

# Infectii acute de cai respiratorii superioare

IACRS



# Clasificare IACRS

- Rinofaringita
- Amigdalita acuta, faringita streptococica
- Sinuzita
- Etmoidita
- Laringita
- Epiglotita
- Otita. Mastoidita

# Rinofaringita

- Cea mai frecventa boala la copil!!!
  - Sugar: rino-faringita
  - Copil, forme:
    - rinita - des virala, sau alergie
    - faringita
    - rino-faringita



# Etiologie

- **Infectii virale**
  - Adenovirus, sincitial respirator
  - Rhinovirus
  - Echovirus, Coronavirus
  - Para influenzavirus
  - Coxsackie virus
  - Cytomegalovirus (CMV)
  - EBV (mononucleoza) – aspect de membrana alba
- **Infectii bacteriene**
  - Streptococ beta hemolitic grup A
  - Stafilococ aureu
  - Haemophilus influenzae
  - Mycoplasma pneumoniae
  - Chlamydia trachomatis
- **Alte cauze:**
  - iritatii chimice, alergii

# Clinic

- Febra
- Congestie nazala
  - Rinoree apoasa, obstructie nazala, stranut
- Congestie faringiana
  - Amigdale hipertrofice +/- criptice, congestionate,
  - cu /fara exudat – depozit pultaceu
  - Petesii pe palat
- Conjunctivita in infectii virale cu adenovirus
- Disfagie, inapetenta, tuse uscata
- Adenopatie laterocervicala si submandibulara





## TERMOMETRE





# IACRS



- Clinic - Infectii virale:
  - Stare generala moderat alterata
  - Subfebrilitate, rinoree, congestie nazala, stranut, tuse, disfagie, faringe - veziculos, eritematos difuz
  - Forme particulare
    - Mononucleoza:
      - Virus Epstein Barr
      - False membrane pe amigdale
    - Herpangina:
      - Coxsackie virus
      - Vezicule periluetice inconjurate de halou eritematos



# Herpangina

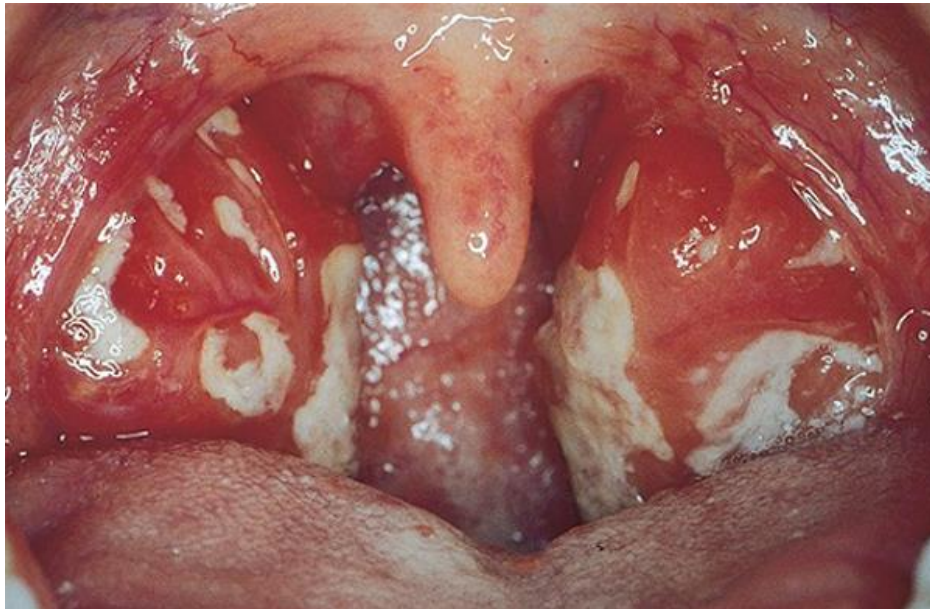
- Virus Cocksackie





# Mononucleoza

- Epstein Barr virus



# IACRS



- Clinic - Infectii bacteriene:
  - Febra peste 38.5, disfagie, amigdale hipertrofice cu depozite pultacee, adenopatie laterocervicala
    - Difterie – false membrane cenusii
    - Streptococ – depozite pultacee
    - Amigdala unilateral hipertrofiata – abces retrofaringian!



# Diagnostic diferential



# Investigatii de lab si paraclinice

- Laborator: in infectiile bacteriene pt dg + si diferencial
  - Exsudat faringian
  - HL, VSH, fibrinogen, CRP
  - Teste rapide pt. infectia streptococica:
    - Strip test
  - Serologie pt infectia cu:
    - EBV - mononucleoza: anticorpi specifici
    - CMV
- Consult ORL!

