

Upper Respiratory Infections

Upper respiratory infections (URTIs) are very common in young children, so common in fact that a child may have as many as 10 infections between his first and second birthdays. These infections are more frequent in children at creches, and recurrent URTIs often coincide with a child starting at a creche.

It is important to distinguish between upper and the more serious middle and lower respiratory infections. Tachypnoea or recession suggest lower respiratory infection.

Colds are more severe in younger children, because the inflammation involves the paranasal sinuses and middle ear more often, and complications are more common.

A normal child may have up to 10 upper respiratory infections in the second year of life.

Nasal obstruction that interferes with feeding and sleep is the main reason for parents seeking treatment of "simple" colds. If obstruction is not a problem treatment is generally unnecessary. It can sometimes be worse than the disease (and more expensive!)

Management

Treat the symptoms when necessary but avoid over-medication.

Symptomatic

Antipyretics

Give paracetamol for symptomatic relief. 10mg/kg/dose, 6 hourly, as necessary.

Sodium bicarbonate or normal saline nose drops are of some help in clearing nasal secretions, and may also serve as a placebo.

Decongestants

These are only necessary when nasal obstruction interferes with feeding or sleeping.

Nose drops. Oxymetazoline 0,025% is effective, but do not use these nose drops for longer than 5 days because of the danger of rebound congestion, and rhinitis medicamentosa.

Oral. Those containing antihistamines may either make children drowsy, which itself interferes with feeding, or they may make them overactive, as can preparations containing pseudoephedrine alone. Do not give to children under 6 months of age.

Advice to Parents

- Explain that the disease will be self-limiting.
- Continue breastfeeding
- Maintain the child's fluid intake.
- Keep warm, but do not overheat.
- If nosedrops are prescribed do not use them for longer than 3 - 4 days.
- Seek further help if:
the child stops drinking
the child starts breathing fast
the parents are concerned that the child is sicker.

Complications

Otitis media is the most common complication. It usually appears after the acute phase of the "cold", and should be suspected if the fever

recurs. Middle and lower respiratory infections (laryngitis, bronchiolitis and pneumonia) occur in infants more commonly than older children. These infections may be due to the original virus or a secondary bacterial infection.

Other conditions to consider

Allergy. This may be seasonal (hayfever) with itchy skin, sneezing and a profuse watery discharge. Or it may be perennial, with a persistently blocked nose.

If a blocked nose does not interfere with feeding or sleep, treatment of a cold is unnecessary.

Bacterial superinfection of the viral infection. The discharge becomes purulent and there may be excoriation of the nose. Treat with an antibiotic.

Foreign body - if there is a unilateral purulent discharge.

Congenital syphilis - in a young infant where nasal stuffiness persists for more than a few days.

Although the pharynx is involved in most upper respiratory infections, the term "tonsillitis/pharyngitis" is used here to refer to conditions where the main involvement is in the throat.

Ninety percent of these infections are due to viruses, but the most important cause is the Group A Streptococcus.

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Clinical Features

It is not possible to differentiate reliably between viral and streptococcal infections on clinical grounds.

Consider infectious mononucleosis if the sore throat persists despite antibiotic therapy, or if there is prominent cervical lymphadenopathy or a tonsillar membrane.

Management

It is important to treat *all* patients with an antibiotic for 10 days because of the danger of developing acute rheumatic fever or acute glomerulonephritis in children over 2 years of age. Studies have shown that 10 days are required to eliminate the streptococcus and remove the risk of rheumatic fever.

Pen VK 50 mg/kg/day 6 hourly for 10 days or Benzathine Penicillin Fortified (Bicillin All Purpose, Penilente Forte) 600 000 - 1 200 000 units IMI stat

If allergic to penicillin use erythromycin 25-50 mg/kg/day 6 hourly for 10 days.

Advice for Parents

- *if on oral penicillin, complete the course*
- *keep the child warm but do not overheat*
- *maintain the child's fluid intake*
- *use paracetamol 6 hourly for pain or fever*
- *an analgesic mouthwash may relieve pain and ease swallowing, as may cold drinks and ice lollies.*

Consult the doctor again if:

- *the fever does not settle in 48 hours*
- *the pain is increasing*
- *increasing difficulty swallowing*
- *drooling*
- *increased swelling of the neck*

Tonsillar Membrane

The differential diagnosis includes:

- severe tonsillitis - but here the membrane is confined to the tonsillar fossa
- infectious mononucleosis
- post-tonsillectomy slough
- diphtheria
- agranulocytosis
- corrosive burns

Refer as indicated or if the diagnosis is in doubt.

Viral and streptococcal pharyngitis or tonsillitis are clinically indistinguishable.

Indications for Tonsillectomy

1. Four or more episodes of tonsillitis per year in the preceding 2 years.
2. Peritonsillar or intra-tonsillar abscess.
3. Unilateral tonsillar enlargement (possible tumour).
4. Obstructive sleep apnoea syndrome or cor pulmonale.

Indications for Adenoidectomy

The severity of symptoms is the most reliable method of determining the degree of obstruction.

1. Chronic upper airway obstruction especially if there are episodes of obstructive sleep apnoea.
2. Recurrent or persistent middle ear problems.

The 1992 edition of the Directory of Services for Children with Special Needs published by the Child Care Information Centre is now available.

The Directory provides information on health, education and social services for children with special needs as well as support groups for parents and resource centres.

The Directory is available from the Child Care Information Centre, cnr Liesbeek and Sawkins Roads, Rondebosch 7700 at a cost of R22,00 which includes VAT and postage or may be ordered by phoning Linda Davidson or Julie Elliott at (021) 689-1519.

To receive further copies of the newsletter or for further information, contact:

Paediatric Hotline
c/o Parke-Davis
241 Main Road
Retreat 7945.