There was no significant correlation between the number of wheezing attacks (p>0.05).
No correlation between vitamin D levels and acute bronchiolitis was found but this may be the result of few numbers of patients that we studied with.

**Introduction**
Acute bacterial meningitis which is a pediatric emergency with high mortality and morbidity, must be diagnosed and treat promptly. Determination of some inflammatory mediators example IL-6 and hsCRP were useful in differential diagnosis of bacterial and viral meningitis.

**Objectives**
Determination of hs CRP and IL6 in serum and CSF in children suspected meningitis.

**Materials and Methods**
From of children that hospitalized in pediatric emergency ward and for the performed lumbar puncture, 1cc serum and csf of they were taken to laboratory ward and have measured IL-6 with Elisa method and hsCRP with Immunoturbidimetry method patients were followed up and Finally we compared levels of this two mediators.

**Results**
From 81 cases, 27 cases (33/3%) were bacterial meningitis 27 cases (33/3%) were viral meningitis and 27 cases (33/3%) were Normal. IL-6 concentration in the csf and serum were significantly raised in cases of bacterial meningitis (P=0.001, P=0/01) but hsCRP concentration in the CSF and serum we not significantly raised in cases of bacterial meningitis (p=0.46, p=0.29). Mean IL-6 in serum in bacterial meningitis was (50.01) and in viral meningitis was (10.64) mean IL-6 concentration in the CSF in bacterial meningitis was (180.74) and in viral meningitis was (39.08) mean hsCRP in CSF in bacterial meningitis was (2.22) and viral meningitis was (1.29).

**Conclusion**
The measurement of IL-6 in the CSF and serum is potentially a very useful diagnostic tool for differential diagnosis of bacterial and viral meningitis.

**Methods**
The computerized records of children aged 1 to 18 years who were diagnosed with CAP based on WHO criteria were evaluated. A standard protocol was followed, and patients with severe CAP were hospitalized. CAP patients were divided into two groups based on disease severity. The control group consisted of age- and gender-matched healthy children who attended the “Well-child” clinic during the study period. Values for hemoglobin, white blood cell count (WBC), platelet count, MPV and C-reactive protein (CRP) obtained on first presentation were recorded for each patient.

**Results**
A total 55 consecutive cases (22 female, 33 male), aged 5–19 years, followed-up for SSPE at the Pediatric Neurology Department were included. The risk factors for progression time of SSPE from stage I–II to IV according to the criteria of Jabbour examined were gender, age at diagnosis of SSPE, presence of neuroimaging abnormalities, age of patient during measles infection and the antibody index for measles. SSPE risk factors were obtained through a questionnaire via personal interviews and the medical records and were assessed using Mann-Whitney U, Student t and Pearson correlation tests.

**Results**
Presence of neuroimaging abnormalities, gender, age at diagnosis of SSPE, presence of neuroimaging abnormalities, age of patient during measles infection and the antibody index for measles were not associated with a progressive clinical deterioration (p>0.05). 66.7 percent of cases were vaccinated with measles vaccine, 43.5 percent of cases have had measles infection before age of 9 months.

**Conclusion**
Viral, host and environmental factors are probably involved in the development and progression of SSPE. Successful measles vaccination programmes which accordance with the requirements of that country can protect the population against SSPE.

**Background**
The aim of this study was to evaluate whether mean platelet volume (MPV) could be used for the diagnostic tool of community acquired pneumonia (CAP) and for making the decision for hospitalization.

**Methods**
The computerized records of children aged 1 to 18 years who were diagnosed with CAP based on WHO criteria were evaluated. A standard protocol was followed, and patients with severe CAP were hospitalized. CAP patients were divided into two groups based on disease severity. The control group consisted of age- and gender-matched healthy children who attended the “Well-child” clinic during the study period. Values for hemoglobin, white blood cell count (WBC), platelet count, MPV and C-reactive protein (CRP) obtained on first presentation were recorded for each patient.

**Results**
A total of 139 patients were diagnosed with CAP during the study period, 82 (58.9%) of which had severe disease, which required hospitalization, while the remaining 57 (41.4%) were followed-up as outpatients. The control group consisted of 61 healthy children. Patients with CAP had lower MPV values than their healthy counterparts (7.14±0.70 vs. 8.35±1.26 fl, p<0.001). Following ROC analysis, the cut-off value established for MPV was 8.05, which had a sensitivity of 91% and a specificity of 51% for making a diagnosis of CAP. Patients with severe CAP that required hospitalization had significantly higher CRP levels than those who were followed-up on an outpatient basis (p<0.001).

**Conclusions**
Our findings suggest that MPV could be used for the diagnosis of CAP in children.