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The infections of urogenital tract caused by candida glabrata or candidemia are particularly prevalent in immunocompromised but can happen in immunocompetent patients. In this case report, diabetes, use of SGLT-2 inhibitor, and azoles are main risk factors.

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#### 44 Quantitative PCR demonstrates the underestimated burden of Streptococcus pyogenes as a cause of paediatric pyoderma in The Gambia

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Pyoderma presents a significant public health problem in low-resourced countries where it is commonly associated with scabies. In these settings, skin infections due to Streptococcus pyogenes are increasingly implicated in the development of rheumatic heart disease (RhD). Establishing the true burden of S. pyogenes-related pyoderma is essential to understand the drivers of RhD and design future preventative interventions.

A previous survey in The Gambia demonstrated a high prevalence of pyoderma (17.4 %) in 1141 children <5yrs. Staphylococcus aureus was cultured from 80.8 % of pyoderma lesions and S. pyogenes from 50.8 %. Investigating archived swabs with a newly-developed multiplex quantitative PCR for S. aureus, S. pyogenes and Sarcoptes scabiei, we explored whether the presence of these pathogens was underestimated using clinical and culture-based bacteriology.

In the first 73/250 samples processed, culture identified S. pyogenes mono-infection in 8 %, S. aureus mono-infection in 38 % and co-infection in 44 %. S. pyogenes was identified in an additional 23 % (17/73) samples by qPCR, with S. pyogenes mono-infection in 11 % and co-infection in 64 %. Of these individuals 26 (36 %) were clinically diagnosed as having scabies and S. scabiei was detected in 3/73 (4 %) samples. Further work using the full dataset will analyse concordance between clinical classification, bacteriology and molecular methods of pathogen detection.

Our results suggest culture-based methods significantly underestimate the burden of S. pyogenes in pyoderma lesions in a setting endemic for RhD. Molecular methods should be used in enhanced surveillance for S. pyogenes in these settings to aid the design and assessment of future interventions against RhD.

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#### 45 Delayed transient agranulocytosis associated with long-term ceftriaxone OHPAT administration in patients with complicated pneumococcal infections

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##### Objective

To report two ceftriaxone-associated agranulocytosis at standard dose during outpatient parenteral antibiotic therapy (OHPAT).

##### Methods

We described two immunocompetent patient who had complicated pneumococcal meningitis treated with a prolonged course of ceftriaxone. Both patients were admitted with suspected meningitis on clinical and biochemical grounds. Both patients were started empirically on dexamethasone and ceftriaxone.

##### Results

After microbiological confirmation, ceftriaxone 2gr BD that was continued aiming at a 2-week duration as per BIA guidelines. However, the duration was extended due to complicating mastoiditis in Patient-1 and the development of a subdural collection in Patient-2 which required bur hole evacuation. Following a good initial clinical response, both patients were switched to ceftriaxone 4gr OD to continue IV antibiotic management as outpatients via our OHPAT service. Patient-1 developed neutropenia on the last day of her 21 days treatment with ceftriaxone while Patient-2 developed agranulocytosis 3 days after having completed a 29 days course of Ceftriaxone. One patient developed a neutropenic fever, requiring a short course of antimicrobial cover, but remained clinically well. Both patients responded to transient G-CSF administration(filgrastim) and their neutrophil counts recovered fully.

##### Conclusion

These cases illustrate an extremely rare but serious potential complication arising from the use of a standard dose and duration of parenteral ceftriaxone in the community. As OHPAT services expand throughout Europe, outpatient courses of ceftriaxone will increase, with a possible rise in the risk of serious adverse consequences, highlighting to OHPAT practitioners the importance of FBC monitoring, even beyond completion of IVAB's, in the community setting.

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#### 47 Definitive treatment of corticosteroid-refractory CNS TB paradoxical reaction: A mini-case series

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Central nervous system (CNS) paradoxical reaction after initial response to anti-tuberculous (anti-TB) treatment causes significant morbidity and mortality. Data pertaining to immunocompetent patients are scarce, however one case series estimated 13 % mortality. This mini case-series describes two cases of HIV-negative patients with corticosteroid-refractory CNS paradoxical reactions, and outlines two different paths to