ($P = .009$). The Spearman rank test showed significant positive correlation between thrombomodulin and parasitemia levels ($r_s = 0.686$; $P = .001$).

CONCLUSIONS: Thrombomodulin levels can be used to detect endothelial cell destruction in malaria; the thrombomodulin level in tropical malaria was found to be higher than that of tertian malaria. Thrombomodulin levels were very significantly different in complicated and uncomplicated tropical malaria and also correlated significantly with the degree of parasitemia.

ROTAScore STUDY: EPIDEMIOLOGICAL OBSERVATIONAL STUDY OF ACUTE GASTROENTERITIS WITH OR WITHOUT ROTAVIRUS IN GREEK CHILDREN YOUNGER THAN 5 YEARS

Submitted by Vassiliki Papaevangelou

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INTRODUCTION: Pediatric rotavirus gastroenteritis (PRG) is the most frequent cause of severe acute gastroenteritis (AGE) in children up to 5 years of age worldwide.

OBJECTIVE: We sought to determine the proportion of PRG and compare its clinical burden to that of AGE caused by other pathogens.

METHODS: The study was conducted in 4 hospital emergency units (HEUs) and 50 private pediatric clinics between January and May 2006. Children up to 5 years of age were included. A rapid stool immunochromatographic test for rotavirus antigen detection was performed. Symptom-severity scores were calculated by using the Clark scale.

RESULTS: Seven hundred and six children participated in the study (median age: 20 months; 385 boys [54.5%]); 273 patients (38.6%) visited HEUs, and 433 (61.4%) visited private clinics. The proportion of PRG was 29% (95% confidence interval [CI]: 25.9%–32.6%) in the total study group, 18.3% (95% CI: 14.9%–22.3%) in private clinics, 45.7% (95% CI: 40.0%–51.7%) in HEUs, and 49.1% in hospitalized patients (95% CI: 42.3%–55.7%). Most children with PRG (71.7%) were between 6 months and 3 years old. Behavioral changes and signs of dehydration, weight loss, fever at $\geq 38^\circ\text{C}$, diarrhea, and vomiting were more prevalent with PRG ($P < .01$). In children with PRG, a higher incidence of moderate or severe gastroenteritis ($P = .013$ and $.021$, respectively), hospitalization ($P = .011$), and need for a clinical reevaluation ($P = .012$) was observed, as was longer hospitalization (5.14 ± 3.18 vs 3.69 ± 2.25 days; $P = .039$).

CONCLUSIONS: PRG was responsible for nearly half the patients with AGE who visited HEUs or required hospitalization. Vaccination against rotavirus would help prevent this frequent and often severe disease.

DIAGNOSIS OF TUBERCULOSIS LYMPHADENITIS IN CHILDREN

Submitted by Ileana Puiu

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INTRODUCTION: Tuberculosis represents a major health problem, and the most frequent cause of extrapulmonary tuberculosis is tuberculous lymphadenitis.

OBJECTIVE: The aim of this study was to determine the relative contribution of tuberculous lymphadenitis as a cause of persistent cervical lymphadenopathy.

METHODS: Our study included 87 children (aged 6 months to 18 years) suffering from tuberculous lymph-

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