ÜSYE TEDAVİ GÜNCELLEMELERİ

UZM. DR. CEM MURAT BAL

KARTAL EĞİTİM VE ARAŞTIRMA HASTANESİ

PED.GÖĞÜS ÜNİTESİ

SUNU PLANI

- SOĞUK ALGINLIĞI
- STREPTOKKOKSİK FARANJİT
- AKUT OTİTİS MEDİA
- AKUT BAKTERİYEL RİNOSİNÜZİT
- EPİGLOTTİT
- CRUP
- BAKTERIYEL TRAKEIT
- DERİN BOYUN ABSE

SOĞUK ALGINLIĞI

I love doctors- they are dears;
But must they spend such years and years
Investigating such a lot
Of illness which no one's got,
When everybady, youn and old
Is frantic with the common cold?
And I will eat my only hat
If they know anything of that
Sir Alan Patrick Herbert (1890-1971)

SOĞUK ALGINLIĞI

CME REVIEW CMAJ

Prevention and treatment of the common cold: making sense of the evidence

G. Michael Allan MD, Bruce Arroll MB ChB PhD

1.Önleyici tedaviler

2.Farmakolojik tedaviler

3.Alternatif Tıp

Intervention	and dose	Evidence	Risk of bias	Outcome	Harms	Comment
Physical intervention[30]	El yikama alkol bazli el dez. eldiven ve maske	67 farkli cal.	yuksek	genel olarak	N95 daha etkili	faydali ob
Zinc supplement[31–33]	Cinko sulfat 10-15 mg	2RKC	yuksek	5-7 olan soguk alg sayi 0,5-1.4 azalma	haf. gis.rah	faydali
Probiotics[34–36]	Farkli organizma Kombin. form.	10 RKC	ilimli	soguk alginligi say > 1 azalma	yok	faydali
Gargling[37]	Cesme suyu 20 ml' 15 sn' 3 kez	RKC	dusuk	soguk alg.say. azaltiyor	Yok	faydali
Ginseng[38–40]	North American ginseng as COLD-FX brand in 5 of 6 RCTs (400 mg generally); Asian ginseng as Ginsana G115 brand	Systematic review (5 RCTs; $n = 747$) and single RCT ($n = 783$)	High (multiple variations of analysis)	Pooled analysis of 5 RCTs: no significant reduction in colds (relative risk 0.70, 95% CI 0.48 to 1.02); results of RCTs were inconsistent ($I^2 = 68\%$) Analysis of single RCT: no significant difference from placebo ($p = 0.23$)	No consistent difference	Unclear benefit
Exercise[41]	45 min of moderate-intensity exercise 5 d/wk	RCT ($n = 115$ overweight or obese postmenopausal women)	High (unclear allocation concealment and equivocal findings)	Significantly fewer self-reported colds per person-year in intervention group (0.55 v. 0.96 in control group, $p = 0.02$); no difference in URTIs between groups ($p = 0.16$)	Not reported	Unclear benefit

Intervention	Formulation and dose	Evidence	Risk of bias	Outcome	Harms	Comment
Garlic supplement[42,43]	Allicin powder 180 mg	Meta-analysis (1 RCT; *n* = 146)	High (1 trial had unclear allocation concealment)	73 participants in each group; over 90-d period, 24 colds in intervention group v. 65 in control group ($p < 0.001$); unclear how many had no colds	Not reported (other than 4 taking garlic and 1 taking placebo having a smell when burping)	Unclear benefit
Homeopathy[44–46]	Multiple different treatments	3 RCTs (*n* = 170, 142 and 199 children, respectively, aged ≤ 10 yr)	Moderate (2 trials had 15%–23% drop out before first dose; 1 was nonblinded)	2 placebo-controlled RCTs: no significant effect; 1 RCT with wait-list control showed reduced symptoms and days ill	1 of 3 RCTs reported adverse events; 22% had mild and transient adverse effects, but control group not mentioned	Unclear (likely no) benefit
Vitamin C[47]	Vitamin C 0.2–3 g/d (1 g/d most common)	Meta-analysis (29 RCTs; *n* = 11 306)	Unclear (reviewers used blinding as surrogate of allocation concealment)	Community participants: no effect (RR 0.97, 95% CI 0.94 to 1.00); participants exposed to cold or heavy physical stress: fewer colds (RR 0.48, 95% CI 0.35 to 0.64). Duration shorter than with placebo (mean difference –9.1%, 95% CI –12.6% to –5.6%). Effect not better with higher dose	None reported	No benefit (no meaningful benefit in the average patient)
Vitamin D[48,49]	Vitamin D 400 IU daily; 200 000 IU monthly for 2 mo, then 100 000 monthly	2 RCTs (*n* = 164 male military recruits, 322 health workers or students)	Moderate (high risk of bias in one trial, low risk in the other trial)	No consistent benefit	Likely none	No benefit
Echinacea[50]	*Echinacea purpurea*, *E. angustifolia* (pressed juice or extract in different dilutions and volumes)	Systematic review (2 RCTs; *n* = 519)	Low	3 comparisons, not pooled: none showed statistical difference from placebo in preventing colds	No significant difference from placebo	No benefit

Table 2 (part 1 of 2): Pharmacologic interventions for the treatment of the common cold

Intervention	Formulation and dose	Evidence	Risk of bias	Outcome	Harms	Comment
Antihistamine, monotherapy[51,52]	Various antihistamines	2 metaanaliz	orta	Tüm semp. Skoru iyileşme yok, subjektif rinorede azalma	sedasyon	Klinik etkisi yok
Antihistamine, combination therapy[53]	Antihistamine plus decongestant or analgesic or both	metaanaliz	yüksek	Semp.skor düzelme	Uyku boz Ağız kuru.	Büy.çoc .fay
Decongestant[54–57]	Oral phenylephrine and topical nasal decongestant	3 metaanaliz	yüksek	Naz.havayol. Direnc istat.azl. ama klin. önem yok	Uykusuzluk	Klinik onem olmayan fayda
Intranasal ipratropium[58]	Ipratropium 42–168 µg (1–2 sprays 3–4 times per day)			Rinore fayda	Burun kana. burun/agiz kuru.	

Table 2 (part 2 of 2): Pharmacologic interventions for the treatment of the common cold

Intervention	Formulation and dose	Evidence	Risk of bias	Outcome	Harms	Comment
Over-the-counter cough treatments[58]	Antitussif Antihistamin Mukolitik ekspek	metaanaliz	Yüksek	Çoc. Fayda yok Yetişk. komb.tutarsız	Inconsistently reported	No benefit in children; benefit unclear (but likely small) in adults
Vapour rub[59]	5–10 mL rubbed on chest and neck one night	RKÇ	Orta	Çoc./aile uykusunda iyi.	Cild/göz nazal yanma	Unclear benefit, but harms present
NSAID[60]	7 different NSAIDs used (ibuprofen most common)	Meta-analysis (9 RCTs; *n* = 1069 adults)	Moderate (main limitation was missing information on randomization)	No improvement in duration of cold, overall symptoms or most respiratory symptoms; improvement in some pain areas (ear, muscles, headache) but not sore throat	Nonsignificant trend to increased adverse events (risk ratio 2.94, 95% CI 0.51 to 17.03)	Likely beneficial for pain; no benefit for other symptoms
Acetaminophen (paracetamol)[61–64]	1000 mg 4 times daily in adults or 15 mg/kg in children	2 RCTs (*n* = 90 children, 392 adults), plus 2 meta-analyses focused on fever	Moderate (few trials with limited randomization and allocation information)	Overall, acetaminophen was more effective than placebo in reducing fever and providing mild analgesia; it was less effective than ibuprofen in fever control (in children)	Adverse events higher with 1000 mg acetaminophen v. (25% v. 5%, $p < 0.001$); all events were mild or moderate (e.g., sweating)	Likely effective for fever and analgesia v. placebo; inferior to ibuprofen for fever control
Antibiotic[65]	Various antibiotics	Meta-analysis (6 RCTs; *n* = 1047 adults and children)	Moderate (some trial quality concerns and inconsistent results)	No effect on reduction of persistent symptoms (risk ratio 0.95, 95% CI 0.59 to 1.51)	Adverse events increased (relative risk 1.8, 95% CI 1.01 to 3.21)	No benefit, and harms present

