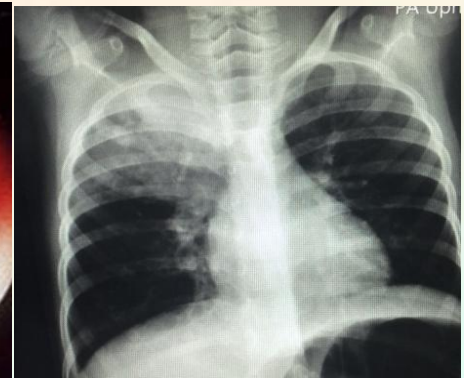
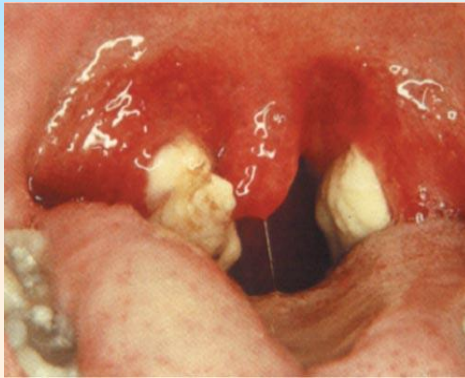




Challenging **Diagnosis** and **Treatment** in RTIs

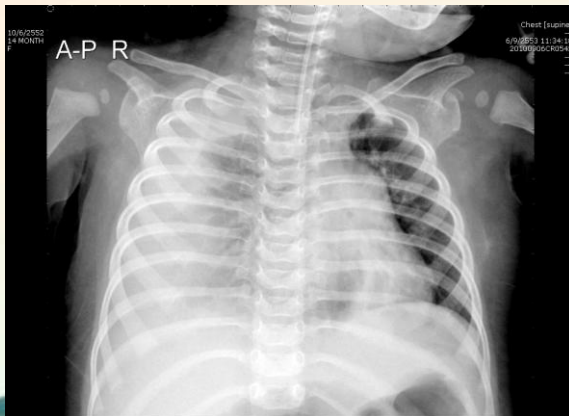


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The Management of Community-Acquired Pneumonia in Infants and Children Older Than 3 Months of Age: Clinical Practice Guidelines by the Pediatric Infectious Diseases Society and the Infectious Diseases Society of America

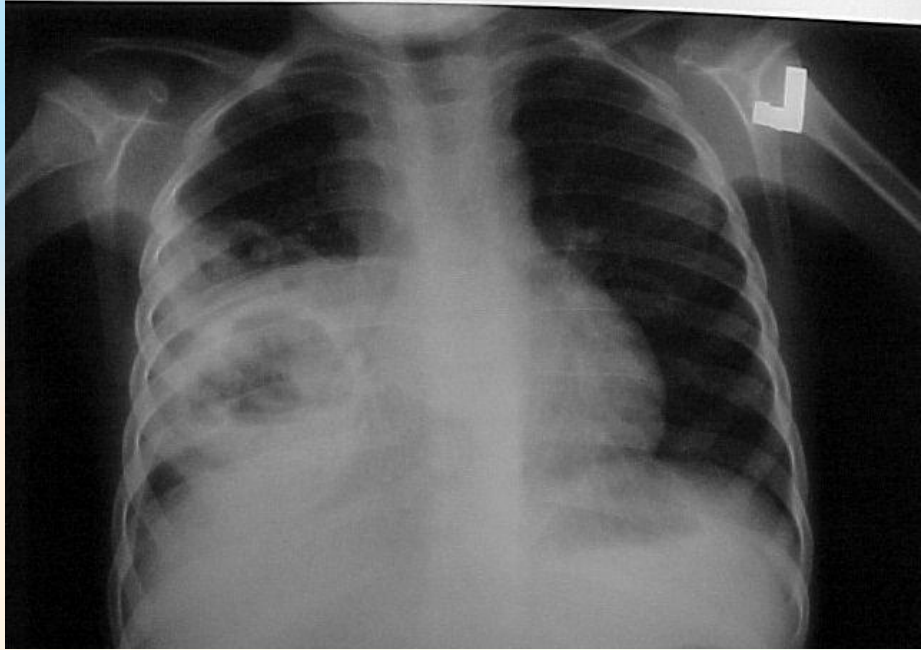
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Causes of CAP by Age Group

Pathogen	<3 months	3months – 5 years	>5 years
Bacteria			
<i>Streptococcus pneumoniae</i>	+++	+++	+++
<i>Hemophilus influenzae</i>	+	+++	+
<i>Staphylococcus aureus</i>	++	+	+
Group B Streptococcus	+++	-	-
<i>Mycoplasma pneumoniae</i>	+	++	+++
<i>Chlamydia pneumoniae</i>	-	+	++
Virus			
Influenza A, B	+	+++	++
Parainfluenza 1,2,3	±	+++	++
RSV	++	+++	+
Mixed viral-bacterial infection	++	++	+

CXR



- CXR is **not** necessary for the confirmation of CAP in the **outpatient** setting
- CXR is **not** routinely required in children who recover from CAP
- F/U CXR should be obtained inpatients with complicated pneumonia



Don't Treat Abnormal Imaging Without Infection

- Do not treat abnormal x-rays with ATB if the patient does not have systemic evidence of inflammation
- X-rays: Infiltrates may be due to non-infectious causes.

Ex: - Atelectasis
- Hemorrhage
- Pulmonary edema