# Tratament

- Igieno-dietetic:
  - Lichide pt. hidratare
  - Ceai cu miere de albine pt fluidizare secretii
  - Alimente semisolide
- Medicamentos:
  - Etiologic
  - Patogenic
  - Simptomatic

# Tratament medicamentos

- Etiologic: Fara (in infectiile virale)!!!
- Patogenic: AINS
  - Ibuprofen – ex-Nurofen 10-20 mg/kg/zi in 2-3 prize (5 ml = 100/200 mg)
  - Paracetamol 30-50 mg/kg/zi in 2-3 prize
    - Ex - Panadol, Eferalgan, 5 ml = 120 mg
- Simptomatic:
  - Instilatii nazale cu solutii saline:
    - Marimer, Nazomer, Humex apa de mare, 3-4-5 x /zi
    - Ser Efedrinat 2 x pe zi, inainte de masa,cu precautii, max 3 zile
    - Oxymethazolin - Olynth 0.025% -sugari, 0.05% copii mici, 0.1% scolari, de 2 x pe zi, inainte de masa, max 3 zile
  - Indepartarea secretiilor cu pompita, “batista bebelasului”
  - Dezinfectante orofaringiene



# Tratament medicamentos

- Dezinfectante orofaringiene:
  - Sugari: Hexoral spray, 3 x 1 puff/zi gat
  - Copii mari:
    - Hexoral spray sau tb, 3 x 1 tb/zi po, suge, dupa mancare, pauza de alimente si lichide 30 minute
    - Orofar, Oropivalone, 3 x 1 tb/zi suge
    - Trachisan 3-4 x 1 tb/zi po suge (tirotricina-ATB strict local)
    - Faringosept 3 x 1 tb/zi suge
    - ISLA 3 x 1 tb/zi suge (muschi de Islanda)

# Evolutie, complicatii, prognostic

- Evolutie
  - Buna pt etiologia virala
  - Sub tratament buna pt etiologia bacteriana
- Complicatii:
  - Suprainfectie bacteriana in caz de etiologie virala
  - Otita, mastoidita
  - Sinuzita
  - Adenoidita
  - Abces retrofaringian
  - Traheita, pneumonie interstitiala
  - RAA
  - GN
- Prognostic bun, cu vindecare

# Faringita streptococica

- Infectie a faringelui cu Streptococ beta hemolitic gr. A
- Sezon: iarna sau primavara
- Varsta: 5-15 ani
- Clinic:
- Debut brusc:
  - stare generala influentata
  - febra mare peste 38.5 grade C
  - odinofagie, disfagie
  - adenopatie laterocervicala
- Examen obiectiv faringian:
  - Amigdale hipertrofice, hiperemice, cu depozite pultacee
  - Faringe intens congestionat, rosu - flacara, “tras cu creionul”

# Faringita streptococica



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Rosu “tras cu creionul”

# Amigdalita streptococica “pultacea”



# Faringita streptococica

- Paraclinic:
  - Lab:
    - leucocitoza cu neutrofilie,
    - probe inflamatorii pozitive: VSH, fibrinogen, CRP
    - exsudat faringian pozitiv pt streptococ beta hemolitic de grup A
    - ASLO,
    - Strip test-depistare rapida a Ag streptococice
  - ORL
- Evolutie:
  - buna sub tratament
  - complicatii fara tratament sau autolimitat, cu crestere titru ASLO
- Complicatii:
  - Supurative: abces retrofaringian, adenita supurata
    - Trismus, nu poate deschide gura bine, disfagie intensa la deglutitie, sialoree
  - Nesupurative: RAA, GNA



# Tratament

## Etiologic:

- Amoxicilina 5 ml=125/250 mg, sirop
  - 50 mg/kg/zi po in 2 prize, 7-10 zile
- Augmentin, 5 ml = 475 mg, tb 625 mg, tb 1200mg
  - 50 mg/kg/zi ca doza de amoxi
- Penicilina V
  - tb 250 mg, 2-3x1 tb/zi po copii mici, 3-4x1 tb/zi po copii mari si adolescenti,
  - tb 500 mg, 2 x 1 tb/zi po, adolescenti
- Claritromicina tb
  - 15 mg/kg/zi in 2 prize
- Eritromicina tb
  - 30-50 mg/kg/zi divizat in 4 prize
- Azitromicina tb
  - 20 mg/kg/zi in priza unica 3 zile,
  - 12 mg/kg/zi in doza unica 5 zile

# Tratament

- Cephalexin, 5 ml = 125/250 mg, sirop
  - 50 mg/kg/zi in 2-3 prize
- Ceclor, 5 ml = 125/250 mg, sirop
  - 40 mg/kg/zi po in 2 prize in infectiile severe si 20 mg/kg/zi in cele mai usoara
- Cedax, 5 ml = 46 mg, tb 500 mg
  - 9 mg/kg/zi po in priza unica
- Cefort, fl 1g=10 ml
  - Inj iv 100 mg/kg/zi in 2 prize
- Gentamicina, f 2 ml = 80 mg
  - Inj iv 5 mg/kg/zi in 2 prize