Table 3: Alternative and nonpharmacologic interventions for the treatment of the common cold

Intervention	Formulation and dose	Evidence	Risk of bias	Outcome	Harms	Comment
Honey[71–73]	Yatma zam. 2.5-10 ml	3 RKÇ	Orta	faydalı	yok	Öksürük faydalı
Zinc, oral[74]	Different formulations, doses, frequency; zinc gluconate 23-mg lozenge every 2 h most common	metaanaliz	Orta	Semp. Şiddet süre az.	Ağızda kötü tat bulantı	Probable benefit in adults, but harms present; no benefit in children
Nasal irrigation[75]	Generally, saline drops (children) or irrigation	Systematic review and meta-analysis (3 RCTs, *n* = 618)	High (multiple outcomes, most nonsignificant, and quality issues in RCTs)	Pooled analysis of 2 RCTs: no difference in nasal symptom score; other results inconsistent	13% nasal irritation, 30% dry nose, 40% of infants intolerant of nasal drops	Unclear benefit
Humidified air[76]	Heated water (42°C–47°C), vapourized	Systematic review and meta-analysis (6 RCTs, *n* = 394)	Moderate (unclear allocation concealment and mixed results)	Pooled analysis of 2 RCTs: fewer participants with persistent symptoms (Peto OR 0.31, 95% CI 0.16 to 0.60); very inconsistent results (I^2 = 89%)	Increased harms, including mask discomfort and increased nasal congestion	Unclear benefit
Echinacea[50]	Variable formulations and dosing; *E. purpurea* most common	Systematic review (14 RCTs, *n* = 2090)	Moderate (some trial quality issues, and inconsistent formulations, cold definitions and results)	Inconsistent results (not pooled); for example, 1 of 6 studies showed improved duration and severity of symptoms	No evidence of harms	Unclear benefit
Chinese medicinal herbs[77]	Various formulations	Systematic review (17 RCTs, *n* = 3212)	High (poor trial quality)	Data not pooled; 1 of 17 RCTs showed improved severity of symptoms	Not reported	Unclear (likely no) benefit
Ginseng[78]	North American ginseng extract in standard dose (26 mg/kg on day 1, 17 mg/kg on day 2, 9 mg/kg on day 3) v. low dose (half the amounts on each day) v. placebo	1 RCT (*n* = 46 children aged 3–12 yr)	Low (high-quality trial)	No effects reported	No increase in adverse events	Unclear benefit
Vitamin C[47]	1.5–4 g for 1–5 d	Meta-analysis (7 trials, *n* = 3294 colds)	Moderate (reviewers used blinding as a surrogate of allocation concealment)	Pooled analysis of 7 RCTs: no effect on duration	No evidence of harms	No benefit
Zinc, intranasal[79,80]	Zinc nasal spray 33 mmol/L, each nostril 4 times daily (2.1 mg total) in 2 of 3 studies	Meta-analysis (3 studies, *n* = 453)	Moderate (high heterogeneity, possible nonblinding and poor description of randomization)	Pooled analysis of 3 RCTs: no significant effect on presence of symptoms at day 3	Nasal burning and stinging; unresolved concern of permanent loss	Do not use (unclear benefit and possible serious harm

Eur J Pediatr (2003) 162: 168–176
DOI 10.1007/s00431-002-1138-y

ORIGINAL PAPER

Christoph Grüber · Annette Riesberg · Ulrich Mansmann
Paul Knipschild · Ulrich Wahn · Malte Bühring

The effect of hydrotherapy on the incidence of common cold episodes in children: a randomised clinical trial

Ludwig *et al. Respiratory Research* 2013, **14**:124
http://respiratory-research.com/content/14/1/124

RESEARCH Open Access

Efficacy of a Carrageenan nasal spray in patients with common cold: a randomized controlled trial

Martin Ludwig[1], Elisabeth Enzenhofer[1], Sven Schneider[1], Margit Rauch[2], Angelika Bodenteich[3], Kurt Neumann[4], Eva Prieschl-Grassauer[3], Andreas Grassauer[3], Thomas Lion[2,5] and Christian A Mueller[1*]

SOĞUK ALGINLIĞI ANTIVIRAL TEDAVI

influenza için nöraminidaz inh.

- semptom süresini %26
- AOM insidansını %19'dan %9'a

rinovirus için plecoranil

Efficacy and Safety of Oral Pleconaril for Treatment of Colds Due to Picornaviruses in Adults: Results of 2 Double-Blind, Randomized, Placebo-Controlled Trials

Frederick G. Hayden,[1] Darrell T. Herrington,[2] Teresa L. Coats,[3] Kenneth Kim,[4] Ellen C. Cooper,[5] Stephen A. Villano,[5] Siyu Liu,[5] Spencer Hudson,[5] Daniel C. Pevear,[5] Marc Collett,[5] Mark McKinlay,[5] and the Pleconaril Respiratory Infection Study Group[a]

[1]University of Virginia, Charlottesville, Virginia; [2]West Texas Medical Associates, San Angelo, and [3]Central Austin Internists, Austin, Texas; [4]West Coast Clinical Trials, Long Beach, California; and [5]ViroPharma Incorporated, Exton, Pennsylvania

Safety and Efficacy Evaluation of Pleconaril for Treatment of the Common Cold FREE

Fleischer Russell ✉, Katherine Laessig

Clinical Infectious Diseases, Volume 37, Issue 12, 15 December 2003, Pages 1722,
https://doi.org/10.1086/379830
Published: 15 December 2003

AKUT STREPTOKKAL FARANGİT TANI

Klin,vir. Üsye şüph.
Burun akıntı
Öksürük
Konjiktivit
Ses kısıklığı
Oral ülcer
Viral ekzantem

Klin.GAS ile uyumlu
Ateş>38 C
Ani başlangıçlı boğ.ağrısı
Tonsillofarangial/uvular ödem
Tonsillofaringeal exuda
Ağrılı serv.LAP.
Kızıl döküntüsü
GAS maruziyet öyküsü

