

ACUTE RENAL FAILURE IN THE COURSE OF LARYNGITIS/EPIGLOTITIS

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Laryngitis subglottica (LS)/epiglottitis acuta (EA) can lead to jeopardizing life especially of infants/toddlers/pre-school age children. Hypoxia, respiratory failure and aggressivity of a pathogenic agent can initiate the damage to another organ in the course of LS/EA. As a cases report we present here 4 children with acute renal failure (ARF) during LS/EA.

Cases report: 1. boy, 2 yrs, LS. Artificial ventilation (AV) was needed for 100 hrs. ARF (plasma creatinine [PCr] 457 $\mu\text{mol/l}$) was diagnosed after 30 hrs from finish of AV. 2. girl, 4 yrs, LS. AV was not needed. ARF (PCr 393 $\mu\text{mol/l}$) was developed of 5th day. 3. boy, 5.5 yrs, LS. AV was needed for 97 hrs. ARF (PCr 428 $\mu\text{mol/l}$) was diagnosed after 96 hrs from finish of AV. 4. girl, 4 yrs, EA. AV for 108 hrs. ARF (PCr 647 $\mu\text{mol/l}$) and multiple system organ failure (MSOF) were developed. In cases 1+2+3 was diagnosed non-oliguric ARF with successful conservative therapy. All three children had some severe hypoxia (PaO₂/PCO₂, min./max. values [kPa]: 6.85/7.20, 8.80/6.83, 7.85/8.13) . In case 4 was used as a therapy of ARF/MSOF continuous venovenous hemofiltration but girls died.

The necessity of determining and studying the severity of clinical course of LS/EA using e.g. scoring according Downes, enables both early diagnostics and treatment for these diseases. At the same time, some less frequent complications in LS/EA should be considered.

