

pbl ② Pediatric Respiratory Cases

they've higher rate than the adult.

- history
- physical examination → Nasal examination
- investigation

To know if the infection is bacterial or

viral

low fever

highly fever

upper respiratory

lower respiratory

more severe
but not always right

Case ①

Flu

Systemic presentation

Common Cold

Not Systemic presentation.

Fluenza A, B

"Rhinovirus"

Rhinitis

the most common cause of it.

Case ② - Antipyretic

↓
Paracetamol for children → and can be 4-5 days with hanted fever.

- PND for two weeks.

↓
Acute bacterial sinusitis → Imaging "X-ray"

↓
If it's chronic

- long nasal discharge.
- No sore throat.

→ in the skull

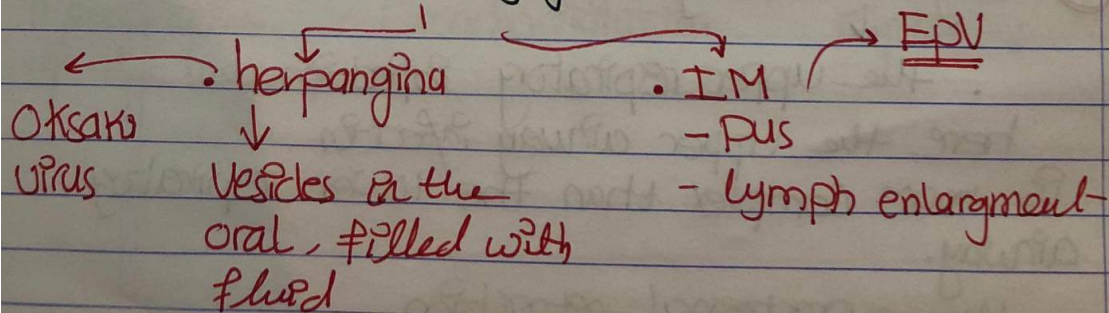
will be last for many months (3 months).

Sinusitis → in the X-ray → will be filled by fluid, But, normally it's empty

↓ Bad things can happen → Nasal discharge at long time.

Case ③ - Pharyngitis → has sore throat.

↓
Viral pharyngitis.



• Gingivostomatitis

↓
by primary herpetic

↓
Ulcer around the mouth

• Adenovirus

↓
gingivitis

- Common Cold + diarrhoeal

↓
enterovirus

- All the cough drugs → aren't effective
- Honey is affected

→ Antihistamine

↓
two generations

↘ Good for the children

↘ Can cause sedation
for children less than
6 months.

• Bacterial pharyngitis

↓

the best AB → Penicilline

↘ parainfluenza
virus.

Case (4) Cough - breaking sound -

↓

• the upper respiratory infection
here the upper airway infection
is more complex than the lower respiratory
airway.

• the suprasternal retraction

Case ⑤ - fever continuous → for ⑤ days
- Dyspnea

↓
Viral can impair the cilia of the cells that then will increase the infection of the bacteria.

Lower infection
↓

[Due to Auscultation sound and dysnea]

chest X-ray

[Bacterial pneumonia]

Blood culture

Can cause blood spread

↓ strep. pneumonia.

Case ⑥ - dysnea
- with winter every day.
- eczema
- tachycardia

chest exam.

Asthma

↓
Obstructive disease of the upper respiratory

- systemic steroids
- bronchodilation.

X-ray
↓
hyperinflation of the lung.