evet

RAT

Pozitif

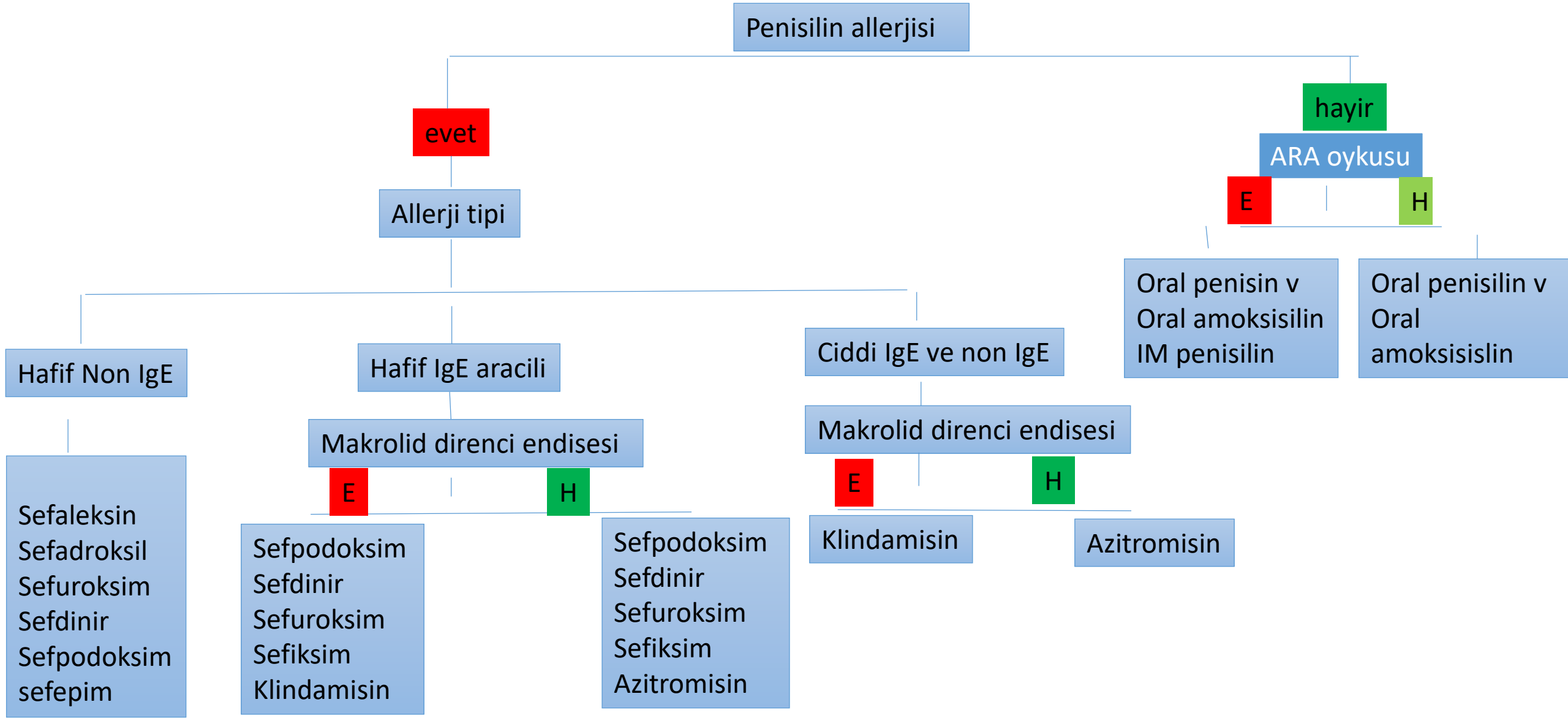
Negatif

GAS prev. Yüksek(kreş)
ARA öyküsü
İmmun Yet
ARA'lı yada İY olgu ile yakın temas

Boğaz kültürü

Kesin değil
Ateş >38 C
Tons. Eks.
Ağrılı Serv. LAP
Öksürük yok
>2 fazla

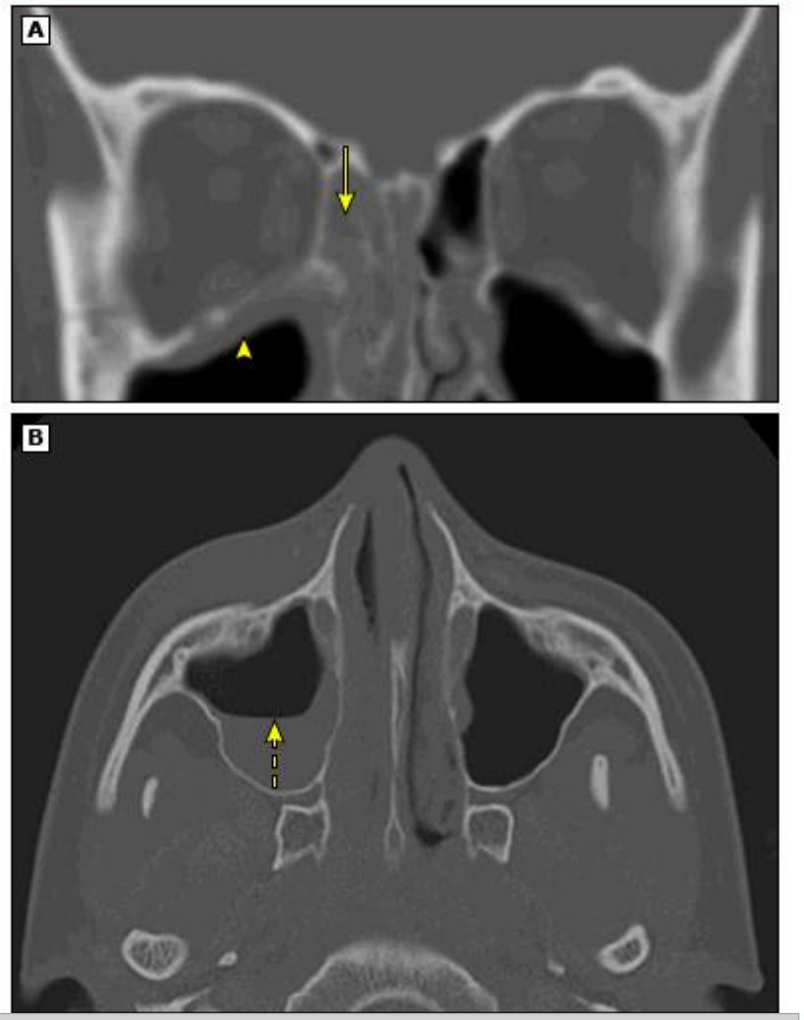
STREPTOKOKAL TONSILLOFARANJIT TEDAVISI



AKUT BAKTERIYEL RINOSINÜZIT TANI

klinik sunum	tanim
persistan semptom	>10 günden nazal yakınma, öksürük
şiddetli semptom	>3 günden, 39 C ateş ve pürülan nazal akıntı
kötüleşen semptom	başlangıçta düzelen solunum semptomları kötüleşir yada ateş / başağrısı ilave olursa

