

cure was achieved after 6 weeks of intravenous administration of antibiotic combinations, with no need for surgical treatment.

Conclusions: To our knowledge, this is the first case of community-acquired native valve endocarditis due to *P. stutzeri*. Elderly patients are more likely to experience infections due to non-virulent pathogens. Malnutrition and immunosenescence may contribute to uncommon infections' susceptibility. This case emphasizes the need for clinical recommendations for diagnosis and treatment of non-HACEK Gram-negative endocarditis.

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Perihepatitis associated with peritoneal tuberculosis mimicking male Fitz-Hugh-Curtis syndrome; a case report

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Perihepatitis is defined as inflammation of the peritoneal capsule of the liver. Fitz-Hugh-Curtis syndrome has been described as focal perihepatitis accompanying pelvic inflammatory disease caused by *Neisseria gonorrhoeae* and *Chlamydia trachomatis*. The highest incidence occurs in young, sexually active females. There are few reports in the literature of Fitz-Hugh-Curtis syndrome associated with pelvic infection by *Mycobacterium tuberculosis* in female patients. But none were reported with male patients. We experienced a case of perihepatitis in a 72-year-old male patient, associated with peritoneal tuberculosis, mimicking male Fitz-Hugh-Curtis syndrome in ED, and we report a case with a review of the literature.

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Pharmacokinetics of ertapenem administrated by subcutaneous or intravenous route in patients aged over 75. PHACINERTA, preliminary results

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Background: Antibiotic administration through subcutaneous (SC) injection is common practice in France, especially in Geriatrics as an alternative to IV route in case of poor venous access or delirium. Ertapenem is a long-acting parenteral carbapenem indicated especially in the treatment of extended spectrum β -lactamase (ESBL) producing enterobacteria infection. Sparse PKPD data are available for such a practice.

Methods: Patients >75yo receiving ertapenem (1g once daily) for at least 48h (IV or SC, steady state) were prospectively included after informed consent was obtained. Ertapenem concentrations (H0, H+0.5h and H+2.5h) were determined by Liquid chromatography-mass spectrometry and analysed regarding the administration route. Using our data, AUC (area under the curve) between 0 and 24 hours (AUC₀₋₂₄) was estimated using the trapezoid method. Computations were performed with the Monolix[®] software. Tolerance and efficacy were monitored as well.

Results: 10 (mean 87±7.0 yo) and 11 patients (mean 88±5.0 yo) were included in IV and SC group respectively. All patients completed the 3 blood collections. Mean ertapenem residual observed

concentrations were not different between IV (mean 11±8 ug/mL) and SC (11±7 ug/mL). At the end of the infusion, observed Peak concentration was 6-fold higher in the IV (186±98ug/mL) group compared to SC group (29±22 ug/mL) and 2 fold higher 2 hours after the end of the infusion (101±34 versus 58±36 ug/mL). Individual predicted AUC_{0-24h} were not significantly different between IV and SC groups (986±302 versus 887±212 ug/ml*h, p=0.27). More results regarding safety and efficacy are on progress.

Conclusions: The preliminary results of this original pharmacokinetics study on ertapenem support the hypothesis that SC administration could be an effective alternative to IV route. Confirmation of these results could avoid or shorten hospitalisation of this population.

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Predicting the 28-day mortality rate in elderly patients with community-acquired pneumonia: Evaluation of 11 risk prediction scores

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Introduction: Community-acquired pneumonia (CAP) is the most frequent cause of infectious disease-related morbidity, and mortality among all patients. Elderly patients are at a higher risk of developing severe CAP because of many underlying disease, changes in the health status. In this study, we evaluated the performance of existing risk scores for predicting the 28-day mortality rate in patients presenting with community-acquiring pneumonia (CAP) in an emergency department.

Methods: We conducted a cross-sectional study at the Celal Bayar University Hospital in Manisa, Turkey. The records of consecutive elderly patients with CAP were reviewed for this retrospective study. All patients were followed-up to assess their outcome within 28 days of the admission. The discriminative performance of the 11 risk prediction scores for patients with CAP was assessed using the area under the receiver operating characteristic curve (AUC).

Results: A total of 151 elderly patients [mean age, 76.6±7.8 years (range, 65–94 years); 65.6% men] with CAP were evaluated. There were 30 deaths by 28-day, an allcause mortality rate of 19.9%. All scores except the CAP-PIRO achieved an AUC greater than 0.700, demonstrating fair discriminative power. All scores were evaluated by the Z-test to see if there were significant difference between them.

Conclusion: Four of the existing scores had good discriminatory power (AUC >0.800) to predict the 28-day mortality rate. The best discrimination was demonstrated by CURB-age, a score designed for the elderly patients with CAP. Only one score was under the level that is considered to indicate fair discriminative power (AUC <0.700). Additional research is needed to determine the best risk score for predicting early mortality rates of elderly patients following CAP.

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Prediction of inhospital mortality in elderly patients with Chikungunya virus infection in Martinique (French West-Indies)

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Introduction: Chikungunya virus (CHIKV) infection spreads following an endemic-epidemic pattern with high prevalence [1–3]. Excess mortality has been reported during outbreak [4–6]. We aimed to predict inhospital mortality in 65+ population hospitalised with CHIKV Infection.

Methods: The study was performed in the University Hospital of