

International Virtual conference on Surgery and Anesthesia

October 13-14, 2022 | Webinar

Community acquired pneumonia in children

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Abstract:

Introduction: Community-acquired pneumonia (CAP) is defined as an acute infection of the pulmonary parenchyma with associated signs and symptoms in an individual who has been infected in the community as opposed to nosocomial pneumonia. The aim was to evaluate the epidemiological and clinical characteristics of children hospitalized with community-acquired pneumonia. **Material and method:** This is a prospective study conducted at University Hospital Centre "Mother Theresa" during the period 2015-2019 that includes 87 children aged 0-14 years who presented to the emergency department of the hospital and who were admitted with the diagnosis of pneumonia acquired in community. Through a file, sociodemographic, epidemiological, clinical and vaccination data were collected. To assess risk factors for pneumonia, children were compared with a control group matched by sex, age, economic level and residence. **Results:** The mean age of the children is 5.9 (± 5.3) years (6 months to 13 years) of which 57% are male and 42.5% female. The clinical form of pneumonia is mild in 33.3% of cases, moderate in 48.3% and severe in 18.4% of them. Among the different clinical signs depending on the age group, a significant difference was found for diarrhea ($p=0.03$) and dyspnea ($p=0.02$) which prevail in the age group ≤ 2 years in 53.8% and 61.5% of the cases of this age group, respectively. Risk factors for pneumonia were found: mother's age 25–34 years ($OR=1.7$ $p=0.03$), mother's employment in administration ($OR=1.9$ $p=0.04$), diarrhea in the last 2 weeks ($OR=1.6$ $p=0.02$), passive smoking in the family ($OR=2.1$ $p=0.01$), no. of family members ≥ 3 ($OR=1.6$ $p=0.03$), Other children in the family ($OR=3.1$ $p=0.02$) and school attendance ($OR=1.8$ $p=0.04$). **Conclusion:** None of the clinical or radiological data can clearly differentiate a bacterial pneumonia from an atypical or viral pneumonia. The diagnosis of pneumonia should be considered in infants and children with respiratory symptoms, especially cough, tachypnea, wheezing, and abnormal pulmonary examination.

Biography:

Floreta Korumi is a medical doctor, from Tirana, Albania. She has graduated on 1997 from the Faculty of Medicine, University of Tirana, Albania. In 2002 was specialized for four years in pediatrics and she is working at Emergency department at University Hospital "Mother Teresa" in Tirana. Currently she is doing her PhD in pediatrics from Tirana University, in Tirana - Albania. She is dedicated to the profession and also has several publications on this topic. **References** 1. Sherman A, Bennett J, Koranyi K, et al. Common Childhood Viral Infections. *Curr Probl Pediatr Adolesc Health Care* 2015; 2. Posfay-Barbe K.M., Zerr D.M., Pittet D. Infection control in paediatrics. *Lancet Infect Dis.* 2008; 3. Muhoza P, Danovaro-Holliday MC, Diallo MS, et al. Routine vaccination coverage – Worldwide, 2020 *MMWR Morb Mortal Wkly Rep.* 2021; 4. Koutlakis-Barron I, Hayden TA. Essentials of infection prevention in the pediatric population. *Int J Pediatr Doles Med.* 2016 5. Brenda L. Tesini Overview of Viral Infections in Children.