

should be started early, surgical debridement should be performed if necessary and the treatment should be continued for 6–8 weeks.

OP-018 PEDIATRIC PATIENTS HOSPITALIZED WITH VARICELLA INFECTION DURING THE COVID-19 PANDEMIC

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Aim While chickenpox typically presents as a mild illness in healthy children, it can result in more severe complications for adults, infants, pregnant women, and individuals with compromised immune systems. Complications may include bacterial infections of the skin, pneumonia, encephalitis or even death in rare cases. Vaccination against varicella has greatly reduced the incidence and severity of the disease. Vaccination contributes to herd immunity, reducing the overall spread of the virus within communities and protecting those who cannot be vaccinated due to medical reasons. With the introduction of the Chickenpox vaccine into the national vaccination schedule in 2013, a single dose vaccination regimen has been implemented in our country. We aimed to evaluate patients requiring hospitalization due to a diagnosis of Chickenpox ten years after the vaccine's introduction into the schedule.

Material and Method The data of 15 patients hospitalized and monitored in our University's Pediatric Infectious Diseases service with a diagnosis of Chickenpox between January 2019 and January 2023 were retrospectively evaluated.

Results There were 15 patients including, 8 boys (53.3%), 7 girls (46.7%) median age 65 months (min 2 max 113 months). Four patients had not received prior vaccination. All patients had comorbidities. 3 patients developed skin infections (20%), 3 developed pneumonia during the infection (20%), 1 required admission to the intensive care unit (6.7%), and 4 received intravenous immunoglobulin (IVIG) therapy (26.7%).

Conclusions Individuals with comorbidities, who have compromised immune systems or other risk factors, face a heightened risk of severe consequences from infections. Implementing herd immunity via widespread vaccination can halt the transmission and spread of infection to these individuals. Hence, we suggest reconsidering single-dose vaccination in the national immunization program and adopting a two-dose vaccination regimen instead.

OP-019 A FATAL CASE OF MULTIPLE BRAIN ABSCESES – CASE PRESENTATION

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Aim Brain abscess and empyema are life-threatening intracranial infectious diseases with high rates of disability and mortality. Recent advances in diagnosis, antimicrobial therapy, and neurosurgical treatment have contributed to a gradual decrease in the incidence and mortality of these diseases.

Between the years 2021 and 2022, we observed a significant increase in the pediatric population in our center (6 and 7 cases, respectively). The annual incidence in the previous years was 0–2 cases per year. The most common pathogens were viridans streptococci, especially *Streptococcus intermedius*. Ear-nose-throat infections dominated as the source of abscesses. In this case report, we present a fatal case of multiple brain abscesses from this period. The 9-year-old boy living with Down-syndrome presented at our Emergency Department with fever and opisthotonos. Imaging studies revealed eight parenchymal brain abscesses with drainage to the ventricles. Neurosurgical intervention was not indicated due to the size and number of abscesses, therefore lumbar puncture was performed and isolated *Streptococcus intermedius*. Despite the adequate antimicrobial and intensive care treatment, the child passed away eventually. The etiology of brain abscesses was not identified. During this period, this patient was the only case of intracranial abscesses via hematogenous route and fatal outcome.

OP-020 NECROTIZING FASCIITIS-CASE REPORT

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Aim An 8-year-old child was admitted from a rural hospital. She presented with cutaneous symptoms of varicella in addition to a week of upper respiratory tract symptoms. She was admitted to the hospital after a varicella eruption surrounded by a 5x5 cm hyperemic yard grew to the size of a man's palm. An ultrasound scan revealed phlegmone.

Material and Method After obtaining a blood culture (BC), intravenous (IV) ceftriaxone was started, and then the febrile child with elevated inflammatory parameters was referred to our hospital for surgical care.

Results On admission, the child with a negative medical history had varicella eruptions of various stages all over the body. Purplish-greenish hematomas the size of two man's palm and a 4x5 cm area of epithelial detachment were seen on the right hip. Therapy was supplemented with oral acyclovir and IV clindamycin. During the night, fever, bilateral non-purulent conjunctivitis and strawberry tongue appeared. The next morning she was seen by a dermatologist and a surgical consultation was repeated. She was admitted to the Intensive Care Unit (ICU) due to fluid-refractory hypotension. Surgical exploration and necrectomy were performed on the second day. On the third day she underwent a second surgical exploration and necrectomy. *Streptococcus pyogenes* was cultured from the first BC, and the toxin determination showed pyrogenic A exotoxin. *S. pyogenes* was cultured as well from the sample taken from the surgical site. The child required mechanical ventilation for 2 days in the ICU, was nursed for a total of 4 days, and then transferred to our surgical department. She was treated with intermittent vacuum therapy for 18 days followed by skin grafting.

Conclusions With our presentation we would like to raise awareness about varicella associated necrotizing fasciitis and its early recognition!