of exposure. Commonest in middle-aged (41-60y), corresponding to frequency of soil exposure and diabetes, which are major risk factors. Majority (108/127, 85%) were rural. Highest number were from Western Province (n=36) and North Western Province (n=33). There were no cases in the hill country with a cool climate and main crop tea/rubber, not rice. Thirty six patients presented between May/July and 41 between November/January, during the monsoons (60%) and a case cluster of 10 cases was seen in Batticaloa in Nov/Dec 2015 following heavy rains. Twenty six cases were farmers and a further 38 were involved in cultivation, giving soil exposure through cultivation as 64/129 (50%). Nine patients (7%) belonged to the defence forces and 15 (12%) were drivers. While men, farmers and rural populations predominated there was representation of every group including house wives (n=24), school children (n=10), professionals (n=5), business persons (n=6), white collar workers (n=10) and blue collar workers (n=8). Diabetes was the predominant risk factor (n=86, 68.5%), 17 were alcoholics and other organ disease was seen. Three children and two adults had thalassaemia. Melioidosis was seen in healthy persons (20/129,15.5%). Clinical presentations included community acquired sepsis and pneumonia, superficial and deep abscesses and septic arthritis. Central nervous system and genitourinary infection was reported. One had endocarditis. Mortality was 23% (30/129). However, if the 12 patients whose diagnosis was made post mortem were excluded, mortality was 15% (18/117). Eight patients relapsed.

Conclusions

Melioidosis is endemic in Sri Lanka with a wide geographic and demographic distribution. Improved diagnosis has led to reduced mortality. There is an urgent need to extend surveillance of melioidosis to under-resourced parts of the country and to populations at high risk.

PP 10

Is *Helicobacter pylori* a problem in patients with dyspeptic symptoms in Sri Lanka?

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Introduction

Prevalence of *Helicobacter pylori* (*H. pylori*) in patients presenting with dyspeptic symptoms varies between countries. In contrast to the early studies done in Sri Lanka, recent studies show very low prevalences of *H. pylori*. Primary resistance to clarithromycin is a problem worldwide.

Objective

To determine the proportion of *H. pylori* and the proportion of resistance to clarithromycin in isolates of *H. pylori* in patients presenting with dyspeptic symptoms to a tertiary care hospital in Sri Lanka.

Design, setting and methods

A cross sectional, descriptive, prospective study was carried out in the Departments of Microbiology, Surgery and Pathology of a University and Endoscopy unit in a tertiary care hospital from March 2014 to February 2016. Ethical approval was obtained by the Ethics Committee of the University.

Hundred and thirty eight symptomatic patients who required endoscopic examination, (as decided by the surgeon) were included in the study after obtaining informed written consent. Patients less than 18 years old were excluded.

A questionnaire was filled by an investigator to gather demographic data. Biopsy specimens from all the patients were tested for the presence of *H. pylori* by rapid in-house biopsy urease test and culture. Fifty eight specimens were tested by histology.

Results

Six of the 138 biopsies were positive by in-house biopsy urease test (4.3%). Unfortunately, we were unable to isolate *H. pylori* from any of the specimens. Only 3 biopsies showed histological changes compatible with *H. pylori* infection (5.2%), of which only 1 was positive by in-house biopsy urease test.

Conclusions

Our study shows very low proportions of *H. pylori* by culture, biopsy urease test and histology, which is in line with the recent studies done in Sri Lanka and other Asian countries. Further studies are warranted to find out the aetiology in patients with dyspeptic symptoms, as unnecessary usage of antibiotics in the management of patients may increase the risk of drug resistance.

PP 11

A case of oropagryngeal histoplasmosis from Sri Lanka

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