RINOSINUZITIN BT BULGULARI

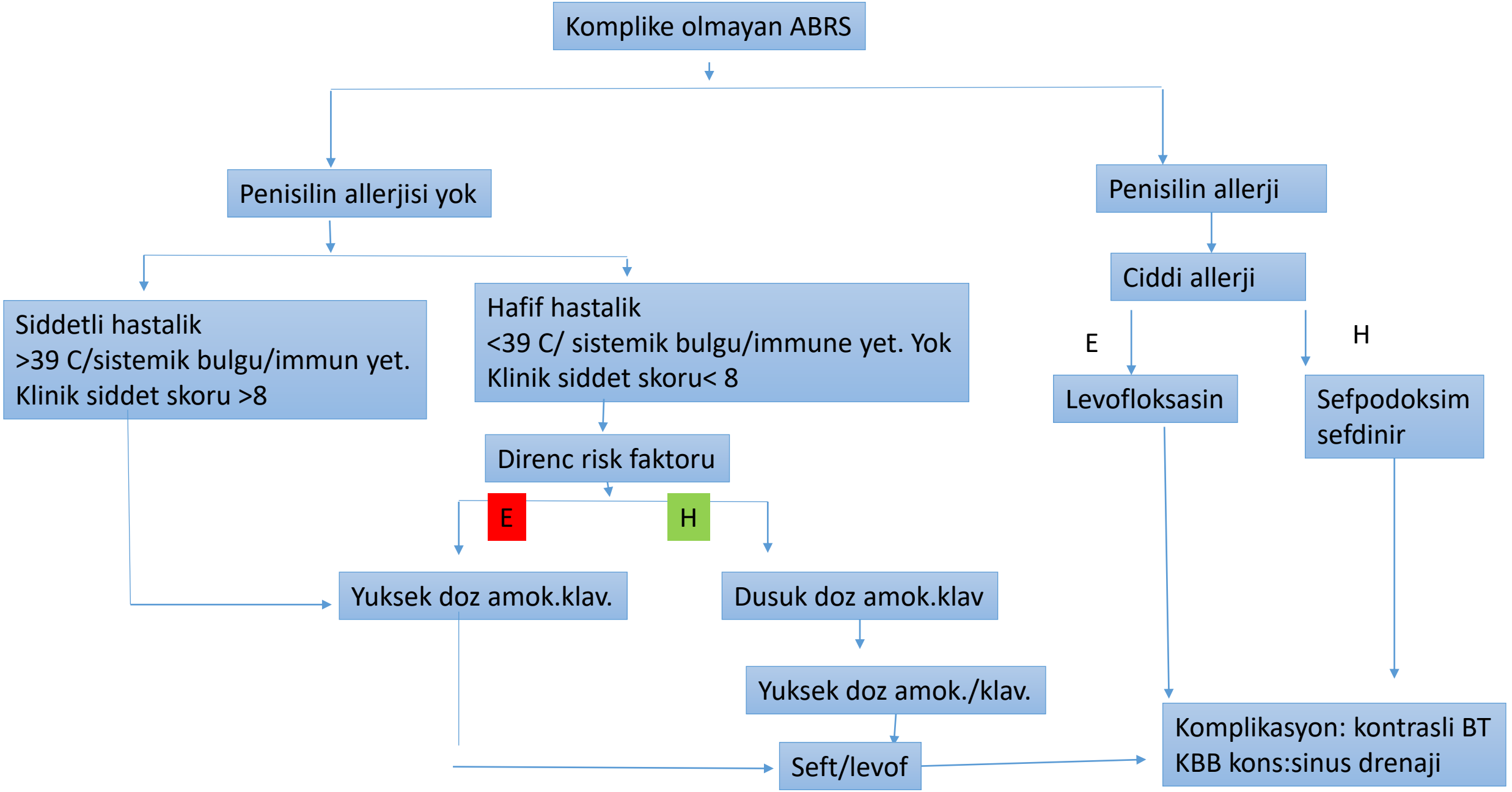


Koranal BT: sag etmoid sinus opasifikasyonu, maksillar sinus tepesinde mukozal kalinlasma
Aksial BT: hava sivi seviyesi

ABRS DE KLINIK SIDDET SKORU

Semptom ve bulgu	puan
Nazal veya postnazal akinti	
minimal	1
ciddi	2
Nazal konjesyon	1
Oksuruk	2
Nefes kokusu	1
Yuz Duyarliligi	3
Eritamatoz nazal mukoza	1
Ates	
<38 C	1
>38 C	2
Basagrisi (retroorbital)/huzursuzluk	
Siddetli	3
Hafif	1

AKUT BAKTERIYEL RINOSINUZUT TEDAVI ALGORITM



ABRS TEDAVI

Hospitalizasyon gereken ABRS

↓

Ampisilin- sulbaktam
Sefotaksim
Seftriakson
Levofloksasin

↓

Vankomisin
+
metronidazol

Adjuvan tedaviler:

