

VIRAL UPPER RESPIRATORY TRACT INFECTIONS (URTI) AND ASTHMA EXACERBATIONS IN HOSPITALIZED CHILDREN

D. Delis, M.S. Lariou, **V. Marias**, C. Kotsonis, S. Togka, G. Gourgioti,
M. Maurikou, L. Stamoyannou

1st Department of Paediatrics, 'A & P. Kyriakou' Children's Hospital, Athens, Greece
vazmaria@otenet.gr

We studied the role of viral URTI in children hospitalized with exacerbated asthma by a retrospective study of 126 children (mean age $4,4 \pm 3$ years) with acute asthma admitted to our Department during a two-year period. Clinical features of viral URTI such as fever, coryza and sore throat were recorded and then correlated with age, seasonal distribution and severity of disease and response to treatment. The duration of hospitalization was $2,67 \pm 1,7$ days, with no difference found between age groups ($p=0,183$). Only 6,3% were admitted during summer. The seasonal distribution of admissions was similar in the rest of months (std. error of skewness: 0,216). Clinical features of viral illness were present in 57 children; 42 were < 3 and 15 > 3 years of age ($p=0,025$). The disease severity was positively correlated with the presence of viral infection: 45 of the 64 children that presented with respiratory distress had symptoms indicating a viral URTI compared to 12 of the 62 children that didn't present with respiratory distress but had viral URTI symptoms ($p<0,001$). Parenteral and inhaled corticosteroids were given to 51,58% and 29,3% of children respectively. The length of stay in the parenteral treated children was $2,86 \pm 1,76$ days and in the non-corticosteroid treated children $3,25 \pm 2,5$ days ($p=0,492$). We confirmed the high incidence of viral URTI in acute exacerbation of asthma and their positive correlation with disease severity. The use of corticosteroids in the management of asthma does not affect the duration of hospitalization, probably because of the complexity of the disease.

