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CMV SEROCONVERSION IN PREGNANT WOMEN AND THE INCIDENCE OF CONGENITAL CMV INFECTION

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Objective: In this study it was aimed to determine the rate of CMV seroconversion in pregnant women and the incidence of congenital CMV infection in their newborns.
Methods: Between January 2002 and May 2003, all women who attended the Department of Obstetrics and Gynecology during the first 12 weeks of their pregnancy were enrolled to the study. Anti-CMV IgM and IgG were determined at 8 to 12 weeks. Anti-CMV IgG avidity index was determined at 20th week gestation in pregnants whose IgG and IgM were found positive. Avidity index of ≤40 % was accepted as primary infection, and ≥ 60% as recurrent. CMV DNA was investigated in amniotic fluid at 21st week gestation in pimary infections. Fetuses of mothers with primary and recurrent infections were followed by USG. Neonates, born to mothers with primary and secondary infection, were screened during the first two weeks after birth by Anti-CMV IgM, CMV antigenemia and PCR.
Results: Out of 1027 pregnants, 1000 were found as anti-CMV IgM(-), anti-CMV IgG(+); 15 as anti-CMV IgM (-), IgG(-) and 12 as anti-CMV IgM(+), IgG(+). The rate of seropositivity was 97.3% and the incidence of maternal CMV infection was %1.16. Out of 12 pregnants with anti-CMV IgM(+), IgG(+), 3 had low and 9 had high avidity index. 3 pregnants were accepted as primary maternal infection and 9 as recurrent. Primary CMV infection incidence was found to be 0.29 %, while secondary infection was 0.87 %. Amniocentesis was performed to the pregnants with primary infection and in one of them CMV DNA positivity was detected. Her fetus died in the intrauterine period. One of the other 2 pregnants with primary infection, and 4 of the 9 pregnants with recurrent infection delivered healthy term newborns without any complication. One pregnant with primary and 5 with recurrent CMV infection haven't completed their pregnancy periods yet. Anti- CMV IgM, CMV antigenemia test and CMV qPCR were found negative in all the newborns screened after birth. Babies will be followed up for neuromotor development and sensoroneural hearing loss in the next stage.
Conclusion: The seropositivity for CMV infection in pregnants is high (97.3%) in our region. Most of the CMV infections, acquired during the pregnancy period, are recurrent infections as it is in the other developing countries. Although the study has not finished yet, babies born following recurrent infection seem to be very rarely infected.

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LIPID COMPLEX OR LIPOSOMAL AMPHOTERICIN-B FOR CANDIDA ALBICANS SEPSIS IN EXTREMELY LOW BIRTH WEIGHT INFANTS?

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Background: Candidial sepsis is being more pronounced in Neonatal Intensive Care Units as smaller babies survive. Amphotericin-B is now the choice of treatment for candida sepsis in many neonatal intensive care units . Lipid complex and liposomal preparations of amphotericin-B for intravenous use are both avaliable.
Case: We used lipid complex amphotericin-B in two extremely low birth weight (ELBW) infants for the treatment of Candida albicans sepsis. The isolated microorganism seemed in vitro susceptible to amphotericin-B. The growth of C.albicans in multiple blood cultures persisted despite appropriate dose of lipid complex amphotericin-B for fiftten days in one and for eighteen days in the other patient. So, the treatment was switched to liposomal amphotericin-B and sterile blood cultures were obtained in the fourth day of treatment in both patients.
Conclusion: We conclude that there might be treatment failures with lipid complex amphotericin-B in ELBW babies and liposomal forms should be used if culture growth of Candida albicans persists.

1st CONGRESS OF UNION OF MEDITERRANEAN NEONATAL SOCIETIES (UMENS) AND XIIth NATIONAL CONGRESS OF NEONATOLOGY

I. AKDENİZ ÜLKELERİ NEONATOLOJİ DERNEKLERİ BİRLİĞİ (UMENS) VE XII. ULUSAL NEONATOLOJİ KONGRESİ (UNEKO)

September 3 - 6, 2003 / 3 - 6 Eylül 2003

İSTANBUL

ABSTRACT BOOK / ÖZET KİTABI