# Faringita streptococica recurenta

- Clindamicina tb 300 mg
  - Copii 20-30 mg/kg/zi in 3 prize, 10 zile
  - Adolescenti 600 mg/zi in 2-4 prize, 10 zile
- Augmentin sau Amoxi plus(cu acid clavulanic-clavulanat de K)
  - Copii 40 mg/kg/zi in 3 prize, 10 zile
  - Adolescenti 2 x 500 mg/zi, 10 zile
- Cefuroxim – Zinnat
  - Copii 20 mg/kg/zi in 2 prize, 10 zile
  - Adolescenti 2 x 250 mg/zi, 10 zile

# Tratament

- Patogenic:
  - AINS:
    - Ibuprofen,
    - Paracetamol
- Simptomatic:
  - Antitermic-analgezic:
    - Metamizol=Algocalmin sup., fiola, tb., Novocalmin sup. copii
  - Dezinfectante orofaringiene:
    - Almastru metyl, badijonaj local 3 x pe zi
    - Alcool diclorobenzilic – Strepsils, 3 x 1 tb/zi suge
    - Ambazona – Faringosept
    - Clorhexidina
    - Clorura de Dequalinium – Codecam
    - Hidroxid si borat fenilmercuric – Fenosept
    - Hexoral spray 3 x 1 puff/zi gat
    - Trachisan
    - Orofar, Oropivalone

# Faringita streptococica

- Evolutie:
  - buna sub tratament
  - complicatii fara tratament sau autolimitare, cu crestere titru ASLO
- Complicatii:
  - Supurative:
    - abces retrofaringian,
    - adenita supurata
  - Nesupurative:
    - RAA, GNA

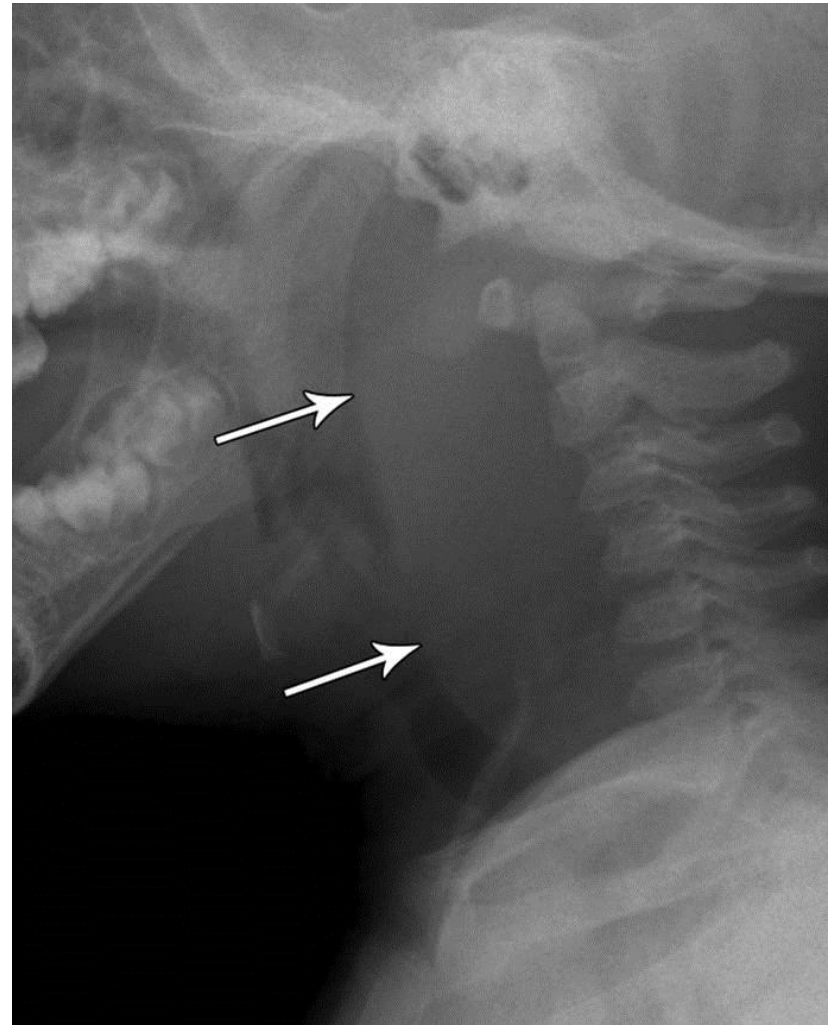
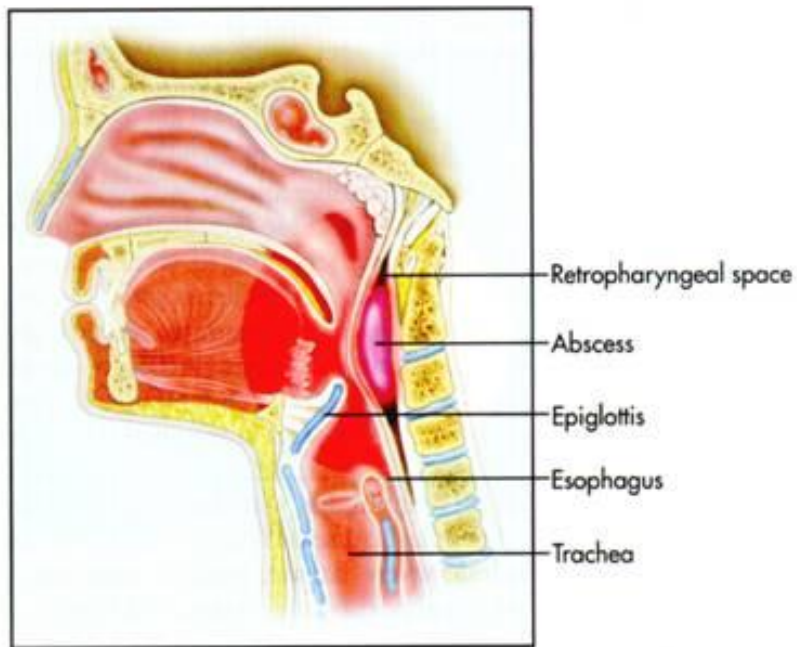
# Abces retrofaringian

