Background and Aims
Pulmonary nocardiosis is a rare respiratory infection which commonly affects immunocompromised patients but also immunocompetent hosts. The clinical manifestation is variable and endobronchial nocardiosis is indeed a very rare condition. We report a case of endobronchial nocardiosis presenting as nonresolving pneumonia and lung abscess in an immunocompetent child. No predisposing factor could be shown for Nocardia infection. To the our knowledge, this is the first case of endobronchial nocardiosis in the childhood period reported in the literature.

Methods
In pediatric ICU(PICU), retrospective studies done during the past decade, indicate that 40–60% of all deaths follow limitation or withdrawal of life sustaining treatment. We aimed to describe mode of death and the circumstances surrounding dying a pediatric intensive care unit. A retrospective descriptive study all patients (<15 years) dying in the PICU of tertiary care hospital (n = 74). Information regarding sex, age, Length of Stay (LOS), primary and admission diagnosis and the way of death was determined. Deaths were classified in 5 groups: Do not resuscitate (DNR), Withdrawal or Limitation of Therapy (W/LT), failed cardiopulmonary resuscitation (Failed CPR), brain death (BD) and terminal organ failure (TOF). Among 1075 admission, 6.8% patients died. After admission during evening (43%). 40.8% died in the first two days. Failed CPR was the most common mode of death (66.2%), BD was found in 14.9%, TOF in 12.2%, W/LT in 2.7% and DNR in 4.1%. We observed that failed CPR is the most common mod of death and active withdrawal is still not widely practiced in our PICU because pediatricians in developing countries have to consider socio cultural and religious factors when making such decisions.

Results
During evening (43%). 40.8% died in the first two days. Failed CPR was the most common mode of death (66.2%), BD was found in 14.9%, TOF in 12.2%, W/LT in 2.7% and DNR in 4.1%. We observed that failed CPR is the most common mode of death and active withdrawal is still not widely practiced in our PICU because pediatricians in developing countries have to consider socio-cultural and religious factors when making such decisions.

Conclusions
Frenotomy without general anaesthesia is a safe and very effective procedure in neonates with tongue-tie experiencing breastfeeding problems.