

PROCALCITONIN AND C-REACTIVE PROTEIN AS A MARKERS OF BACTERIEMIA IN CHILDREN HOSPITALIZED WITH COMMUNITY ACQUIRED PNEUMONIA AND ACUTE PYELONEPHRITIS

Bartosz Korczowski^{1,2}, Krystyna Piasecka¹, Orłowska Anna¹, Lisowicz Lucyna¹, Duhl Barbara¹
¹Department of Pediatrics, District Hospital No 2 in Rzeszów ²Institute of Physiotherapy,
 University of Rzeszów, Poland
bartosz@uw.rzeszow.pl

The aim of this study was to compare the diagnostic value of admission serum procalcitonin (PCT) and C-reactive protein (CRP) concentrations as indicators of intensity of inflammation in children hospitalized with severe infection. Material and methods: Serum PCT and CRP concentrations were determined on admission in 132 children hospitalized with severe infection. Patients were divided into 3 groups: group A - 30 children with culture proven sepsis. In this group pneumonia and pyuria were one of the symptoms of ongoing systemic bacterial inflammation. Group B consisted of 66 children with community acquired pneumonia. Group C was composed of 36 children with acute pyelonephritis. Results of blood cultures of children from groups B and C were negative. For comparison PCT and CRP were determined in 30 healthy controls. Results are presented graphically as arithmetic means + standard error.

Conclusion: PCT comparing to CRP is more reliable marker of bacteriemia in children hospitalized with severe infection.



