

**Patients** with moderate pain (52%) received dypirone 19 mg/kg q 6 hours (86%) and tramadol 1.1 mg/kg q 4–8 h (95%) and morphine 0.1 mg/kg every 3–6 hours (33%).

**Patients** with severe pain (37.5%) received dypirone 19 mg/kg q 6 hours (93%) and tramadol 1.2 mg/kg q 4–8 h (93%) and morphine 0.1 mg/kg every 3–6 hours (60%).

**Patients** who received tramadol i.v. in intervals over 6 hours (12.5%), and received morphine i.v. in intervals over 4 hours (10%) had moderate and intense pain.

**Conclusions** Tramadol and morphine i.v. should not be administered in intervals longer than 6 hours for tramadol and 4 hours for morphine due to its half life. (Tramadol T<sub>1/2</sub>: 5.5 h and morphine T<sub>1/2</sub>: 2 hours).

Since dypirone inhibits cicloxygenase and reduces tromboxane levels in platelets, antiagregant effect should be evaluated in sickle cell disease patients.

### 1532 HEPATITIS A IN PEDIATRIC WARD (EXPERIENCE IN THE PEDIATRIC SERVICE OF CHU OF BATNA)

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**Introduction** Hepatitis A is a real public health problem worldwide: 273 confirmed cases in Algeria in 2010. She is responsible for 10–30% of hepatitis in adults and 70–90% in children.

**Objectives** To determine the frequency and severity of hepatitis A.

**Materials and Methods** A retrospective study done on the records of patients hospitalized for complicated form of hepatitis A over a period of 02 years (2009–2010). 28 patients hospitalized for complicated forms: signs of liver failure.

**Results** Incidence: 1.15%.

Age group affected is between 5–10 years with a female predominance.

In Algeria the transmission is the predominant waterborne, mostly occurring in winter. Fever, vomiting and asthenia constitute 68.74% of the reasons for consultation. The average AST, ALT was elevated 100 times normal.

**Conclusion** Hepatitis A is very common in Algeria in connection with a water-borne and the majority of cases are asymptomatic and almost at the age of 18 years 95% of patients develop antibodies.

### 1533 EPIDEMIOLOGICAL PROFILE OF URINARY TRACT INFECTION IN PEDIATRIC WARD (EXPERIENCE OF A PEDIATRIC SERVICE OF THE UNIVERSITY HOSPITAL OF BATNA)

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**Introduction** Urinary tract infection (UTI) is one of the most common infectious attacks in children, Pediatrics significant problem for many reasons: its incidence, the polymorphism of clinical manifestations, its potential severity (renal scarring), the possibility of revealing a uropathy.

**Objective** Evaluate the incidence, morbidity and long-term acute (hypertension, renal failure), the proportion of bacterial strains involved and how they supported.

**Materials and Methods** Retrospective study done on the records of patients hospitalized in pediatric ward from 01–01–2009 until 31–12–2009.

130 patients were the subject of this study.

**Results** Incidence: 4.64%.

Frequently females (sex ratio 0.68). The age group most affected is from 30 days to 05 years (range 30 d and 15).

Fever was noted in 110 patients, 44 patients complained of urinary symptoms. The gross hematuria was observed in 07 patients.

Leukocytosis was present in 84.62% of cases; an ESR above 30 in the first hour in 34.61% cases. CRP was positive in 65.38% of patients.

E coli in 22.38% cases, followed in descending order of pneumoniedans klebsiella, pseudomonas aeruginosa, Proteus, enterococcus.

Ultrasound renal disease 17.16% (7.58% urétérohydronephrose).

The UCR pathological in 9.70% (6% RVU).

Pathological IVU 5.22% (3% urétérohydronephrose).

**Conclusion** This study confirmed the frequency of UTI in a pediatric setting. However, great efforts are still needed to better support her.

Better knowledge of bacteriology Local: prevalence of germs, sero-typing, with ATB resistance;

The long-term prophylactic treatment of UI also remains to be defined.

Supprimer Répondre Répondre Faire suivre Déplacer Imprimer Actions Suivant Précédent.

### 1534 SEVOFLURANE ANESTHESIA SIDE EFFECTS IN PEDIATRIC PATIENTS UNDERGOING RADIOTHERAPY

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**Background and Aims** Sevoflurane anesthesia is related to high incidence of emergence agitation in pediatric patients.

**Methods** Our retrospective study included 38 pediatric patients with mean age 29±3.94 months, weight mean 14.64±0.55 kg undergoing radiotherapy.

**Results** Patients with retinoblastoma 55.26% (21), medulloblastoma 23.68% (9) and malignant neoplasm of cerebellum 21.10% (8) which received radiotherapy 27.79±2.16 sessions were studied.

Sevoflurane 8% were administered to 100% of these patients for anesthesia induction and maintenance.

The anesthesia duration was 32.62±2.41 minutes.

Emergence agitation, nausea and allergic reaction were observed.

The incidence of emergence agitation during the anesthesia recovery was observed in 84.21 % (32) compared to 15.79% (6) no agitation side effect patients.

Nausea was observed in 10.53% and allergic reaction recorded in 5.26% of patients.

Either propofol 0.5–4.4 mg/kg administered to 34.38% (11) patients or nalbuphine 0.1–0.15 mg/kg given to 6.25% (2) patients or fentanyl 2–3.6 mg/kg given to 3.12% (1), controlled the emergence agitation induced by sevoflurane anesthesia.

No treatment was applied to 56.25% (18).

**Conclusions** The association of propofol or nalbuphine to sevoflurane was effective controlling emergence agitation induced by sevoflurane anesthesia in children undergoing radiotherapy.

Stable vital signs were registered previously and after sevoflurane.

One case of anaphylactic reaction was observed in patients undergoing anesthesia with sevoflurane.

### 1535 NATIONAL TASK FORCE ON SAFE PEDIATRIC MEDICATIONS: IMPROVE THE ACCESS TO LIQUID FORMULATIONS

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