



# Infections communautaires de l'enfant

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URPS Méd Lib Bretagne



3<sup>ème</sup> Journée régionale sur les antibiotiques 15 nov 2016



# Allo Docteur ?

Pol 9 mois 9 kg

Toux 2jrs

Subfébrile 3jrs





# Allo Docteur ?

Pol 9 mois 9 kg

Toux

Subfébrile

Wheeze





# Allo Docteur ?

Pol 9 mois 9 kg

Toux

Subfébrile

Wheeze

Tirage – Polypnée



# Allo Docteur ?

Pol 9 mois 9 kg

Toux

Subfébrile

Wheeze

Tirage - Polypnée

Mange – bien

Mais boit assez bien

# Allo Docteur ?

Pol 9 mois 9 kg

Toux

Subfébrile

Wheeze

Tirage - Polypnée

Mange – bien

Mais boit assez bien

**Sat 97%**



# Allo Docteur ?

Pol 9 mois 9 kg

Fait une

BRONCHIOLITE

SANS CRITERES DE GRAVITE





# Allo Docteur ?

Pol 9 mois 9 kg

Fait une

BRONCHIOLITE

SANS CRITERES DE GRAVITE

**PAS D'AB**





# The Diagnosis, Management, and Prevention of Bronchiolitis

*American Academy of Pediatrics*

## Diagnosis

1a. Clinicians should diagnose bronchiolitis and assess disease severity on the basis of **history and physical examination**

(Evidence Quality: B; Recommendation Strength: Strong Recommendation).

# The Diagnosis, Management, and Prevention of Bronchiolitis

## *American Academy of Pediatrics*

### Diagnosis

1a. Clinicians should diagnose bronchiolitis and assess disease severity on the basis of history and physical examination

(Evidence Quality: B; Recommendation Strength: Strong Recommendation).

1b. Clinicians should assess **risk factors** for severe disease, such as age **less than 12 weeks**, a history of **prematurity**, **underlying cardiopulmonary** disease, or immunodeficiency, when making decisions about evaluation and management of children with bronchiolitis

(Evidence Quality: B; Recommendation Strength: Moderate Recommendation).

[Pediatrics November 2014, VOLUME 134 / ISSUE 5](#)

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(Evidence Quality: B; Recommendation Strength: Moderate Recommendation).

1c. When clinicians diagnose bronchiolitis on the basis of history and physical examination, radiographic or laboratory studies **should not be obtained routinely**

(Evidence Quality: B; Recommendation Strength: Moderate Recommendation).

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# The Diagnosis, Management, and Prevention of Bronchiolitis

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## Management

2. Clinicians **should not administer albuterol (or salbutamol)** to infants and children with a diagnosis of bronchiolitis

(Evidence Quality: B; Recommendation Strength: Strong Recommendation).

# The Diagnosis, Management, and Prevention of Bronchiolitis

*American Academy of Pediatrics*

## Management

2. Clinicians should not administer albuterol (or salbutamol) to infants and children with a diagnosis of bronchiolitis (Evidence Quality: B; Recommendation Strength: Strong Recommendation).

5. Clinicians **should not administer systemic corticosteroids** to infants with a diagnosis of bronchiolitis in any setting (Evidence Quality: A; Recommendation Strength: Strong Recommendation).

# The Diagnosis, Management, and Prevention of Bronchiolitis

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## Management

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5. Clinicians should not administer systemic corticosteroids to infants with a diagnosis of bronchiolitis in any setting (Evidence Quality: A; Recommendation Strength: Strong Recommendation).
7. Clinicians **should not use chest physiotherapy** for infants and children with a diagnosis of bronchiolitis (Evidence Quality: B; Recommendation Strength: Moderate Recommendation).

# The Diagnosis, Management, and Prevention of Bronchiolitis

Management *American Academy of Pediatrics*

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7. Clinicians should not use chest physiotherapy for infants and children with a diagnosis of bronchiolitis (Evidence Quality: B; Recommendation Strength: Moderate Recommendation).
8. Clinicians **should not administer antibacterial medications** to infants and children with a diagnosis of bronchiolitis unless there is a concomitant bacterial infection, or a strong suspicion of one (Evidence Quality: B; Recommendation Strength: Strong Recommendation).



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# Allo Docteur ?

Pol 9 mois 9 kg

BRONCHIOLITE

4<sup>ème</sup> jour

Mauvaise nuit

T° 40

Hurle quand on le recouche

Conjonctivite purulente

# Allo Docteur ?

Pol 9 mois 9 kg

Fait une

BRONCHIOLITE

qui se complique d'une

Otite Moyenne Aiguë

Il aura un AB !

