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DIAGNOSIS AND THERAPY OF CAUSTIC INJURIES OF THE UPPER GI TRACT IN A TERTIARY REFERRAL CENTER – A 5-YEAR RETROSPECTIVE ANALYSIS

Ralph Schroeder, Juergen Gschossmann, Heinz Zimmermann, Uwe Schiemann

Background: Management of caustic injuries are still a matter of debate. Endoscopical and medical treatments are controversially discussed in the literature.

Aim: Our purpose was to analyze the management and outcome of the patients with caustic esophageal injuries admitted to our emergency and gastroenterological department.

Methods: A 5-year retrospective database analysis was performed to identify patients with caustic esophageal injuries. Clinical presentation on admission, results of esophago-gastro-duodenoscopy, therapy and outcome was documented.

Results: The diagnostic and therapeutic approach to our patients varied. An individual strategy was chosen based upon the severity of clinical presentation. In total, 43 adult patients with caustic injuries within the last 5 years were included in the study. Due to severe clinical symptoms (e.g. retrosternal or epigastric pain, hypersalivation) 17 patients underwent immediate upper gastrointestinal endoscopy. In spite of protective medical treatment 4 patients required surgical interventions with esophagectomy and colonic interposition. 6 patients developed relevant esophageal strictures with dysphagia and the necessity for endoscopic dilatation in the follow-up period. None of the patients developed esophageal cancer.

Conclusion: Based on our own experience of patients with caustic injuries the majority of patients could be effectively treated by conservative endoscopical and medical therapies without further need for surgical interventions.

Ralph Schroeder, MD, Emergency and Trauma Unit, University Hospital of Bern, Switzerland, Freiburgstrasse, 3010 Bern, Switzerland

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LETAL PNEUMONIA BY STREPTOCOCCUS PYOGENES 4 WEEKS AFTER SIMULTANEOUS PANCREAS- KIDNEY-TRANSPLANTATION – A CASE REPORT

Neslihan Ertas, Andreas Wunsch, Michael Kraus, Soeren Gatermann, Richard Viebahn, Michael Schoeffer

Objective: Pneumonia is the main reason for infection-associated death. Transplant patients are at an increased risk due to immunosuppression and due to an extended bacterial and viral spectrum.

Methods: Case report

Data: A 30 years old female patient underwent a simultaneous pancreas-kidney transplantation because of complicated diabetic disease July 2005. Following an uncomplicated postoperative course the patient was discharged 4 weeks postoperatively in good condition and with stable transplant organ function under standard immunosuppression including steroids, tacrolimus and mycophenolatmofetil. Three days later the patient was submitted with high fever and severe airway infection. Immediate antibiotic therapy was initiated with ceftriaxon and ciprofloxacin following diagnosis of a pneumonia on same day plain x-ray and CT-scan. The patient developed severe hemorrhagic pneumonia with bronchial hemorrhage. Despite early aggressive therapy she died within 24 hours exhibiting multiple organ failure. Microbiology discovered streptococcus pyogenes at a concentration of > 1.000.000/ml at broncho-alveolar lavage. Pathology demonstrated a most severe hemorrhagic pneumonia.

Conclusion: Simulare case reports have been presented so far in immunosuppressed patients with lung infection with streptococcus group A, staphylococcus and haemophilus influenzae. In case of such an infection it is suggested to treat immediately with penicillin G und clindamycin (for toxin suppression) in addition to the established antibiotic regime of the individual hospital/ unit.

Neslihan Ertas, MD, Surgery, Univ. Hosp. Bochum, In der Schornau 23-25, 44892 Bochum, Germany

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CARDIAC FUNCTION DERANGEMENTS IN PEDIATRIC BURN PATIENTS

William Norbury, Marc Jeschke, Ludwik Branski, Ronald Mlcak, David Herndon

Background: Severe thermal injury is followed by a period of hypermetabolism and catabolism that has been shown to last up to 24 months. However, little is known of the long term effects of this response on cardiac function. This study investigates cardiac derangements in massively burned children for a period of 2 years following the initial injury

Methods: Eighty-three pediatric patients with greater than 40% total body surface area (TBSA) burns were enrolled into the study. Cardiac Output, Stroke Volume, Cardiac index and Heart Rate were collected weekly on each patient during acute admission and subsequent follow up visits at 6, 9, 12, 18 and 24 months under controlled conditions. Patient results were divided into standard timepoints 0-10, 11-20, 21-40, 41-100, 100-200, 201-300, 301-400, 401-600 and 601-800 days post burn. Differences between timepoints and age groups were measured. Age groups were defined as 0-3, 4-10 and >10yrs old. The measured results were calculated as a percentage of predicted value, taken from normograms for age matched non-burned individuals. Statistical anal-