

Infecția cu citomegalovirus la sugarul imunocompetent – o provocare diagnostică și terapeutică. Prezentare de caz

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Introducere: Infecția CMV este cea mai frecventă infecție congenitală în țările dezvoltate. Doar 10% din nou-născuții infectați sunt simptomatici, prezentând prematuritate, microcefalie, surditate, uveită anterioară, hepatosplenomegalie, pneumonie. Sugarii imunocompetenți sunt frecvent asimptomatici sau prezintă forme ușoare de boală.

Material și metode: Prezentăm cazul unui sugar de 5 luni, fără factori de risc, la care infecția s-a manifestat multisistemic prin pneumonie, hepatită colestatică, tulburare secundară de coagulare severă, leucocitoză severă cu limfomonocitoză și anemie severă.

Rezultate: Cazul a fost interpretat inițial ca sepsis cu punct de plecare pulmonar, intrând în discuție și un sindrom mieloproliferativ, o tulburare de coagulare primară sau anemie hemolitică autoimună. Diagnosticul a fost stabilit cu ajutorul determinărilor imunologice și a viremiei, iar evoluția sub tratament suportiv a fost favorabilă.

Concluzii: Infecția congenitală cu CMV se poate manifesta cu afectare multisistemică, implicând multiple diagnostice diferențiale. Manifestarea „sepsis-like” a infecției poate induce dificultăți de abordare a pacientului de către medicul ATI.

Cuvinte-cheie: infecția CMV, sugar imunocompetent.

Midazolam versus Propofol monitored anesthesia care sedation in pediatric patients undergoing spinal anesthesia

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Background: Spinal anesthesia in children enjoyed an increased interest in the past few years. It proved to be a valid alternative because it is simple, not requiring the instrumentation of the airways, facilitates the postoperative care and is the most suitable technique when general anesthesia should be avoided. Besides its benefits, spinal anesthesia in children often requires additional perioperative sedation. This study was designed to compare the efficacy of two hypnotic drugs Propofol and Midazolam as part of monitored anaesthesia care sedation during surgery.

Material and methods: This study was performed in Pediatric Clinical Hospital of Galati and included all the children who underwent spinal anesthesia for lower abdominal or limb surgery between May 2016 and May 2017. These children were premedicated with low doses of midazolam, ketamine and atropine before the lumbar puncture and during surgery some of them were continuously sedated with Propofol and the others with Midazolam. The level of sedation, intraoperative behavior, respiratory and hemodynamic status, awakening and postoperative side effects were our main data of interest.

Results: Both hypnotic drugs offered acceptable levels of sedation, some but not significant fluctuations of the respiratory rate, the blood pressure and the pulse and a light awakening. Pediatric patients who were sedated with Midazolam registered more postoperative nausea and vomiting and one patient sedated with Propofol presented purposeless movements during surgery.

Conclusions: The monitored anesthesia care sedation with Propofol for spinal anesthesia offers a superior grade of comfort because of the lower risk of postoperative nausea and vomiting.

Key words: spinal anesthesia, midazolam, propofol.