Background and Aims Pneumonia ranks second in the table of infant mortality in children under 5 years. The incidence of pneumonia is 5–10 times greater in developing countries. This study aimed to identify cases of pneumonia admitted to the Pediatrics Ward of the Hospital Alcides Carneiro, Rio de Janeiro, Brazil, from February to December 2008, which evolved satisfactorily using crystalline penicillin as monotherapy.

Methods Documentary analysis of the children diagnosed with pneumonia. The informed consent and informed about the objectives and procedures of the study was obtained from their legal guardians. Variables: age, sex, diagnosis, length of hospitalization, medication use, hospitalizations and outpatient medical care routine. We excluded children aged less than 61 days and those with chronic diseases.

Results Of 946 children admitted, 147 were diagnosed with pneumonia, outlining our study group. Ages ranged from 3 months to 13 years. Males predominated in 58%. The length of stay ranged from 2 to 38 days. Previous hospitalization occurred in 63 patients, respiratory causes prevalent in 80.55%. The irregular medical monitoring was present in 26 patients (17.69%) and of these, nine (34.6%) are belonging to the group who had previous admissions.

Conclusion Of all children admitted, 115 (78.23%) started treatment with recommended Crystalline Penicillin, and only 10 (8.7%) required another antibiotic regimen, demonstrating the effective use of penicillin as a treatment of choice.

PARACOCCIDIOIDOMYCOSIS IN CHILDREN: REPORT OF THREE CASES

E Veiga, SA Nogueira, SS Cordeiro, JL Faria, A Veiga, NV Moliterno, FM Moliterno, A Siqueira, J Cordebel. Paediatrics, Faculdade de Medicina de Petrópolis, Petrópolis, Brazil

Background and Aims Paracoccidioidomycosis is the most frequent systemic mycosis in Latin America and mainly affects male adults, with a past history of working in rural areas, presenting with chronic pulmonary and mucosal lesions. However, it is rare in children and the clinical presentation is quite different, seemingly mostly with lymphoma or disseminated tuberculosis. The aim of this study is to describe the clinical presentation, evolution and response to treatment of three cases of paracoccidioidomycosis affecting children, living in a city of Rio de Janeiro state, Brazil.

Methods Revision of the clinical charts of children who were admitted in a general pediatric ward of a teaching hospital, with confirmed diagnosis of paracoccidioidomycosis.

Results During a period time of four years, there children (two boys and one girl), were admitted with a subacute clinical picture of a generalized lymphadenopathy (mainly cervical), fever, weight loss, anemia, with clinical diagnosis of lymphoma.

There was no apparent pulmonary or mucosal lesions and abdominal ultrasoundography showed multiples lymphadenopathies. Biopsy of cervical lymphnode showed Paracoccidioides brasiliensis. They were initially treated with amphotericin B and then, followed by oral itraconazole (2 cases) and ketoconazole (1 case) for one year. All had a excellent response to treatment and are being followed at the out patient clinic of infectious diseases, without relapse.

Conclusion In Latin America, Paracoccidioidomycosis should be included in the differential diagnosis of lymphoma and tuberculosis in children presenting with subacute lymphadenopathy and biopsy looking for fungal forms is essential to establish the diagnosis.