# The Diagnosis, Management, and Prevention of Acute Otitis Media

*American Academy of Pediatrics*

1B: Clinicians should diagnose AOM in children who present with mild bulging of the TM *and recent (less than 48 hours) onset of ear pain (holding, tugging, rubbing of the ear in a nonverbal child) or intense erythema of the TM.* *Evidence Quality: Grade C. Strength: Recommendation.*

# The Diagnosis, Management, and Prevention of Acute Otitis Media

## *American Academy of Pediatrics*

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3A: Severe AOM: The clinician should prescribe antibiotic therapy for AOM (bilateral or unilateral) in children 6 months and older with severe signs or symptoms (ie, moderate or severe otalgia or otalgia for at least 48 hours or temperature 39°C [102.2°F] or higher).

*Evidence Quality: Grade B. Strength: Strong Recommendation.*

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*Evidence Quality: Grade B. Strength: Strong Recommendation.*

4A: Clinicians should prescribe **amoxicillin** for AOM when a decision to treat with antibiotics has been made *and the child has not received amoxicillin in the past 30 days or the child does not have concurrent purulent conjunctivitis or the child is not allergic to penicillin.* *Evidence Quality: Grade B. Strength: Recommendation.*

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Vomissements depuis 2 jrs

Diarrhée



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Diarrhée

3 selles cette matinée

Odeur nauséabonde qqs  
traces de sang

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## A la GASTRO





# Allo Docteur ?

Pol 9 ½ mois 9,2 kg

A la GASTRO  
SANS SIGNES DE  
DESHYDRATATION





# Allo Docteur ?

Pol 9 ½ mois 9,2 kg

A la GASTRO  
SANS SIGNES DE DESHYDRATATION  
**PAS D'AB**



# Management of Acute Gastroenteritis in Children

*European Society for Pediatric Gastroenterology ( ESPGHAN )*

The incidence of diarrhea ranges from 0.5 to 2 episodes per child per year in children <3 years in Europe.

Gastroenteritis is a major reason for hospitalization in this range of age.

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Rotavirus is the most frequent agent of AGE; however, norovirus is becoming the leading cause of medically attended AGE in countries with high rotavirus vaccine coverage.

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Intestinal infections are a major cause of nosocomial infection

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Anti-infective therapy should not be given to the vast majority of otherwise healthy children with acute gastroenteritis

(Va, D) (strong recommendation, low-quality evidence)

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**Antibiotic therapy is recommended for culture-proven or suspected Shigella gastroenteritis**  
(II, B) (strong recommendation, moderate-quality evidence).

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Anti-infective therapy should not be given to the vast majority of otherwise healthy children with acute gastroenteritis (Va, D) (strong recommendation, low-quality evidence)

Antibiotic therapy is recommended for culture-proven or suspected *Shigella* gastroenteritis (II, B) (strong recommendation, moderate-quality evidence).

Antibiotic therapy is not effective on symptoms and does not prevent complications.

It is associated with a prolonged fecal excretion of *Salmonella*. Therefore, antibiotics should not be used in an otherwise healthy child with *Salmonella* gastroenteritis

(I, A) (strong recommendation, moderate quality evidence).

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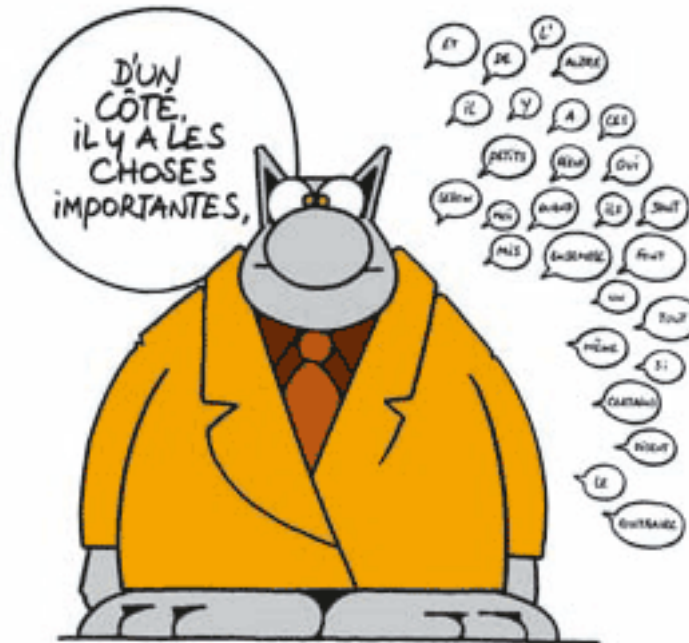
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# Merci de votre attention