- Clinic
  - trismus, nu poate deschide gura bine,
  - disfagie intensa la deglutitie, durere faringo-amigdaliana
  - febra mare





# Abces retrofaringian - Rx



# Adenoidita acuta



- Clinic:
  - Febra matinala, respiratie orala, secretii pe peretele posterior al faringelui
- ORL: tuseul vegetatiilor
- Tratament:
  - Alimentatie semisolida
  - Evitare frig si contacte infectante
  - Antibiotic dupa 3 zile de evolutie nefavorabila
    - Amoxicilina, Augmentin
  - AINS - Nurofen
  - DNF – Marimer, alternand cu Olynth, Vibrocil
  - Mucolitic – ACC, Fluimucil, Mucosolvan

# Adenoidita acuta

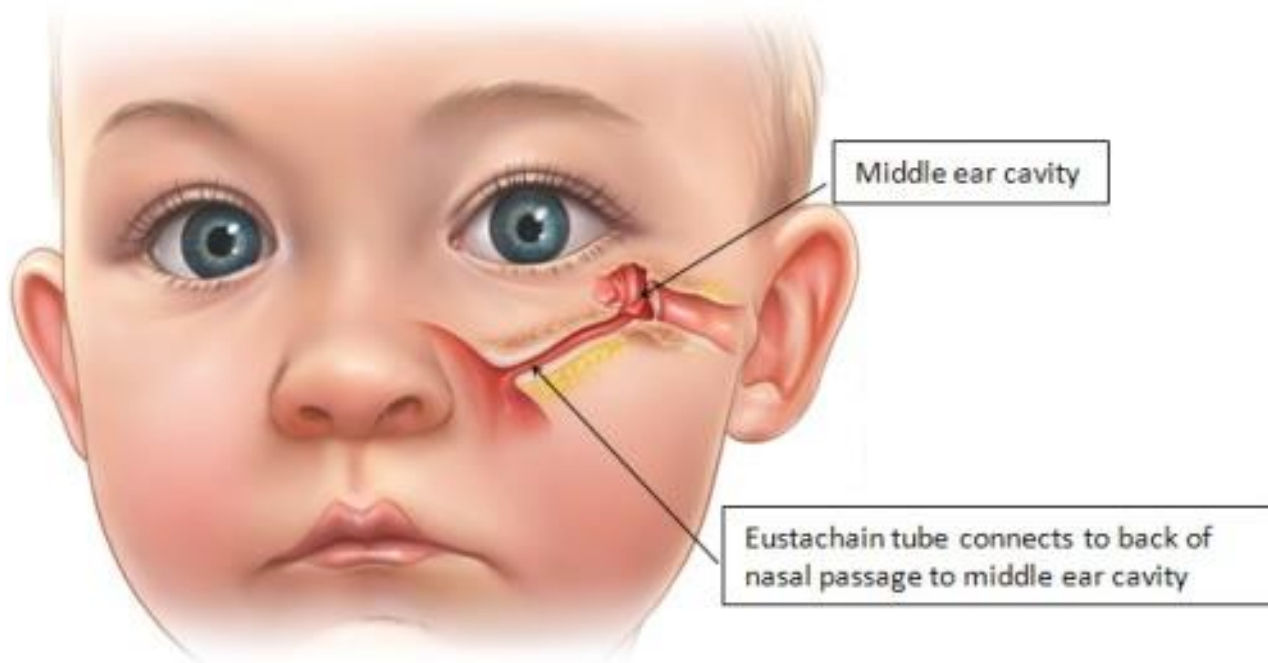
- Tratament:
  - Alimentatie semisolida
  - Evitare frig si contacte infectante
  - Antibiotic dupa 3 zile de evolutie nefavorabila
    - Amoxicilina 50 mg/kg/zi in 3 prize,
    - Augmentin
  - AINS:
    - Nurofen 10-20 mg/kg/zi in 3 prize
  - DNF:
    - Marimer, alternand cu Olynth, Vibrocil
  - Mucolitic:
    - ACC sirop
    - Fluimucil 100, 200 mg/plic/ sau sirop,
    - Mucosolvan sirop

