

NOSOCOMIAL INFECTIONS IN CHILDREN AFTER SURGICAL CORRECTION OF GASTROINTESTINAL CONGENITAL ANOMALIES

L. Kojic¹, A. Sajkovski¹, S. Bojadieva², A. Hristovski¹, F. Duma², S. Palcevska³

¹Intensive Care Unit ²Department of Pediatric Gastroenterology

³Department for Neonatology, Pediatric Clinic, Skopje, Macedonia

sajkovski@hotmail.com

Over the past five years 20 children (18 neonates and 2 infants) have been admitted in the PICU, after undergoing major corrective surgery of congenital anomaly of the gastro-intestinal tract.

The most frequent anomaly is esophageal atresion with or without tracheo-oesophageal fistula (11 out of 20), 3 patients had duodeno-jejunal atresion (one of them with congenital Short-bowel Syndrome, 2 gastroschisis, 2 Hirschprung disease, 1 presented diaphragmal hernia and one had meconium ileus associated anomaly of the anorectal region.

Nosocomial infection was verified in 17 children, regardless the prophylactic administration of cefotaxime and amikacin immediately after the surgical procedure Ventilator-associated pneumonia caused by *Pseudomonas aeruginosa* and *Klebsiella* species was present in 8 children. In 9 of the children sepsis caused by Gram-negative anaerobes (*Pseudomonas aeruginosa*, *Klebsiella* species, *Acinetobacter* species) and Methycillin-resistant staphylococcal strains was present. They all have received broad-spectrum antibiotics according to the antibiogram to treat the infection.

All of them received TVN until the surgeon's recommendation to start oral feedings.

From 20 children, 5 (1 with diaphragmal hernia 2 with isolated esophageal atresion and 2 with esophageal atresion with tracheoesophageal fistula) had lethal outcome due to severe surgical complications (splitting of the suture, development of mediastinitis) and 15 recovered successfully and were dismissed from PICU and transferred to post-intensive care after negativisation of the respective culture as well as after clinical improvement and improvement of the laboratory findings.

