IS-001
Methicillin-resistant staphylococcus aureus (MRSA) enteritis in neonates: A new clinical entity

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Purpose To report Methicillin-resistant staphylococcus aureus (MRSA) enteritis in neonates as a distinctive clinical entity.
Methods Three neonates with MRSA enteritis who were admitted for the past 2 years in our department, were reviewed in terms of clinical course, treatment and outcome. Results Gestation, birth weight and onset were 35 weeks, 2.0kg, and 1 day; 37 weeks, 3.1kg and 7 days; and 38 weeks, 3.1kg and 7 days respectively. All patients had mild abdominal distension and massive rectal bleeding, but were relatively well, with slightly raised CRP. There was no metabolic acidosis or thrombocytopenia in all cases. Abdominal x-rays showed dilated gas-filled bowel loops but no radiological features of necrotizing enterocolitis (NEC). Upper gastrointestinal series using Gastrograffin contrast medium, showed narrowing of the bowel lumen probably due to edema of the bowel wall. Stool cultures/rectal swabs were positive for MRSA in all patients. All patients responded well to conservative treatment with intravenous administration of antibiotics and were able to tolerate oral feeding by a mean of 6.3 after commencing systemic antibiotics.
Conclusions MRSA enteritis in neonates is rare, but a high index of suspicion is needed since the incidence may increase as MRSA spreads. Early recognition facilitates successful treatment.

IS-002
Methicillin resistant staphylococcus aureus (MRSA) ilio-psoas abscess in a neonate: A rare but important clinical entity

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Aim We report a case of Methicillin-resistant staphylococcus aureus (MRSA) ilio-psoas abscess in a neonate. Although extremely rare, its incidence could increase as MRSA spreads.
Case A normal female infant was born vaginally at 37 weeks gestation. Birth weight was 1.5 kg. On day 2 after birth, she was febrile, had an exanthematous rash, low platelet count (1.4x10^10/L), and mild omphalitis. Throat and umbilicus swabs were positive for MRSA. Although she improved with systemic antibiotics and platelet transfusion, she became febrile again and did not use her right leg. The right lower flank and thigh became red and swollen and ultrasonography showed a non-uniform hypoechoic mass extending along the right ilio-psoas to the right thigh. Needle aspiration produced 11ml of thick yellowish pus, positive for MRSA. She improved initially with intravenous Vancomycin but the abscess recurred. At laparotomy through a minimal flank incision, 15ml of thick yellowish pus, positive for MRSA was aspirated, the abscess cavity thoroughly washed, and a Penrose drain inserted. Postoperatively, her condition improved dramatically.
Conclusion A high index of suspicion is required for ilio-psoas abscess if a neonate presents with fever of unknown origin and limb disuse. Surgical drainage is the treatment of choice.

(171)