# Adenoidita acuta

- Tratament chirurgical ORL
  - Ablatia vegetatiilor, daca:
    - Episoadele sunt recurente
    - Apare hipoacuzie
    - Scade randamentul scolar
    - Respiratia este permanent orala
    - Sforaie in somn
- Obs: Vegetatiile se pot reface!!!



# Otita medie congestiva (OMC)



# Otita medie acuta congestiva

- Clinic:
  - Otagie
  - Inapetenta, agitare la sugar- freaca capul pe perina
  - Rar sangerare nocturna pe perna – Otita acuta hemoragica, virala
- ORL:
  - Timpan rosu
- Tratament:
  - DNF:
    - Apa de mare – Marimer 3 x 1 puff/zi nas, alternand cu
    - Olynth –Xylometazolyn (0.025% sugari, 0.05% copii mici, 0.1% scolari) 2 x 1 puff/zi nas
  - Otocalm picaturi, 3 x 2 pic/zi urechi
  - AINS:
    - Nurofen 10-20 mg/kg/zi po in 2-3 prize
    - Paracetamol 30-50 mg/kg/zi in 2-3 prize
- Evolutie:
  - Vindecare
  - Supuratie: otita supurata



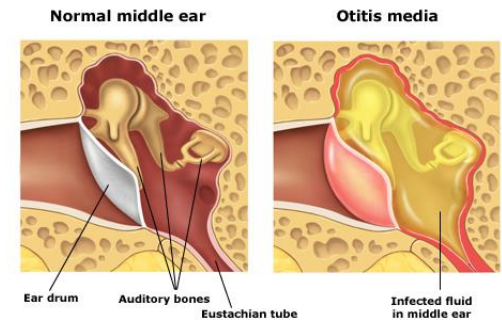


# ORL OMC

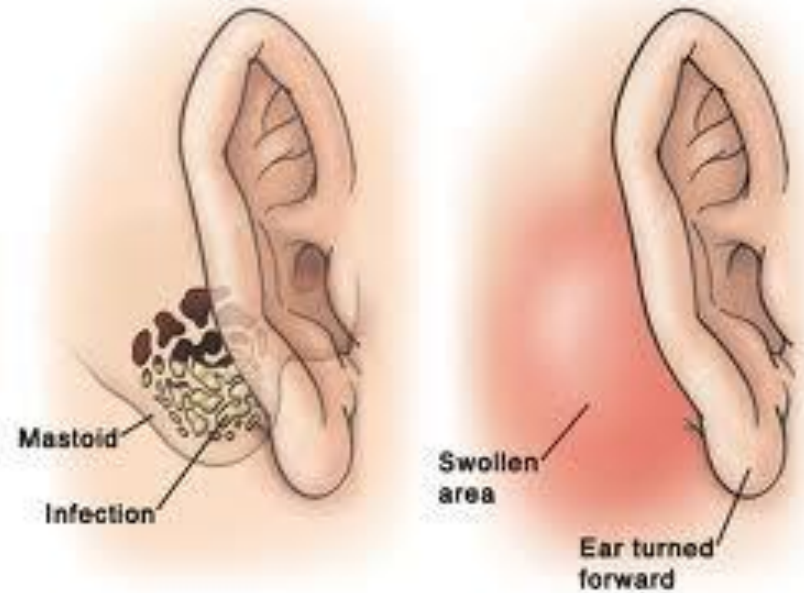
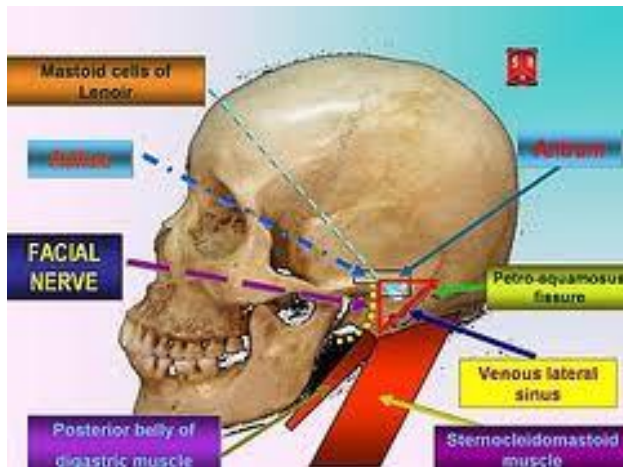