Intranazal steroid

Salinle yikama

Nazal dekonjestan

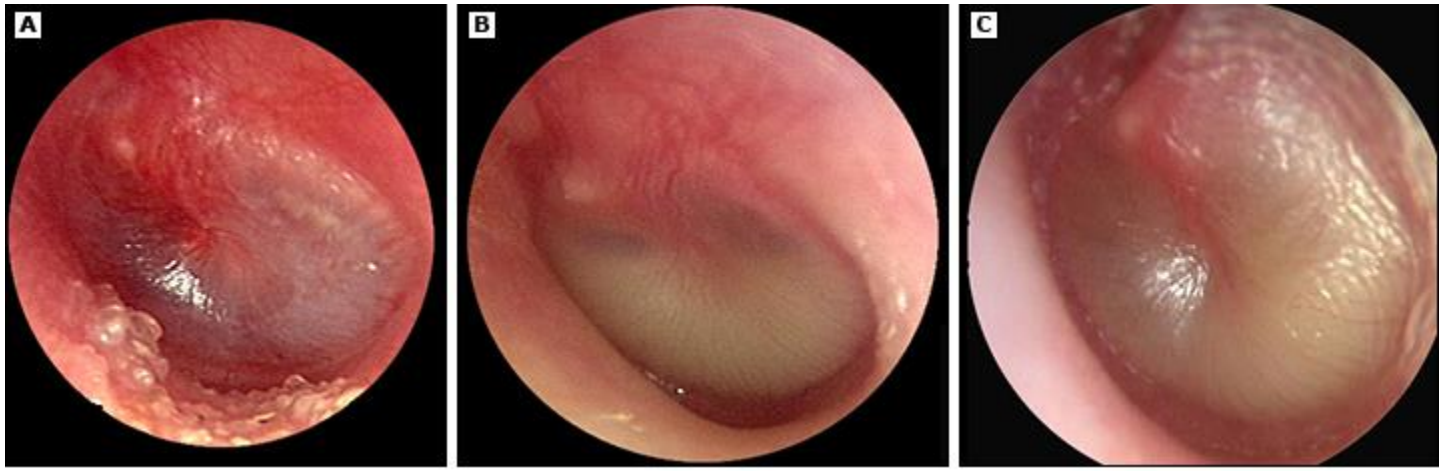
Mukolitik

Antihistaminik

AKUT OTITIS MEDIA

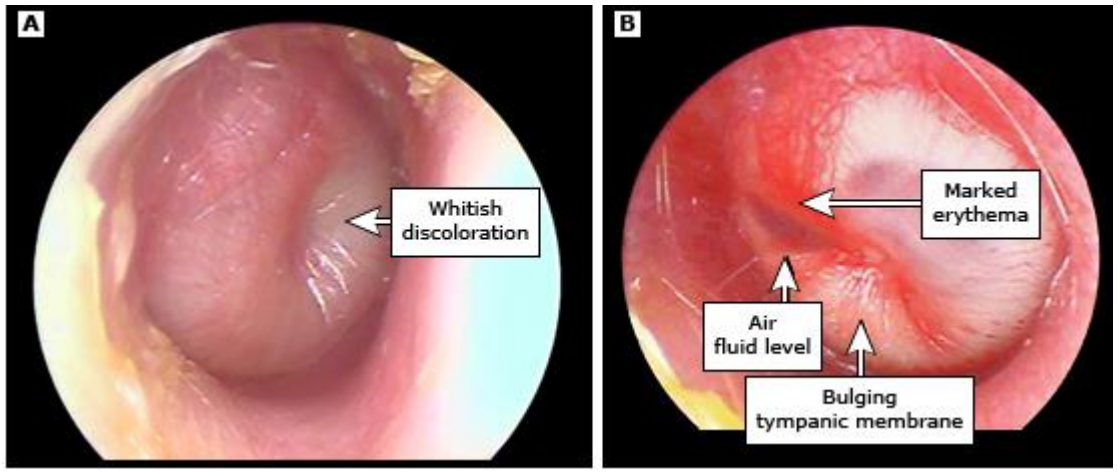
Normal timpanik membran

AOM progresyonu

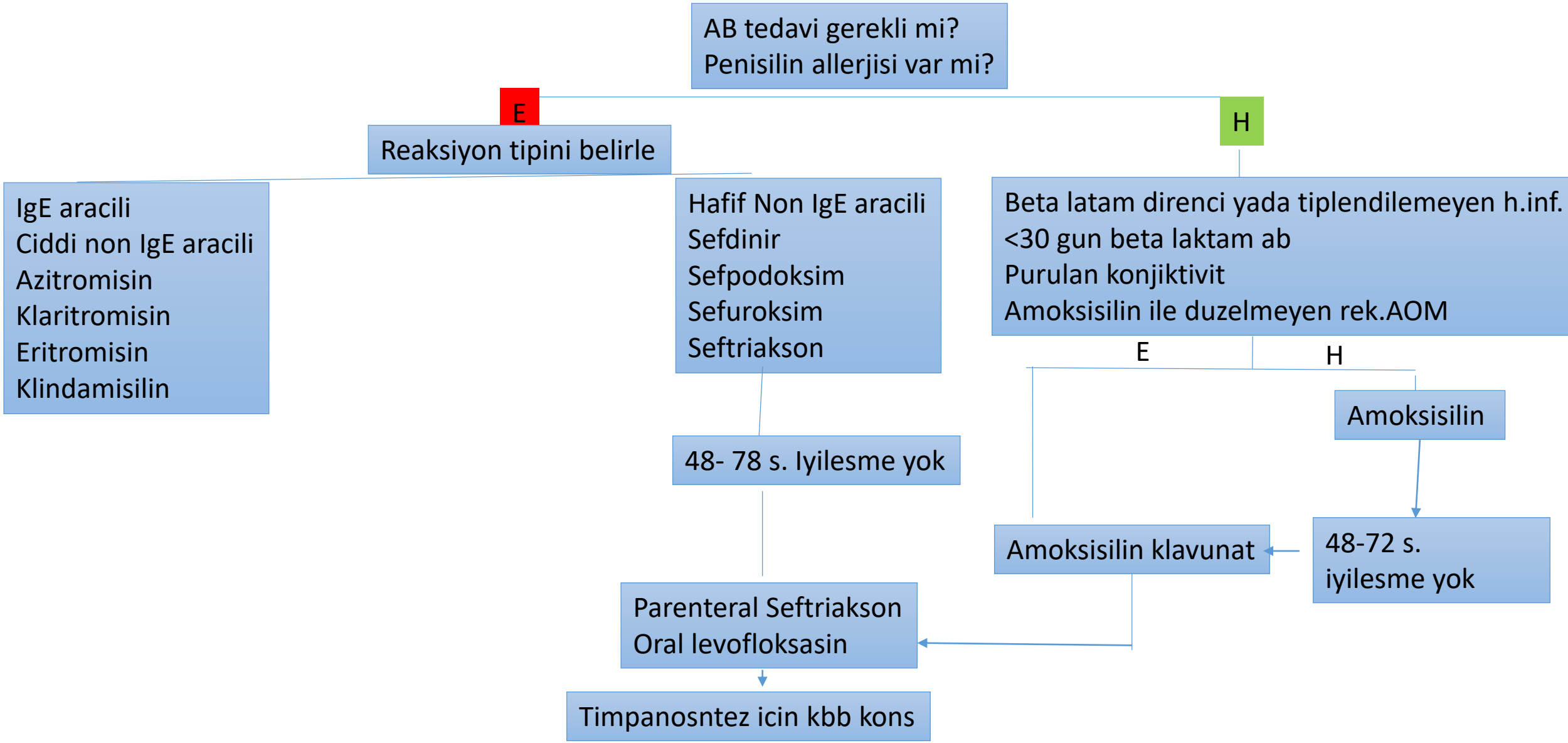


A)AOM erken donem: enflamasyon
B)Hava-sivi seviyesi ile purulan effuzyon
C)Orta kulakta purulan effuzyonlu TM kabarikligi

AOM tanim



AOM TEDAVI ALGORITMASI



KRUP

Canadian Paediatric Society

Paediatrics & Child Health, 2017, 166–169
doi: 10.1093/pch/pxx019
Practice Point

OXFORD

Practice Point

Acute management of croup in the emergency department

Oliva Ortiz-Alvarez MD; Canadian Paediatric Society, Acute Care Committee, Ottawa, Ontario

Correspondence: Canadian Paediatric Society, 100-2305 St. Laurent Blvd., Ottawa, Ontario K1G 4J8
e-mail: info@cps.ca website: www.cps.ca.

Abstract

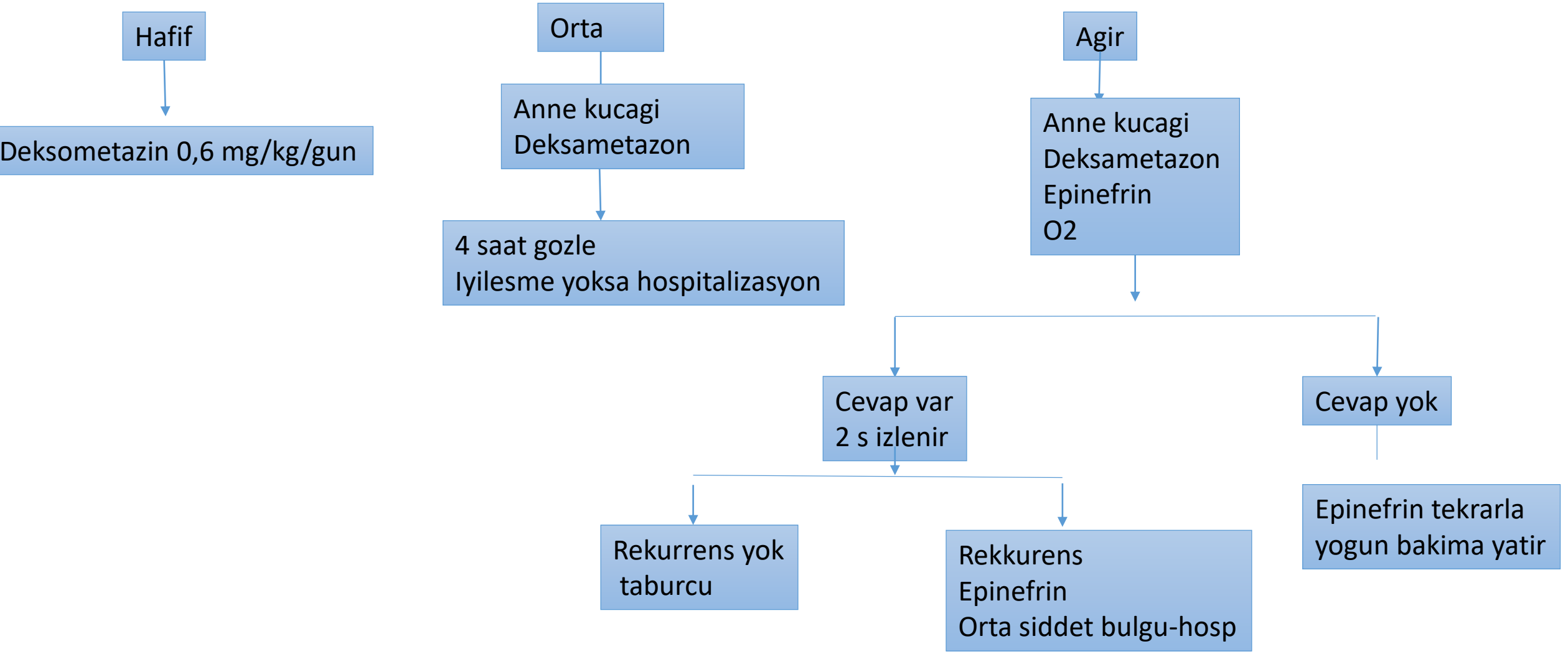
Croup is one of the most common causes of upper airway obstruction in young children. It is characterized by sudden onset of barky cough, hoarse voice, inspiratory stridor and respiratory distress caused by upper airway inflammation secondary to a viral infection. Published guidelines for the diagnosis and treatment of croup advise using steroids as the mainstay treatment for all children who present to emergency department (ED) with croup symptoms. Dexamethasone, given orally as a single dose at 0.6 mg/kg, is highly efficacious in treating croup symptoms. Despite the evidence supporting the use of steroids as the cornerstone of croup treatment, there is significant practice variation among physicians treating croup in the ED. This practice point discusses evidence-based management of typical croup in the ED.

