were normal. Initial managing team treated him as renal colic with uncontrolled Diabetes in observation ward. Reassessment 2 hours later showed a persistent flank pain with minimal skin erythema. Further probing questioning revealed discovered a suspicious travel history of multiple exposures to soil from his work as a palm oil estate supervisor. A working diagnosis of severe sepsis due to splenic abscess secondary to melioidosis was made. IV Unasyn and adequate fluid resuscitation was given. Formal Ultrasound showed Serratus Anterior abscess. Burkholderia pseudomallei was isolated. Patient was discharged weeks later after appropriate antibiotic course.

DISCUSSION AND CONCLUSION

Melioidosis is an infectious disease caused by a gram-negative bacterium, Burkholderia pseudomallei, found in soil and water. It is of public health importance in endemic areas, particularly in Southern Thailand, Malaysia and Northern Australia. Patient with diabetes is particularly susceptible with grave outcome. Since the organism is able to withstand a harsh environment, it is very resistant to antibiotic and can lie dormant in the body for years. Therefore antibiotic choice should be organism specific with a prolong course up to 6 month. A 10-years sample from IMR discovered Augmentin, Bactrim, Cefotaxim and Imipenem has the highest sensitivity compared to Ciprofloxacin and Tazosin. From this study it is suggested to give a combination of antibiotic is necessary for total eradication.

PP 35

"MY CHILD HEART BEAT AS FAST AS FERRARI" – A CASE OF SVT IN A 4 MONTHS OLD INFANT REVERTED USING ICE BUCKET CHALLENGE

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INTRODUCTION

We described a case of 4 four month old infant came to our Emergency department with Supraventricular Tachycardia

CASE DESCRIPTION

Supraventricular tachycardia is a life threatening condition where the heart beat exceed 150/min with abnormal rhythm arise from improper electrical activity of the heart.It is a rapid heart rhythm originated from or above the atrioventricular node. This is a case of SVT in a 4 four month old baby boy with no medical illness who has presented to us with rapid breathing and fever. The infant has high grade fever with core body temperature of 40 degree celcius and pulse rate 240/min, BP:99/47, tachypnoiec with respiratory rate 58 /min. The otherwise hydration was fair, with tears formation upon crying and having moist mucus membrance, lungs were clear, equal air entry and the abdomen was soft and nontender. The infant was promptly triaged to Red Zone and cardiac monitoring was done. The cardiac rhythm was analysed and noted to have supraventricular tachycardia. Steps were taken to revert the SVT to sinus rhythm using IV adenosine x3 via axillary venous access however but failed to revert cardiac rhythm. At the same time the infant was given bolus NS to improve

hydration status and suppository antipyretic (which was also given by the mother at home prior to presentation to the hospital). However, the infant condition remained same. Tepid sponging was done with ice water with close monitoring to prevent hypothermia. Surprisingly despite IV adenosine x 3 , child cardiac rhythm was only reverted to sinus rhythm after tepid sponging with iced water. Child was managed together with the paediatric team and subsequently transferred to paediatric ward and was treated as SVT secondary to presumed sepsis. In the ward other blood investigations revealed TSH and T4 level, electrolytes, CKMB and LDH were all normal. The hemoglobin level was 10.2g/dL. The echocardiography by the paediatric team revealed a small PFO patent foramen ovale. Child was discharged well after 3 days of hospitalisation.

LESSON LEARNT

Supraventricular tachycardia in a 4 months old infant is a rare and life threatening condition. As the child presented with high grade fever and rapid heart beat, it is necessary to reduce the core body temperature of child as one of the measurements to revert to sinus rhythm. Tepid sponging with ice water was a more accessible compared to conventional IV adenosine/ propanolol/ lignocaine. Message for doctors in distant district areas , it will be more convenient to manage patient with "Ice Bucket challenge" with close core temperature monitoring while transferring them to tertiary centres. This will be our second case of supraventricular tachycardia in paediatric population which cardiac rhythm been reverted to sinus rhythm using ice water- Ice Bucket Challenge" method.

PP 36

"ALL OF SUDDEN I CAN'T FEEL MY BOTH FEET" – A CASE OF BILATERAL ACUTE LIMB ISCHEMIA

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INTRODUCTION

We present a case of 52 years old man with past medical history of IHD (2 vessel disease and stented 6 times) and dilated cardiomyopathy presented to us with Acute Limb Ischemia.

CASE DESCRIPTION

A 52 years old man with medical history of IHD and dilated cardiomyopathy presented to us with acute onset of bilateral lower limb pain subsequently numbness. The initial vital signs included BP=124/75, PR= 71/min, RR=18/min, SPO2 =99 % under room air and temperature of 37 degree celcious. The cardiopulmonary and abdominal examination was were unremarkable. On the extremity examination, both limbs appeared dusky, cold clammy on to touch,

numbness reduced sensation over bilateral lower limb, poor capillary refill time crt less than 4 seconds, and SPO2 ranging 70-75% all toes. On vascular examination, femoral, dorsalis pedis and popliteal arteries were DPA and PTA not palapble, popliteal and femoral pulsation absent as well as and were confirmed with by doppler. Bedside ultrasound shows 2point compression test test shows compressible but with absence of popliteal artery pulsation. On neurologic examination, The power of