

**ACUTE RENAL FAILURE DURING LARYNGITIS/EPIGLOTITIS****Z. Dolezel<sup>1</sup>, L. Kopecna<sup>2</sup>, J. Starha<sup>1</sup>***<sup>1</sup>II-End Paediatrics Brno <sup>2</sup>I-St Paediatrics Brno, Czech, Republic  
[zdolezel@medmuni.cz](mailto:zdolezel@medmuni.cz)*

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.

Cases report: 1. boy, 2 yrs, LS. Artificial ventilation (AV) was needed for 100 hrs. Acute renal failure (ARF, plasma creatinine [PKr] 457  $\mu\text{mol/l}$ ) was diagnosed after 30 hrs from finish of AV. 2. girl, 4 yrs, LS. AV was not needed. ARF (PKr 393  $\mu\text{mol/l}$ ) was developed of 5th day. 3. boy, 5.5 yrs, LS. AV was needed for 97 hrs. ARF (PKr 428  $\mu\text{mol/l}$ ) was diagnosed after 96 hrs from finish of AV. 4. girl, 4 yrs, EA. AV for 108 hrs. ARF (PKr 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 children had some severe hypoxia (PaO<sub>2</sub>/PCO<sub>2</sub>, 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.