Keywords: *Corticosteroids; Croup; Dexamethasone; Epinephrine; Heliox*

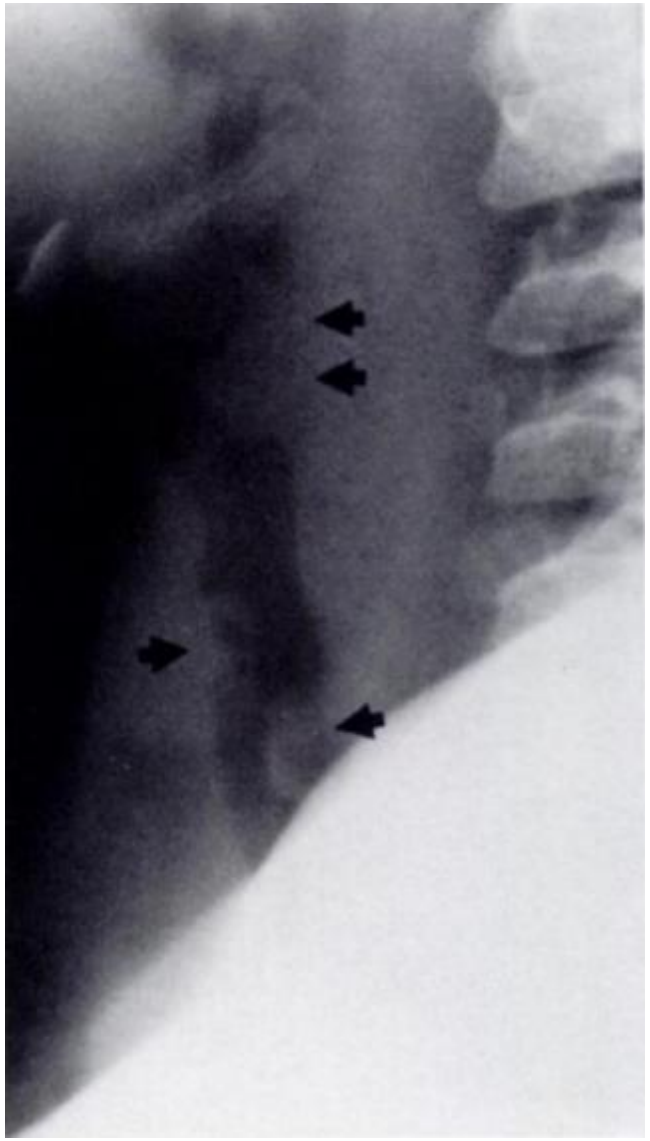
KRUP SKORLAMASI

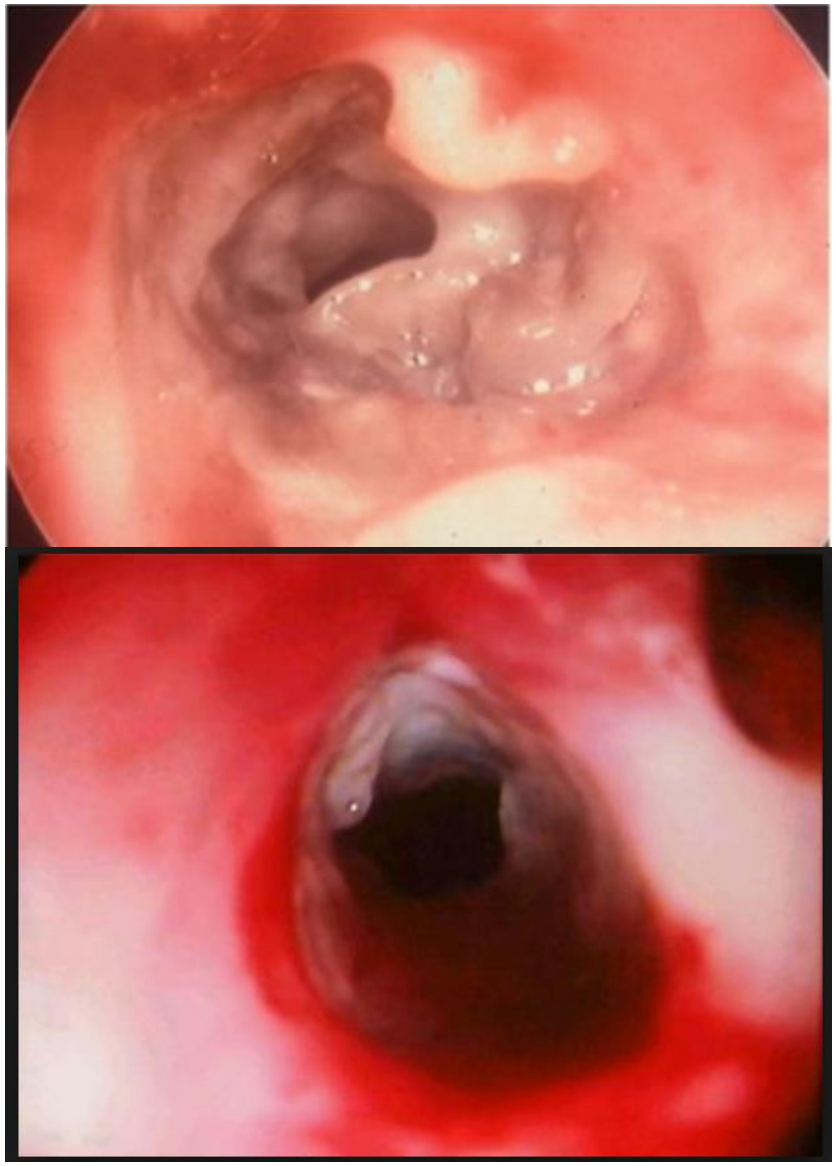
ozellik	hafif	orta	ciddi	Solunum yetmezligi
Kaba oksuruk	nadiren	siklikla	siklikla	yorgun
Stridor	yok	istirahatte	Ins. ve exp.	Zor duyulur
Retraksiyon	yok	istirahatte	Ciddi/belirgin	Belirgin degil
Letarji/agitasyo	yok	yok	hafif	belirgin
siyanoz	yok	yok	yok	var