# Otita supurata

- Clinic:
  - Supuratie: secretii purulente, urat mirositoare,
  - Durerea redusa dupa perforare
  - ORL: bombarea timpanului sau perforarea acestuia
- Tratament:
  - Aspirarea secretiilor otice zilnic (ORL)
  - DNF
  - Solutie otica cu antibiotic:
    - Gentamicina, Tobramicina
    - Cloramfenicol – Betabioptal, 3 x 2 pic/zi
  - Evitarea contactului cu apa a timpanului, pana la vindecare



# Otomastoidita



# Otomastoidita

- Clinic:
  - Febra
  - Stergerea santului retroauricular
  - Inflamatiia antrului mastiodian:
    - roseata, caldura, durere
- Lab:
  - L, CRP, VSH, fibrinogen, crescute
  - Cultura secretii, cu antibiograma



# Otomastoidita

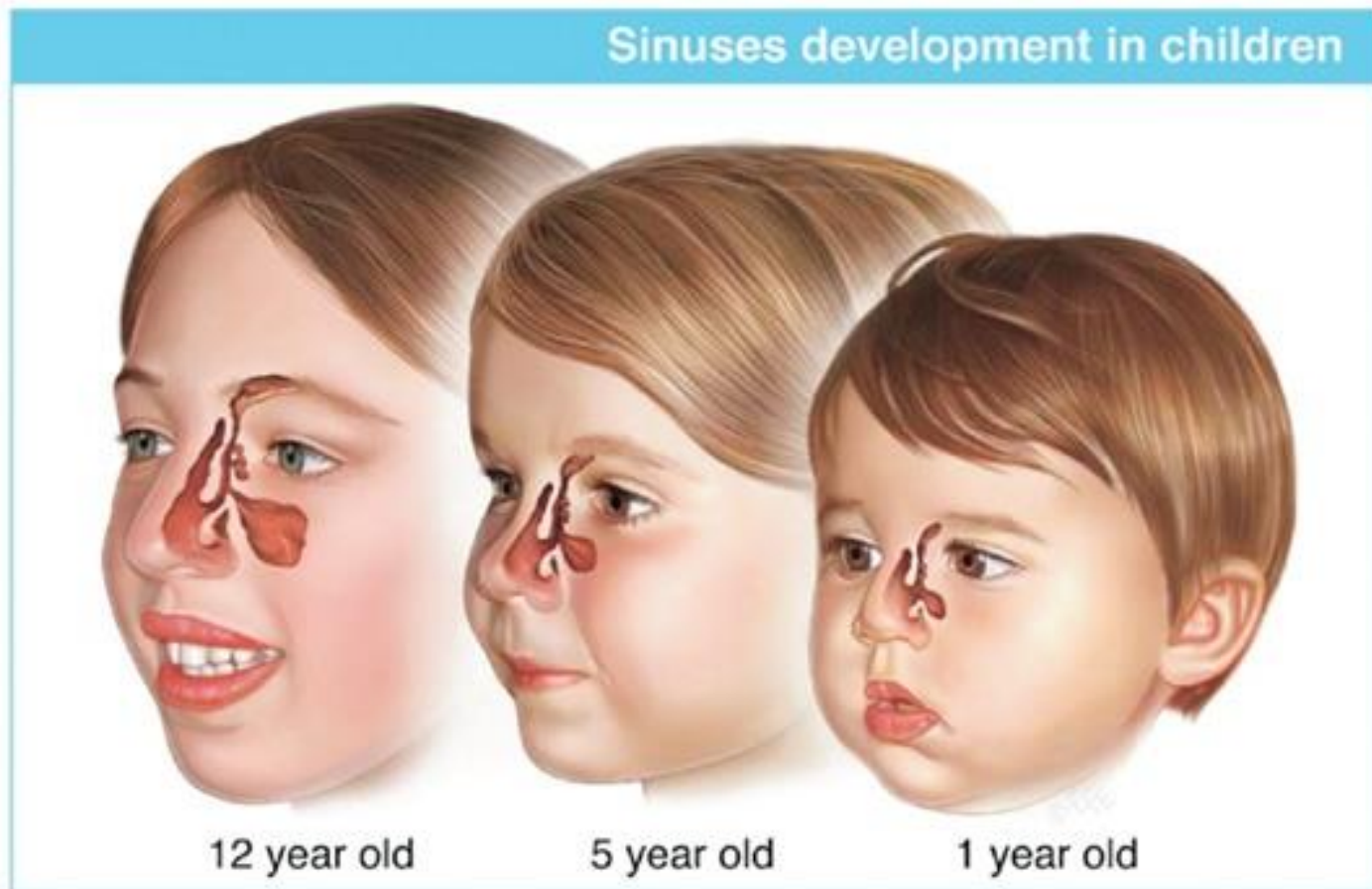


# Otomastoidita

- Tratament: spitalizare in general
  - ATB iv, AINS, chirurgical, cu drenaj,
  - ORL: miringotomie cu tub drenaj
- Complicatii:
  - surditate
  - septică – meningita, abces cerebral

# Sinuzita acuta

- Sinusurile nu sunt permeabile pana la varsta de 6 ani



# Sinuzita acuta

- Frontala:
  - cefalee, secretii nazale purulente, galben verzui
- Maxilara:
  - durere la compresiunea sinusului maxilar, rinoree purulenta
  - se cauta focar dentar
- Etmoidala:
  - durere, tumefactie, edem, roseata
- Laborator:
  - HL, CRP, VSH, fibrinogen, exudat nazal si faringian
- Evaluare ORL:
  - mesaj cu ser efedrinat, pentru drenarea secretiilor



# Sinuzita acuta



# Sinuzita acuta

- Rx sinusuri anterioare fata

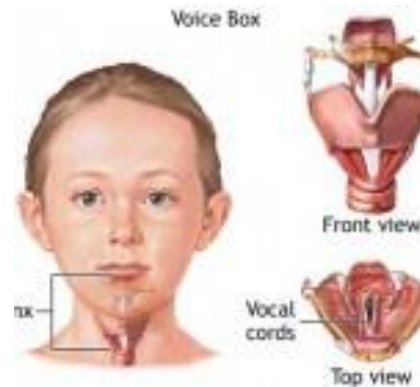


# Sinuzita acuta

- Tratatament:
  - Evitare frig
  - Antibiotic:
