

SHIGELLOSIS IN CHILDHOOD

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OBJECTIVE: Shigella is a common causative agent of dysenteric syndromes. Aim of this study was to evaluate epidemiological, clinical and laboratory data of shigellosis in childhood. **PATIENTS AND METHODS:** We retrospectively analyzed the data drawn from the medical records of 294 children with shigellosis hospitalized in our department during a 20-year period (1982-2001). The diagnosis was based on a positive stool culture. **RESULTS:** 294 patients (58,5% males); 19,2% were infants less than 24 months old. Shigella was serotyped in 138 cases: S. flexneri (55%) and S. sonnei (40%). The incidence of the disease was higher in children > 5 years. The annual distribution showed a significant decrease of cases during the study period. The epidemic period was July through November. Fever was present in 91% with an average duration of 2,4 days. Vomiting was a clinical feature in 74% and severe abdominal pain in 26%. Stool was watery in 80,4% and bloody in 43,4%. Neurological features were present in 18,4% of the patients, mostly convulsions (14%). Two patients developed hemolytic-uremic syndrome. Laboratory findings revealed anemia (Hgb <10 gr/dl) in 23 and leukopenia (WBC < 5000) in four patients. Erythrocyte sedimentation rate (ESR) was > 40 mm (1st hour) in 18%. Lumbar puncture was performed in 13 patients and revealed normal findings. Antibiotics were administered in 103 patients, mainly during the first five years of this study. Recovery was complete in all cases. **CONCLUSIONS:** In our region, Shigellosis presents as a mild disease with a significantly decreasing prevalence.

