ENTERIC PATHOGENS AND PREDICTORS FOR ACUTE DIARRHOEA IN CHILDREN LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS INFECTION

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Background Understanding the aetiology of diarrhoea in Human immunodeficiency virus (HIV) infected children and its predictors can help reduce mortality in this vulnerable group.

Aims 1. To compare the prevalence of enteric pathogens in HIV-infected children with acute diarrhoea and without diarrhoea
2. To assess the association between carriage of enteric pathogens in HIV-infected children and the aetiology/ frequency of diarrheal episodes within the next 3 months.

Methods We evaluated HIV-infected children with acute diarrhoea (cases) and without diarrhoea (controls) aged 18 months – 12 years attending the anti-retroviral clinic at a tertiary hospital in Delhi. Children who had received any antimicrobial therapy within the previous 2 weeks were excluded. A single stool sample was collected for microscopic examination, bacterial culture and microscopic examination including modified acid-fast staining (oocysts of Cryptosporidium, Isospora and Cyclospora) and Trichrome staining (for oocysts of Microsporidia). Serology for Cryptosporidium parvum was determined. All children were followed up for three months for the occurrence of diarrhoea.

Results Enteric pathogens were isolated in 48.8% cases (n=41) and 42% controls (n=52). The common pathogens isolated in the diarrheal and non-diarrheal groups were Cryptosporidium (29.3% Vs 17.3%), E. coli (29.3% Vs 17.3%), Giardia (14.6% Vs 5.8%), and Yeast (4.8% Vs 0); (p<0.05). During follow up, 8 cases (19.1%) and 8 controls (15.3%) had a diarrheal recurrence. The pathogen isolated in subsequent episodes matched with the isolate in 3 controls and 3 cases. Severe thinning (BMIz<-3), severe underweight (WAZ<-3), and severe immunodeficiency (CD4 <15%) were significant predictors for acute diarrhoea. Co-trimoxazole prophylaxis did not offer any significant protection from acute diarrhoea but prevented infection with Microsporidia and Isospora.

Conclusions Cryptosporidium parvum is harboured commonly in asymptomatic HIV-infected children and predisposes to future diarrhoeal occurrence in them. A longer duration of treatment for acute diarrhoeal episodes may be needed in HIV-infected children. Children with severe thinning, underweight and immunodeficient must be screened for the presence of enteric pathogens and treated pre-emptively.

IDDF2018-ABS-0044

IDDF2018-ABS-0045 INCIDENTAL GALL BLADDER CANCER IN LAPAROSCOPIC CHOLECYSTECTOMY

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Background Carcinoma of the Gall Bladder (GBC) is the most common malignancy of the biliary tract and sixth most common gastrointestinal malignancy worldwide. Laparoscopic cholecystectomy has now become the most commonly performed major surgery worldwide, and an increasing number of pathological specimens are said to be showing incidental malignancy. The overall incidence is around 0.2%-2.9%.

Methods A retrospective study was done by reviewing records of patients who underwent Laparoscopic cholecystectomy at our centre between 2012–2016 (5 years). A total of 2758 cases were included in the study. Their mode of presentation, duration of symptoms, pre-operative imaging, intraoperative findings and histopathological reports were analysed.

Results A total of 6 cases of incidental GBC were identified. The overall incidence was around 0.2%. The mean age of the group was 60 years of which 4 were females and 2 were males. On pathological analysis, one patient had a background of acute cholecystitis, one had chronic cholecystitis, one had a polyp, and the remaining had unremarkable histology in the remainder of the gallbladder. The staging was T2N1M0 in two patients, T1bN1M0 in two patients and T3N1M0 in two