    - Augmentin, Cefalosporine (Ceclor, Zinnat, Cefort, etc)
  - AINS: Nurofen 30-50 mg/kg/zi po
  - DNF cu:
    - Ser efedrinat, alternand cu:
    - Olynth, Bixtonim
- Complicatii: locale si la distanta
  - Etmoidita
  - Abces intraorbital
  - Abces cerebral

# Laringita acuta

- Definitie: inflamatie a corzilor vocale



Normal vocal cords



Inflamed vocal cords

The ST Graphs by  
Nath Saksanya

- Clasificare:
  - Laringita catarala – virală
  - Laringita striduloasa – alergica, nocturna
  - Laringita acuta subglotica, severa

# Laringita acuta

- Catarala
  - Clinic:
    - Disfonie
    - Tuse productiva
    - Fara dispnee/tiraj
- Striduloasa, nocturna, spasmodica
  - Clinic:
    - Afebrilitate
    - Debut brusc, nocturn, panica, anxietate
    - Tuse productiva , latratoare, raguseala
    - Stridor
    - Rapid remisiv, dar poate recidiva



# Laringita acuta

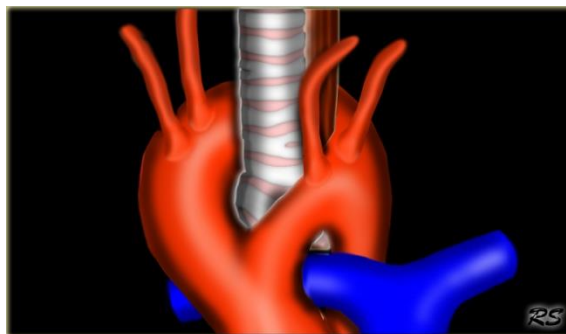
- Laringita acuta subglotica:
  - Stare generala moderat influentata
  - Prodrom de rinofaringita
  - Dispnee inspiratorie
  - Tiraj suprasternal, supraclavicular
  - Stridor
  - Tuse laringiana/latratoare
  - +/- disfonie



- Paraclinic doar in cea subglotica si epiglotita
  - Pulsoximetrie
  - pH sanguin si gazimetrie
  - Rx cervico-toracala
  - HL, pb inflamatorii, Hemocultura
- Investigatiile se efectueaza doar dupa ce pacientul a primit ingrijiri si nu mai prezinta pericol.
- ORL: laringoscopie cu prudenta, altfel poate produce spasm letal!!!
- Este necesara prezenta si a unui urgentist care poate intuba orotraheal in urgenta!!!