KRUP TEDAVISI

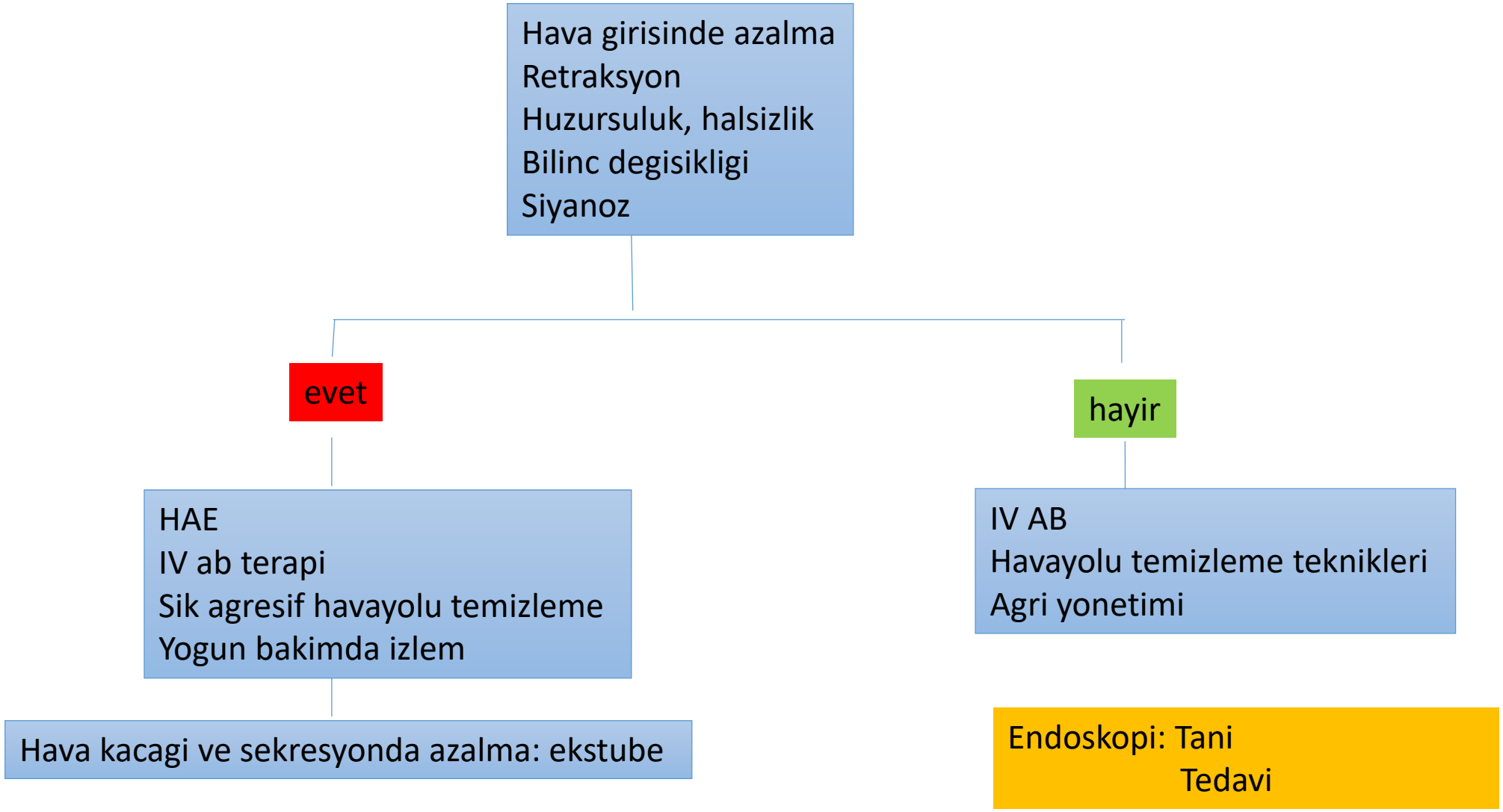


BAKTERIYEL TRAKEIT





BAKTERIYEL TRAKEIT TEDAVI ALGORITMASI



BAKTERIYEL TRAKEIT TEDAVI REJIMLERI

Penisilin ya da sefelosporin allerjisi yoksa

rejim	Pediatrik doz
Vankomisin **veya**	40-60 g/kg/gun 3-4 doz
Klindamisin	40 mg/kg/gun 3 doz
arti	
Seftriakson **veya**	50-100 mg/kg/gun 1-2 doz
Sefotaksim **veya**	150-200mg/kg/gun 4 doz
Ampisilin- sulbaktam	150-200 mg/kg/gun 4 doz

Ciddi beta lactam allerjisi varsa

Vankomisin **veya**	40-60 mg/kg/gun 3-4 doz
Klindamisin	40 mg/kg/gun 3 doz
arti	
Levofloksasin **veya**	6 ay- 5 yas 20mg/kg/gun 2 doz >5 yas 10 mg/kg/gun 1 doz
Siprofloksasilin	20-30 mg/kg/gun 2 doz

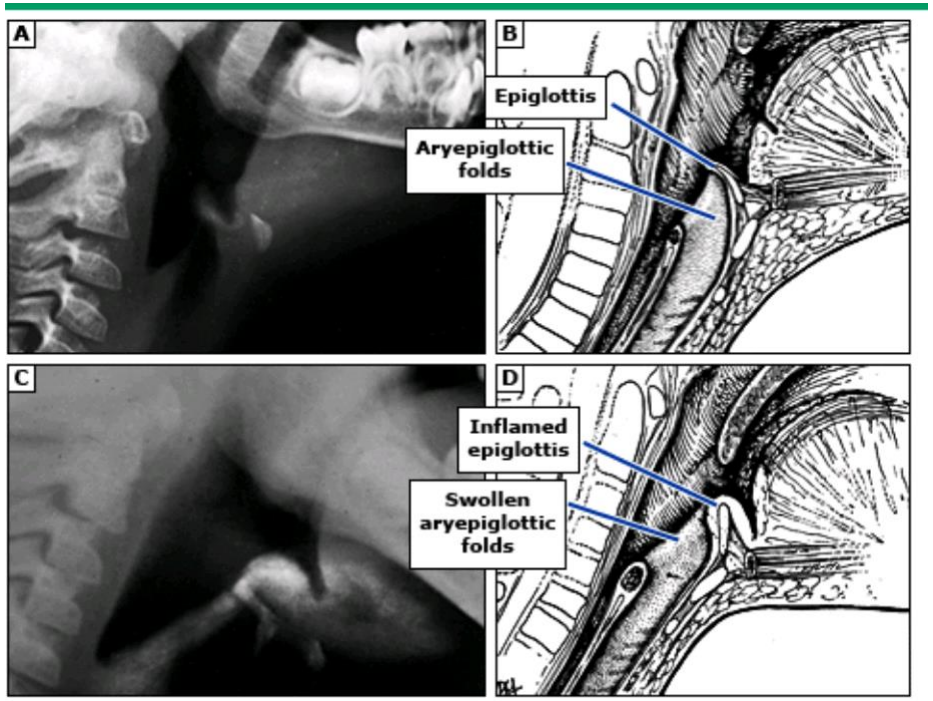
AKUT EPIGLOTTIT

Tripot postur

Govde one dogru, boyun hiperektansiyonda, cene one dogru: ust havayolu acikligini arttirma cabasi

