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CLINICAL AND EPIDEMIOLOGICAL ASPECTS OF RESPIRATORY SYNCYTIAL VIRUS (RSV) BRONCHIOLITIS IN INFANTS

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This study was designed to evaluate the clinical and epidemiological characteristics of children with RSV bronchiolitis. We studied 66 infants, mean age $3,6 \pm 2,9$ months, hospitalized for bronchiolitis during the period 1/12/01-31/12/02. Age, gestational age, birth weight, breast-feeding pattern, family history of atopy, seasonality, severity and management of disease, duration of hospitalization was recorded and then correlated with the detection or no of RSV antigen in the nasopharyngeal specimens of children. 66,6% were RSV+ (Group A) and 33,4% RSV- (Group B). The peak of RSV bronchiolitis occurred during January-March, where 83,3% of cases happened. Similar seasonal distribution was found in both groups ($p=0,23$). 13,4% and 16,8% of infants had a history of prematurity and low B.W respectively, with no difference found between two groups. Lack of breast-feeding was recorded in 68,1% of Group A children and 86,3% of Group B ($p=0,65$). A family history of atopy was found in 27,2% of all cases. Moderate or severe respiratory distress was present in 52,2% of RSV+ and 45,4% of RSV- infants ($p=0,72$). The management of bronchiolitis was similar in both groups except corticosteroids where a statistical significant difference ($p=0,027$) was found (despite of its controversial use, corticosteroids were given to 40,9% of Group A and 13,6% of Group B infants). In the bronchiolitis group the length of hospital stay was longer ($6,81 \pm 3$ compared to $5 \pm 2,8$ days, $p=0,048$). The longer the duration of hospitalization and the more frequent use of corticosteroids in RSV+ infants, indicate the more severe clinical course of RSV bronchiolitis infection.