# Laringita acuta

- Diagnostic diferential pentru:
  - Stridor laringean acut
    - Edem laringian angioneurotic
    - Aspiratie de corp strain
    - Abces retrofaringian
  - Stridor laringean recurent, cronic
    - Larigo-traheo-malacie
    - Inel vascular





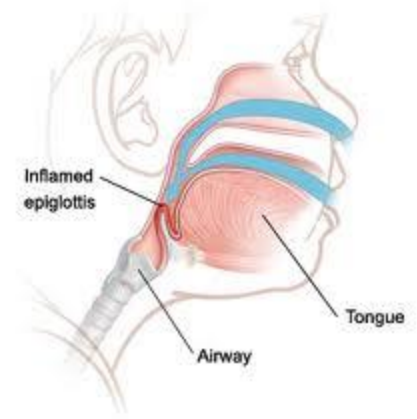
# Laringita acuta

- Tratament laringita catarala
  - Atmosfera umeda
  - Hidratare- ceai caldut cu miere
  - Alimente caldute
  - Dezinfectante faringiene
  - Compresa calda in jur gat
  - AINS la nevoie
- Tratament laringita striduloasa
  - Linistirea copilului, evitarea panicii
  - Compresa calda in jurul gatului
  - Lichide caldute

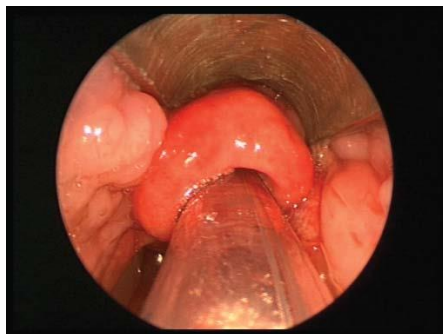
# Laringita acuta

- Tratament laringita acuta subglotica
  - Atmosfera umeda
  - Evitare: plans, agitatie, consult cu spatula
  - Corticoterapie IV
    - HSH 10-20 mg/kg/zi inj IV, fractionat in 3 prize
      - F 5 ml=25 mg
    - Dexamethazona 0.5 mg/kg/zi inj iv
      - F 2 ml = 8 mg
    - Solumedrol 5 mg/kg/zi in 2 prize in PEV
      - F 2 ml = 125 mg, 4 ml = 250 mg, 8 ml = 500 mg
  - Compresse calde in jur gat
  - Aerosoli cu adrenalina 1:1000 0.1-0.3 ml/kg (max 5 mg), de 2-3 x/zi + 2 ml SF
  - Oxigen
  - Monitorizarea functiilor vitale
  - IOT /traheotomie in cazuri extreme

# Epiglotita



- Clinic:
  - Debut acut cu odinofagie, stare toxica, anxietate
  - Pozitie de confort respirator, tripod
  - Extensia capului, gura deschisa, sialoree, limba proiectata anterior, lipsa de aer acuta!
  - Voce slaba, estompata, nu vorbește, de protectie



# Epiglotita

- Semne de gravitate - pacient instabil:
  - Deteriorarea starii generale
  - Transpiratii, tiraj intens
  - Lipsa acuta de aer, cu sete de aer
  - Sialoree intensa, imposibilitatea deglutitiei
  - Obnubilare/agitatie
  - Pozitie de tripod
  - Semne de oboseala-epuizarea muschilor respiratori, hipoxemie, hipercapnie

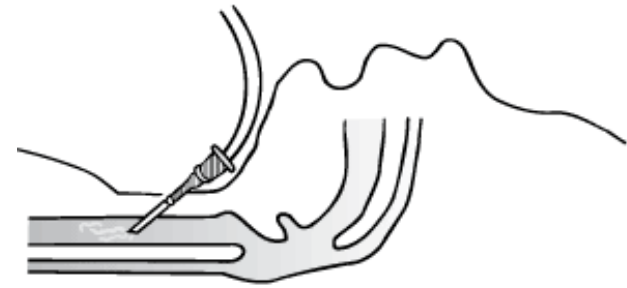


# Diagnostic diferencial

	Laringita striduloasa	Laringita ac subglotica	Epiglotita
Frecventa	+++	+	+/-
Varsta	3 l – 3 ani	1 – 2 ani	2 – 6 ani
Debut	Brusc, nocturn	Progresiv	Brusc
Apogeu detresa respiratorie	Debut	Progresiv	Brusc, ore
Febra	-	+	++
Stare generala	Buna	Rel buna	Alterata
Alte semne	Rapid regresiva	Favorabila	Tripod, disfagie, sialoree
Evolutie			Risc vital

# Epiglotita - tratament

- Corticoterapie
  - HSH 10-20 mg/kg/zi in 4 prize inj IV
  - Dexamethazona 0.5 mg/kg/prima priza inj im
- Oxigenoterapie
- ATB: Cefalosporine III
- IOT
- Traheostoma
- Jet insuflation - percutaneous transtracheal jet ventilation [PTJV]



i - Jet ventilation



Va multumesc!

