EP276 / #2166

ACTIVITY DETERMINATION OF CONGENITAL CYTOMEGALOVIRUS (CMV) INFECTION IN CHILDREN UNDER ONE YEAR

E-POSTER VIEWING: AS08. INFECTIONS IN EARLY LIFE / AS08A. CONGENITAL CMV

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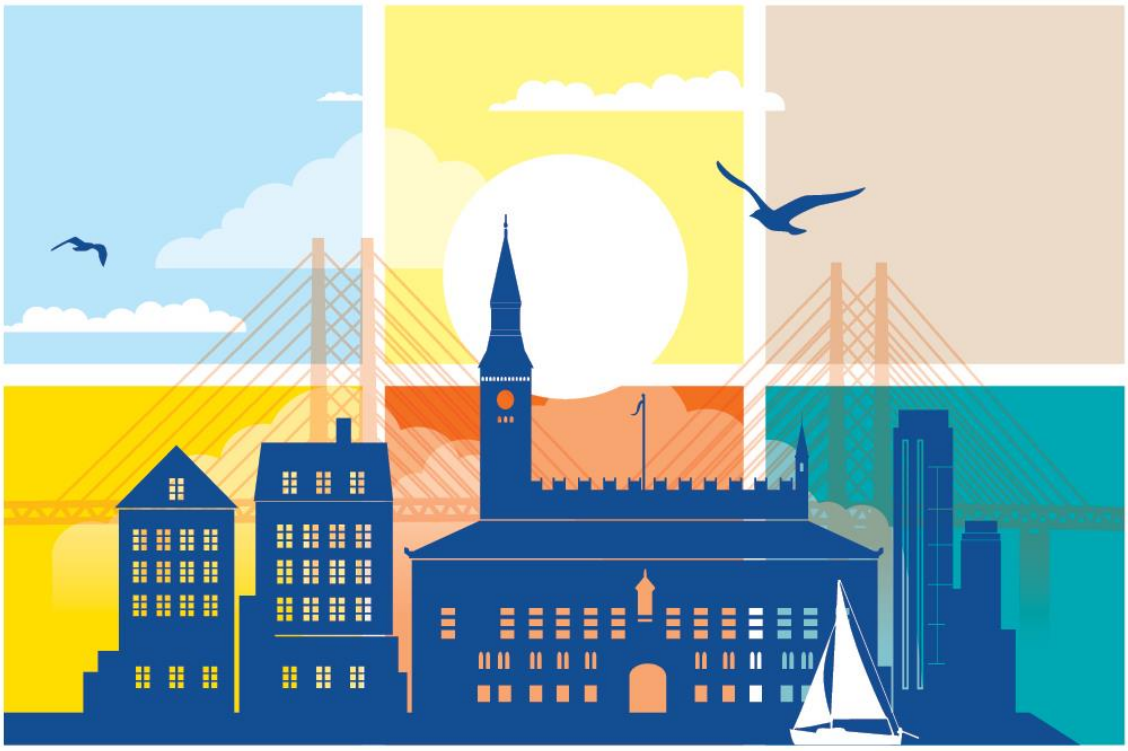
Background: The problem of congenital cytomegalovirus (cCMV) is extremely difficult and various. Prognostic markers of symptomatic cCMV infection are still uncertain. The optimization of diagnostic and antiviral therapy is necessary to reduce the burden of congenital CMV disease. The decision to start antiviral therapy in infants with symptomatic congenital CMV infection should involve adequate counsel regarding the potential benefits and risks of antiviral therapy.
Methods: We studied 23 children of the first year of life with clinical symptoms of cCMV and positive CMV DNA in the blood. Children made up 2 groups. Group I included 9 patients with active CMV, and Group II - 14 children with a latent form of infection.
Results: We assessed clinical signes of CMV (central nervous system involvement, chorioretinitis, sensorineural hearing loss, hepatitis), detection of CMV DNA via PCR in body fluids (saliva, urine, blood, CSF), viral load of CMV in blood or CSF, determination of pp65 antigenemia. The presence of clinical symptoms, detectable viral load and positive pp65 indicates active viral replication and disease progression. In this case, timely prescription of etiotropic therapy is necessary. However, the presence of an undetectable viral load, as well as its low values (less than 300 U/ml) in blood and negative pp65 means inactive infection and patients need further monitoring and control of a quantitative PCR test.
Conclusions/Learning Points: The decision for prescribing etiotropic therapy should be based on activity of CMV. The developed algorithm of active cytomegalovirus infection in infants helps to determine the indications for antiviral therapy. It will allow timely initiation or adjustment of treatment, thereby improving the prognosis, reducing disability and mortality in this group of patients.

ESPID 2024 ABSTRACT BOOK



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20-24 MAY 2024

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