AKUT EPIGLOTTITIS RADYOLOJI

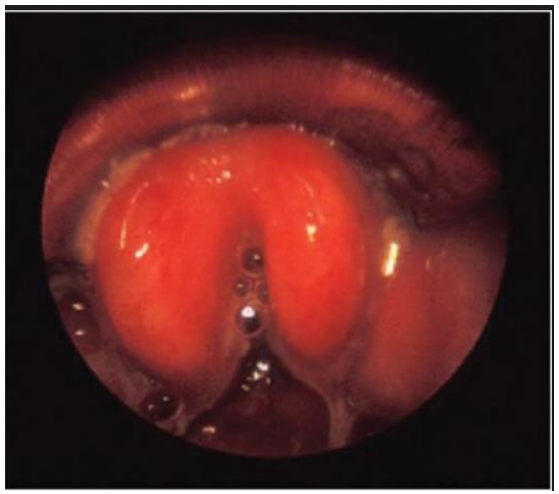
Lateral Boyun Grafisi

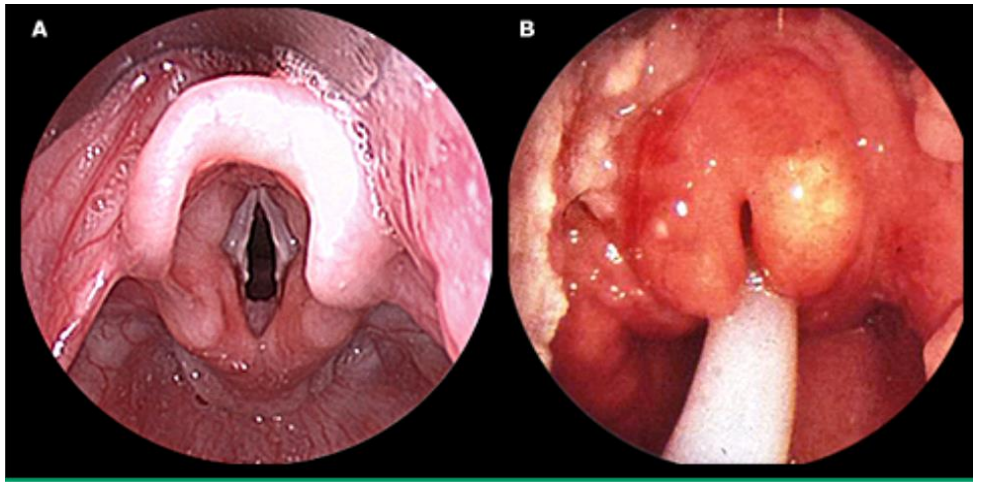


A) Normal epiglottis
B) Epiglottitis

Sismis epiglottis ariepiglottik katlantilar

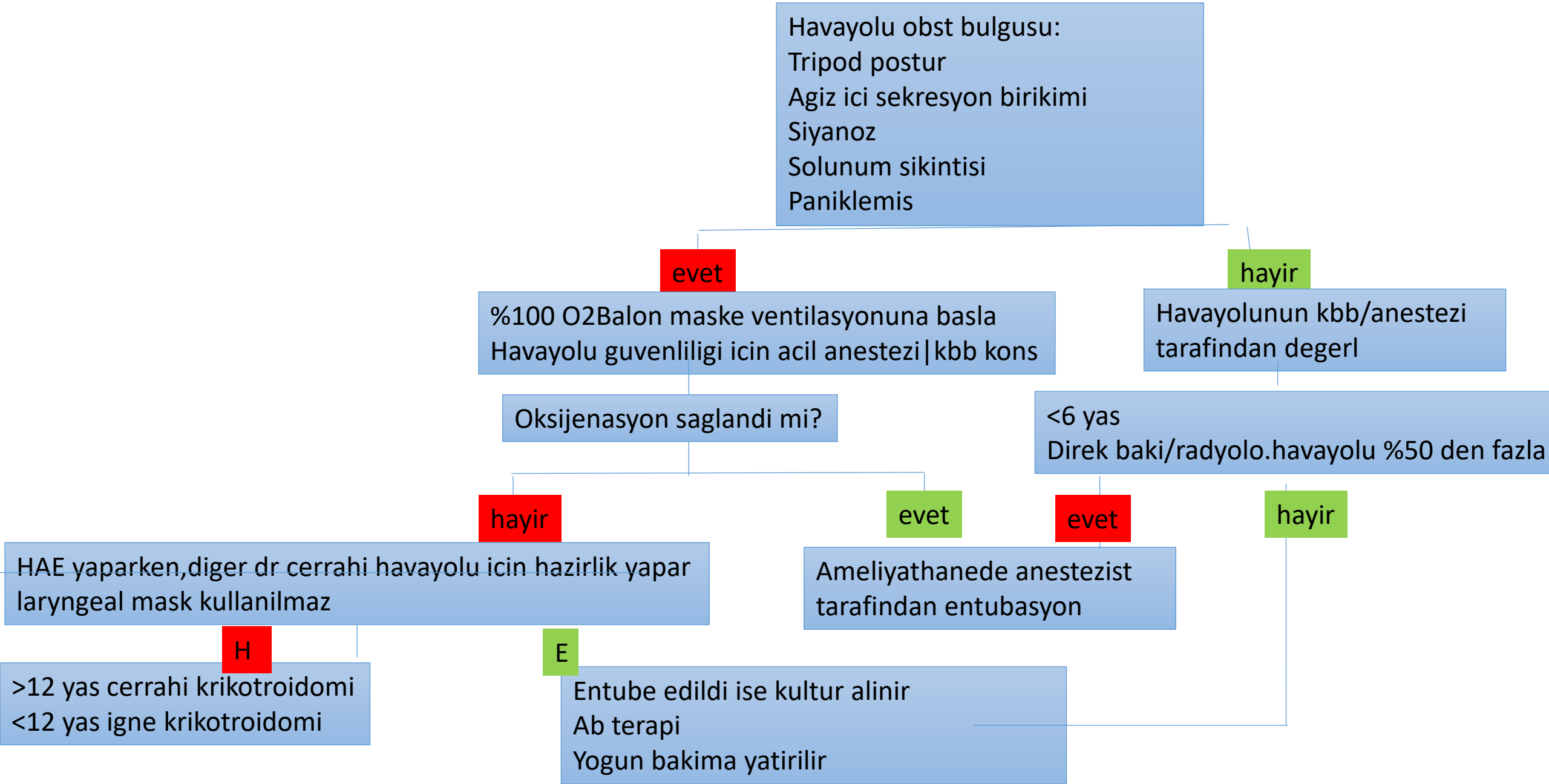
AKUT EPIGLOTTITIS DIREK BAKI





A) Normal epiglottis
B) Eritemli ve odemli epiglottitis

EPIGLOTITLI OLGUDA HAVA YOLU YONETIMI



AKUT EPIGLOTTIT TEDAVISI

REJIM	PEDIATRIK DOZ
Seftriakson **veya**	5-100 mg/kg/gun 1-2 doz
Sefotaksim	150-200mg/kg/gun 4 doz
arti	
Vankomisin **veya**	40-60 mg/kg/gun 3-4 doz
Klindamisin	30-40 mg/kg/gun 3 doz

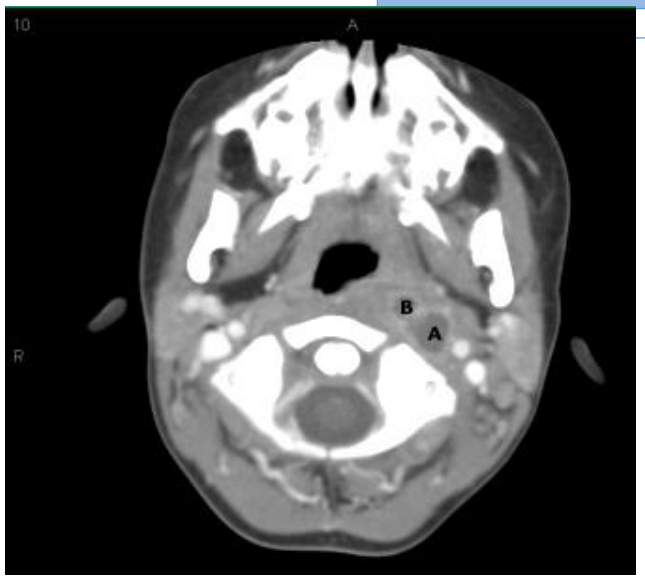
Vankomisin sepsis/menengit eslik ediyorsa yada bolgesel staf. klindamisin yada metsilin direnci varsa.

PERITONSILLER ABSE TEDAVI ALGORITMASI

RETROFARINGEAL ABSE TEDAVI ALGORTMASI

Posterior farangial kabariklik laringoskobik goruntu

Lateral boyun grafisinde retrofaringeal boslugun arttigi lordozun dzlestigi



Kontrasli boyun BT: dusuk dansiteli merkez konrast tutulumlu cerceve ile cevrelenmstir

Retrofaringea abseden suphesi
Ateş , Disfaji,Ağız içi sek. artışı, Trismu,Ense sertliği

Ciddi hava yolu obstr., bulgusu
Tripod/koklama ozisyonu
Suprasternal/subklavikular çekilme
Siyanoz
Oksürememe veya konuşamama

H

Kontrasli Boyun BT

Abse >2.5 cm
Cerrahi drenaj
IV AB

Flegmon, abse<2.5 cm
IV AB , 24-48 s

Duzelme yok
Cerrahi drenaj
IV AB

PERİTONSİLLER VE RETROFARINGEAL ABSE TEDAVİ

Parenteral Rejim	Pediatrik doz
Ampisilin – sulbaktam **veya**	150 mg/kg/ gün 3 doz
Klindamisin	40 mg/kg/gün 3 doz
artı	
Vankomisin	40-60 mg/kg/ gün

Oral rejim	Pediatrik doz
Amoksısılın/ klavunat **veya**	90mg/kg/gün 2 doz
Klindamisin	30 mg/kg/gün 2 doz
artı	
Linezolid	<12 yaş 30Mg/kg/gün 3 doz, >12 yaş; 20 mg/kg/gün 2 doz